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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

THE ("HEALTH SYSTEM") CONTINUOUSLY IMPROVES THE QUALITY OF LIFE AND PROACTIVELY ADVOCATES FOR THE HEALTH AND WELL BEING OF THE INDIVIDUALS WE SERVE PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 330,377 including grants of \$ 249,341) (Revenue \$ 0)

EXPENSES INCURRED IN SUPPORTING VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND ITS CONTROLLED ENTITIES THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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



















4e

Total program service expenses ▶

330,377

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a</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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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		
	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		
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 UPTON595 WEST STATE STREET DOYLESTOWN,PA 18901 (215) 345-2242

Part VII

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

Check if Schedule O contains a response or note to any line 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				0	0	0
(2) LINDA MCILHINNEY 1ST VICE PRESIDENT - DIRECTOR	20 0	X		X				0	0	0
(3) CORY SCHROEDER 2ND VICE PRESIDENT - DIRECTOR	20 0	X		X				0	0	0
(4) CAROLYN KOZAKOWSKI RECORDING SECRETARY - DIRECTOR	3 0	X		X				0	0	0
(5) MARIE JOHNSTON CORRESP SECRETARY - DIRECTOR	3 0	X		X				0	0	0
(6) BARBARA KIEFFER CPA TREASURER - DIRECTOR	15 0	X		X				0	0	0
(7) BEVERLY COLLER CAMPBELL ASSISTANT TREASURER - DIRECTOR	3 0	X		X				0	0	0
(8) BARBARA BOTTO DIRECTOR	3 0	X						0	0	0
(9) JAMES L BREXLER FACHE DIRECTOR - PRESIDENT/CEO	55 0	X		X				0	580,515	110,547
(10) CAROLYN DELLA RODOLFA VP HEALTH SERVICES - DIRECTOR	20 0	X		X				0	0	0
(11) ELIZABETH FETTERMAN DIRECTOR	3 0	X						0	0	0
(12) GEORGIA FORD DIRECTOR	3 0	X						0	0	0
(13) KATHRYN LAMBERT DIRECTOR - PAST PRESIDENT	3 0	X						0	0	0
(14) JOY LEVY DIRECTOR	3 0	X						0	0	0
(15) MARGARET MARTIN DIRECTOR	3 0	X						0	0	0
(16) PHYLLIS MORRIS DIRECTOR	3 0	X						0	0	0
(17) SHARON ORR DIRECTOR	3 0	X						0	0	0

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		
		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Form 990 (2013)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	14,830		
	c	Fundraising events	1c	319,068		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	73,654		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		407,552		
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)		77,502	
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		0		
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)			0	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)	87			
d		Net gain or (loss)			87	87
8a		Gross income from fundraising events (not including \$ 319,068 of contributions reported on line 1c) See Part IV, line 18				
a			227,547			
b		Less direct expenses	b	227,547		
c		Net income or (loss) from fundraising events			0	
9a		Gross income from gaming activities See Part IV, line 19				
a			3,900			
b		Less direct expenses	b	1,557		
c		Net income or (loss) from gaming activities			2,343	2,343
10a		Gross sales of inventory, less returns and allowances				
a						
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d			0		
12	Total revenue. See Instructions			487,484		79,932

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 or note to any line 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.	197,332	197,332		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	52,009	52,009		
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.	5,301	4,771	530	
13	Office expenses.	4,053	3,648	405	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	12,479	11,231	1,248	
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.	2,836	2,552	284	
23	Insurance.	4,350	3,915	435	
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	59,636	53,672	5,964	0
b	MISCELLANEOUS EXPENSES	1,386	1,247	139	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	339,382	330,377	9,005	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 or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			23,899	1	39,024
	2	Savings and temporary cash investments			497,653	2	598,159
	3	Pledges and grants receivable, net			2,500	3	0
	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			497	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	419,683			
	b	Less accumulated depreciation	10b	358,917	23,225	10c	60,766
	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			551,613	13	613,180
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			6,973	15	9,046
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,106,360	16	1,320,175
Liabilities	17	Accounts payable and accrued expenses			12,860	17	11,447
	18	Grants payable			0	18	0
	19	Deferred revenue			3,296	19	11,681
	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			16,156	26	23,128
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			604,007	27	929,859
	28	Temporarily restricted net assets			486,197	28	367,188
	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			1,090,204	33	1,297,047
	34	Total liabilities and net assets/fund balances			1,106,360	34	1,320,175

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	487,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	339,382
3	Revenue less expenses Subtract line 2 from line 1	3	148,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,090,204
5	Net unrealized gains (losses) on investments	5	63,742
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	-5,001
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,297,047

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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Type I

Type II

Type III - Functionally integrated

Type III - Non-functionally integrated

(i)

☐

(ii)

☐

(iii)

☐

h

☐

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)

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

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?

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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	436,232	389,747	392,962	357,521	185,864	1,762,326
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	436,232	389,747	392,962	357,521	185,864	1,762,326
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)						16,870
6 Public support. Subtract line 5 from line 4						1,745,456

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	436,232	389,747	392,962	357,521	185,864	1,762,326
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,617	67,762	74,581	33,449	77,502	315,911
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)						2,078,237
12 Gross receipts from related activities, etc (see instructions)					12	1,113,818
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 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>83 987 %</td></tr><tr><td>15</td><td>86 020 %</td></tr></table>	14	83 987 %	15	86 020 %
14	83 987 %					
15	86 020 %					
15	Public support percentage for 2012 Schedule A, Part II, line 14					
16a	33 1/3% support test—2013. 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	<input type="checkbox"/>				
b	33 1/3% support test—2012. 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	<input type="checkbox"/>				
17a	10%-facts-and-circumstances test—2013. 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	<input type="checkbox"/>				
b	10%-facts-and-circumstances test—2012. 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	<input type="checkbox"/>				
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	<input type="checkbox"/>				

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN	Employer identification number 23-2368200
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Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ **Yes**☐ **No**

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ **Yes**☐ **No**

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
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	486,197	515,986	504,110	456,346	449,842
b Contributions			19,419	24,155	6,504
c Net investment earnings, gains, and losses	23,361	12,396	72,612	91,874	
d Grants or scholarships					
e Other expenditures for facilities and programs	142,370	42,185	80,155	68,265	
f Administrative expenses					
g End of year balance	367,188	486,197	515,986	504,110	456,346

- 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

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		382,808	327,460	55,348
c Leasehold improvements				
d Equipment		36,875	31,457	5,418
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				60,766

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	780,330
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	63,742
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	229,104
e	Add lines 2a through 2d	2e	292,846
3	Subtract line 2e from line 1	3	487,484
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	487,484

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	383,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	229,104
e	Add lines 2a through 2d	2e	229,104
3	Subtract line 2e from line 1	3	154,243
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	185,139
c	Add lines 4a and 4b	4c	185,139
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	339,382

Part XIII

Supplemental Information

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.

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS CONTROLLED ENTITIES
SCHEDULE D, PART X	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("HOSPITAL") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES FOR THE YEARS ENDED JUNE 30, 2014 AND JUNE 30, 2013 RESPECTIVELY. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2014 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740). 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. AS OF JUNE 30, 2014, THE SYSTEM'S TAX YEARS ENDED JUNE 30, 2011 THROUGH JUNE 30, 2013 FOR FEDERAL TAX JURISDICTION REMAIN OPEN TO EXAMINATION.
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, \$227,547, AND - RAFFLE EXPENSES, \$1,557
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, \$227,547, AND - RAFFLE EXPENSES, \$1,557
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 RESTRICTION FOR OPERATIONS, \$42,769, AND - NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS - TEMPORARILY RESTRICTED, \$142,370

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number
23-2368200

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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	525,373	21,242	546,615
	2	Less Contributions . . .	306,154	12,914	319,068
	3	Gross income (line 1 minus line 2)	219,219	8,328	227,547
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	58,970		58,970
	8	Entertainment			
	9	Other direct expenses .	160,249	8,328	168,577
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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

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

a The organization's facility	13a	%
b An outside facility	13b	%

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.** 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).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DOYLESTOWN HEALTH FOUNDATION 595 W ST STREET DOYLESTOWN, PA 18901	23-2368196	501(C)(3)	166,880				PROGRAM SUPPORT
(2) FRIENDS IN SERVICE TO HUMANITY PO BOX 196 DOYLESTOWN, PA 18901	23-2836029	501(C)(3)	16,952				PROGRAM SUPPORT

2

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

2

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	18	21,909			
(2) ASSISTANCE TO NEEDY INDIVIDUALS	602	30,100			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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><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>		
<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></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><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><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><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><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>	4a	No
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4b	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4c	
<div><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></div>		
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<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>	5a	No
<div><div>a</div><div>The organization?</div></div>	5b	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		
<div><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>	6a	No
<div><div>a</div><div>The organization?</div></div>	6b	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		
<div><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></div>	7	Yes
<div><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></div>	8	No
<div><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></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)JAMES L BREXLER FACHE DIRECTOR - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	468,153	64,000	48,362	96,785	13,762	691,062	0
(2)DANIEL L UPTON CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	333,747	3,000	349,915	210,899	20,445	918,006	347,619

Part IIISupplemental Information

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.

Return Reference	Explanation
PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2013 FORM W-2
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. DANIEL L UPTON, \$347,619. THE DEFERRED COMPENSATION AMOUNTS IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. JAMES BREXLER, \$89,135 AND DANIEL L UPTON, \$185,749.
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THIS AMOUNT WAS REPORTED ON PRIOR YEARS' FORMS 990, SCHEDULE J, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION. THIS AMOUNT WAS TREATED AS TAXABLE INCOME IN 2013 AND REPORTED ON THE INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. DANIEL L UPTON, \$347,619.

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number

23-2368200

Return Reference	Explanation
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 Great orchestras require exceptional talent, an array of finely tuned instruments and a skilled conductor to perform complex symphonies with excellence Great healthcare organizations are much like great orchestras Highly competent talent, comprehensive facilities and services, superior execution and flawless coordination of effort are all required to deliver excellence in patient care From the start, we have been a community centered organization focused on improving the health of our community The Village Improvement Association of Doylestown (VIA) founded the Doylestown Emergency Hospital in 1923 but its health-centered roots trace back to 1895 as they coordinated efforts to eliminate unhealthy dust from the town's streets This passion for public health evolved into the establishment of the first visiting nurse service in Doylestown Over the years, the VIA continued to address the health needs of our community by expanding or developing new services that comprise Doylestown Health and collectively include - Doylestown Hospital - Doylestown Health Physicians - Doylestown Hospital Surgery Center and outpatient testing facilities at the Health and Wellness Center - Doylestown Hospital Home Health Care - Doylestown Hospital Hospice - Health Connections by Doylestown Hospital - healthcare concierge services at the Warminster ShopRite - Pine Run Health Center - Pine Run Lakeview Personal Care - Pine Run Retirement Community - Children's Village - early childhood education program Today, under the Doylestown Health banner, we gather all elements of our health system to expand beyond episodic care to community health and a continuum of coordinated care, from birth to end-of-life In partnership with over 425 physicians on our medical staff, we anticipate providing enhanced and expanded services, achieving even greater accomplishments and a healthier community</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>In its 120th year, the V I A oversees the operations of the system of affiliated health c orporations. 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, and medical and surgical care and nursing to the indigent of the community witho ut charge, insofar as hospital resources will permit - to ow n, manage, support, and mainta in a visiting nurse service and community hospital for the benefit of all persons - to rai se 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 6/30/14 the V I A Health System accoun ts for three tax exempt affiliates in this narrative: Doylestown Health Foundation, Doyles town Hospital, and the V I A Affiliates. Described below are the charitable missions of t hese entities.</p> <p>V I A HEALTH SYSTEM MISSIONS =====</p> <p>Mission Stateme nt The ("Health System") continuously improves the quality of life and proactively advocat es for the health and well-being of the individuals we serve.</p> <p>Vision Statement The enthusi astic pursuit of healthcare excellence through collaboration and innovation.</p> <p>DOYLESTOWN HE ALTH FOUNDATION ----- The purpose of the Foundation has four main p oints: assessment of community needs, communication of those needs and the System's respon se to them, solicitation of funds to support the response, and the accountability to the c ommunity for both the management of the funds and the response to the needs.</p> <p>DOYLESTOWN HO SPITAL ----- The ("Health System") continuously improves the quality of life and proactively advocates for the health and well-being of the individuals we serve. Our community members include the vulnerable, the disenfranchised, those in need of health edu cation, and those uninsured or underinsured persons who depend on us for care. 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, Med ical staff, and paid and unpaid staff accountable for incorporating these values into poli cies, behaviors, clinical practices and management decisions. The five core values guide Doylestown Hospital's response to community needs.</p> <p>SERVICE - We serve the community - We s trive for excellence in our services and programs - We respect the dignity and privacy of all - We provide value through high quality, accessible services - We seek innvoation and integration for continuous improvement - We are compassionate - We are committed to the he alth and wellness education of our community.</p> <p>ENTHUSIASM - Doylestown Hospital strives to sustain within its staff the inspiration that first compelled them to healthcare-related w ork and a commitment to the job of serving our patients.</p> <p>RESPECT - Doylestown Hospital wel comes and provides care to all members of the community, without regard for race, religion , sex, sexual orientation, color, national origin, or ability to pay. All the medical, sur gical, and program services listed on Addendum A are provided to everyone who comes to Doy lestown Hospital for care, including those unable to pay for these services.</p> <p>VALUE - As a result of its commitment to keep cost and quality in proper perspective, Doylestown Hospit al provides many programs and services at no charge, because the community expects, needs, and deserves this contribution of healthcare resources to its overall good health. In the fiscal year ending 6/30/14, over 35,000 community members took advantage of community ben efit activities, including free health promotion events, screenings, health education prog rams, and other outreach efforts.</p> <p>EXCELLENCE - Doylestown Hospital promises the community it will strive for the BEST possible customer service, patient care, and technology that m eet or exceed the community's expectations. It also promises faithfulness to its heritage and assure that every decision reflects a commitment to the values.</p> <p>PINE RUN COMMUNITY --- ----- In 1992 Doylestown Hospital enhanced its commitment to the older adult pop ulation in the Central Bucks County area by acquiring the Pine Run Community. Pine Run ope rates as a division of Doylestown Hospital with the follow ing mission: "Pine Run Community is committed to and passionate about seniors, and we are dedicated to being an exceptiona l retirement community. By focusing on a spectrum of wellness for everyone in our continuu m, we will enhance the quality of life throughout the region." Pine Run serves the surroun ding community as a non-profit continuing care retirement community by offering a continuu m of services at its facilities which includes 296 independent living units (the Village) on 42 acres of land in Doylestown, Bucks County, P</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ennsylvania, a 107-bed skilled nursing facility and 40-bed personal care facility (the Health Center), and a 107-bed personal care facility (Lakeview), located on a separate, 75-acre campus in Doylestown. Pine Run strives to be a progressive, resident-focused community, full of vitality and enthusiasm, promoting independence and wellness. Through a culture of wellness, Pine Run is dedicated to the promotion of holistic care and services for Villagers and Residents. The Village, located approximately 3 miles from the Hospital, consists of garden cottages set in clusters and a multi-unit apartment building, as well as a community center, dining room, store, library, and other amenities. Maintenance, security, housekeeping, utilities, dining, recreational, cultural, transportation and fitness services are provided for the Villagers. The Health Center, located on the same campus as the Village, provides transitional care for short-stay nursing and rehabilitation residents, with skilled nursing care and comprehensive therapy programs, a personal care Alzheimer's/Dementia Program for those with impaired memory, long-term care for residents requiring ongoing custodial care, short-term respite care to allow home-based care givers to take a vacation or trip, and hospice care for end of life care. Lakeview, a personal care facility, was purchased by Doylestown Hospital in 1998 and added to the Pine Run family of facilities. It offers personal care accommodations in private suites and companion suites, with supportive services and enhanced programming for those with memory impairment. This personal care residence is three and a half (3.5) miles from the Pine Run Village, and two blocks from the main hospital.</p> <p>VIA AFFILIATES -----</p> <p>----- The Affiliates was reactivated in 1994 to bring to the residents of the Central Bucks community necessary community-based services that may not otherwise be available or included in the mission of other system entities. In order to meet the needs of community members, the VIA Affiliates has been involved with a number of initiatives. VIA Affiliates exists to support the SERVICE core value of Doylestown Hospital. 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 Hospital is a comprehensive 237-bed acute care facility serving families throughout Bucks and Montgomery Counties and Western New Jersey. The Medical Staff includes more than 420 physicians in more than 50 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.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Doylestown Health New Name, Renewed Focus on Health and Wellness effective fiscal year ended June 30, 2015 A system of healthcare services that has long served the region adopted a new name The brand name "Doylestown Health" was adopted unanimously by the boards of Doylestown Hospital, Doylestown Health Foundation and the Village Improvement Association to describe the health system, renew the focus, and pay tribute to 120 years of community outreach Doylestown Health is comprised of Doylestown Hospital, Pine Run Community, physician practices, outpatient services, surgical center, nursing home and home health "Expectations of healthcare are moving away from the treatment of illness to fostering health and wellness for patients, families and communities," said Jim Brexler, President and CEO of Doylestown Health "We are building on an illustrious past to be a leader in the shifting healthcare market of the future "It is poetically ironic that we undertake this bold transition from illness to wellness on the eve of the 120th year of the founding of the Village Improvement Association " The V I A was founded by a group of women in 1895 who organized themselves to improve the health of their community Early in the 20th century, the V I A hired visiting nurses to care for the sick and new borns in their homes Doylestown Hospital was opened by the V I A in 1923 with eight beds and a mission to provide emergency and maternity care Today, Doylestown Hospital has a national reputation for healthcare excellence, institutes for heart, cancer and orthopedic services, a state-of-the-art emergency department, and centers for maternity and pediatric care What makes it a complete health system are the interconnectedness of services and facilities organized under the Doylestown Health banner Among the elements nearly 300 retirement cottages and apartments of the Pine Run Community, skilled nursing and dementia care at Pine Run Health Center, assisted living at Pine Run Lakeview, daycare services at Children's Village at Doylestown Hospital, and Health Connections, a community outreach service at the Cowhey Family ShopRite in Warminster Outpatient laboratory services and a surgical center are located in the Health & Wellness Center, Warrington Home Health and Hospice services are based in Plumstead Township "As we look to our future, we are building on the successes of our past," Brexler said "Among the most enduring aspects of our history is the partnership with our medical community, who sets the tone for clinical excellence and collaborates with all parts of the health system to create a continuum of care, from birth to end-of-life " Overview Doylestown Health</p> <p>===== Doylestown Health is a connected system of inpatient, outpatient and community services that include Doylestown Hospital ----- - Nationally and regionally recognized for high quality and innovation, the hospital may be the flagship of the health system but relies on care coordination with community physicians and the effectiveness of its many parts for success The Hospital has 232 beds and a Medical Staff of more than 425 physicians offering comprehensive healthcare services from childbirth to end-of-life care Doylestown Hospital Surgery Center -----</p> <p>----- Located in the Health & Wellness Center in Warrington, the Surgery Center is a fully-equipped, state-licensed and certified multi-specialty same-day surgery facility The center has four state-of-the-art operating rooms and a treatment room for less invasive procedures Pine Run Retirement Community ----- A retirement community with 272 cottages and 24 apartments situated on a 43-acre landscaped campus provides an active and engaging lifestyle for "Villagers" with shared and diverse interests Pine Run Health Center ----- Renovations are nearly complete for this multi-faceted facility with a 90 - bed skilled nursing unit providing transitional and long-term care Along with rehabilitation, hospice and respite services, the Health Center also offers a separate and secure 40-bed personal care dementia and Alzheimer's neighborhood Pine Run Lakeview ----- Our personal care community encourages independence and supports every individual need, from fine dining to companionship Pine Run Lakeview is a 107-bed personal care center that includes an additional 13-bed secure dementia care neighborhood Doylestown Hospital Home Health & Doylestown Hospice -----</p> <p>----- The first home healthcare program in the Doylestown area Our visiting nurses continue to provide reliable, compassionate, home-based care Doylestown Hospital Hospice nurses make regularly scheduled visits to patients, providing expert pain management and symptom control techniques Doylestown Health Physicians ----- -- A part of the Doylestown Hospital employed physicians</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ician network, these members of our care team specialize in a variety of areas including, cardiology, cardiothoracic surgery, general surgery, breast surgery, neurology, and more Outpatient Services -----</p> <p>----- Two locations include Doylestown Hospital and the Health & Wellness Center and Warrington, offering convenience and the same high quality t hat is the Doylestown Health tradition Children's Village -</p> <p>----- Celebrating 30 years of caring and educating infants through kindergartners, Children's Village offers a robust, award-winning, early childhood education program Licensed and accredited, the "village" is located on the hospital campus and cares for children of hospital Associates as well as children from the community Health Connections by Doylestown Hospital -----</p> <p>--- A collaboration between Doylestown Hospital and the Cow h ey Family ShopRite of Warminster This in-store health resource center was created to bene fit the community by offering health information, appointment scheduling and special healt h-focused events Doylestown Health Foundation -----</p> <p>----- The Foundation Board of Directors, comprised of leaders from the Village Improvement Association, the co mmunity, and the health system, are responsible for ensuring the adequate funding and supp ort of all facets of the continuum of care Doylestown Health Mission and Vision Statemen ts</p> <p>===== Mission Statement The ("Health System")</p> <p>continuously improves the quality of life and proactively advocates for the health and w ell-being of the individuals we serve Vision Statement The enthusiastic pursuit of health care excellence through collaboration and innovation Doylestown Health Highlights =====</p> <p>===== THE RICHARD A REIF HEART INSTITUTE Doylestown Health's Richard A R eif Heart Institute is a nationally-recognized cardiac program with capabilities ranging f rom patient education and preventive heart health programs to technically-advanced minimal ly-invasive valve replacements and delicate open-heart surgeries to a robust cardiac rehab ilitation program The Woodall Chest Pain Center, an extension of the Heart Institute, wor ks with local ambulance services to ensure rapid treatment for heart attack even before a patient arrives in the Emergency Department The Heart Institute is a regional leader in e lectrophysiology procedures offering a wide array of treatment options for the management of atrial fibrillation, and is one of only a few centers in the region providing the Conve rgent Procedure, an advanced care option for hard-to-treat arrhythmias Recent innovations in heart care Transcatheter Aortic Valve Replacement (TAVR) is an advanced care option f or patients needing a new aortic valve who cannot undergo traditional valve-replacement su rgery TAVR is performed by the Heart Institute's multidisciplinary team of cardiac specia lists that includes cardiologists, cardiac surgeons, interventional cardiologists and radi ologists Doylestown Hospital was the first in the state to use the Medtronic Reveal LINQ Insertable Cardiac Monitor (ICM) - w hich is 80% smaller than other ICMs This wireless mon itor provides long-term remote monitoring to help physicians diagnose and monitor irregula r heartbeats For the third consecutive year, Doylestown Hospital was ranked first in Penn sylvania and among the top six in the nation for 30-day survivability after a heart attack , according to the Centers for Medicare and Medicaid Services</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EMERGENCY SERVICES The Emergency Department (ED) remains among the most technologically advanced and equipped ED units in the region. With over 44,000 patients including nearly 8,000 pediatric patients, the Department offers a breadth of care options to the community 24 hours a day. Excellence and speed of critical care is paramount and is notable when treating heart attack and stroke. The unit is home to the Woodall Chest Pain Center for the rapid assessment of heart attack and also collaborates with Jefferson Hospital neuroscience specialists and its Jefferson Expert Teleconsulting system for emergency diagnosis and treatment of stroke. Doylestown Hospital's ED was the recipient of the 2014 Guardian of Excellence Award from Press Ganey Associates. The ED received this award for the third consecutive year. It recognizes top-performing facilities that consistently achieve the 95th percentile of performance in patient satisfaction.</p> <p>THE ORTHOPEDIC INSTITUTE Our dedicated orthopedic physicians and staff offer complete care - before, during and after procedures - for a full range of movement. Our focus is on keeping joints, bones and muscles healthy. When surgery is necessary, there are innovative, rapid-recovery options available through the Doylestown Accelerated Surgical Healing Program. Our patients recover from total joint replacement surgery in weeks, not months, with rehabilitation occurring before and after surgery for the best outcomes. We provide a well-established sports medicine team with many of our physicians serving as team doctors for regional high schools. Other areas of expertise include shoulder joint replacement as an emerging specialty, and surgeries of the hand, spine and rotator cuff - Certified by The Joint Commission for total hip and knee joint replacement - Blue Cross Blue Shield Center of Distinction.</p> <p>THE CANCER INSTITUTE Accredited by the American College of Surgeons Commission on Cancer, The Cancer Institute provides quality care from board-certified physicians and oncology-certified practitioners. This experienced team provides comprehensive, coordinated care centered on cancer prevention and screening, diagnosis, medical oncology, radiation oncology, surgery and survivorship and support programs. As an integrated partner with Penn Radiation Oncology and the Penn Cancer Network, The Cancer Institute demonstrates excellence in community outreach, clinical services, quality improvement and research.</p> <p>Cancer Institute Highlights</p> <p>Breast Care New Breast Center - The Breast Center of Doylestown Hospital offers comprehensive breast cancer and well-breast care. From early detection through advanced screening options to complex surgical treatments including breast-sparing techniques, the Center is a resource for total breast health. New mammography protocols specific to breast density were incorporated by the Women's Diagnostic Center. In addition to mammography, ultrasound and MRI can help find breast cancers that cannot be seen on a mammogram. Designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR).</p> <p>Gastrointestinal Cancers Endoscopic Ultrasound (EUS) This new procedure offers advanced endoscopy care close to home. EUS combines endoscopy with ultrasound technology to create a more detailed view of the gastrointestinal tract and surrounding tissue and organs. Using EUS, physicians can diagnose conditions that can be missed by other imaging modalities and can obtain biopsies in a less invasive manner with higher accuracy.</p> <p>Lung Cancer The Cancer Institute established a low-dose CT lung cancer screening program for asymptomatic patients who meet the established criteria, with the goal of earlier detection, more accurate diagnoses and more effective treatments for lung cancer.</p> <p>Endobronchial ultrasound (EBUS) is now available at Doylestown Hospital to biopsy, diagnose and stage lung cancer. In the past, to perform lung cancer biopsy an inpatient surgical procedure called mediastinoscopy was required. Now, through EBUS, physicians can achieve the same, accurate results using a convenient minimally invasive diagnostic procedure performed on an outpatient basis.</p> <p>Infusion Therapy For those in need of medications delivered intravenously, the Doylestown Hospital Outpatient Infusion Unit offers private rooms and treatment bays at The Pavilion. This unit provides infusion for many conditions that include cancer, lupus, multiple sclerosis, rheumatoid arthritis and more.</p> <p>MATERNITY AND CHILDREN'S SERVICES Maternity care is at the very heart of Doylestown Hospital and has been since we opened our doors in 1923. The V.I.A. Maternity Center continues the legacy today with 22 private rooms and nine private labor and delivery rooms for over 1,300 deliveries each year. A neonatal intensive care unit, staffed by The Children's Hospital of Philadelphia neonatologists, is housed in the Maternity Center. From prenatal to postpartum care, our highly skilled clinical team uses</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>a family-focused approach to ensure happy and healthy moms and babies. When low est number is the best quality Doylestown Hospital continually has an extremely low ratio for early birth intervention with zero early inductions and only one early C-section in 2013. The ear ly delivery of a baby has potential for serious health problems. In an ideal pregnancy, ba bies are born after 39 weeks of gestation. Early induction or C-section are medically-indi cated only when the health of the baby or mother is at risk. Prenatal care of mother and c hild by experienced OB/GYN's or nurse midw ives is an important factor in achieving a full- term birth.</p> <p>SURGICAL SERVICES Doylestown Hospital is a natural destination for a variety o f surgical services from the common to the complex with highly-skilled, board-certified an d nationally-recognized surgeons and robust inpatient and outpatient surgical volumes. Rob otic surgery, available at Doylestown Hospital since 2007, enables single-site surgeries f or the removal of gall bladders and hysterectomies. Laparoscopic and minimally-invasive te chniques speed recovery for patients who require colon resections or hernia repairs. Multi -disciplinary teams of surgeons offer revolutionary procedures such as nipple-sparing mast ectomies.</p> <p>IMAGING SERVICES NEW IN 2014 - The most advanced MRI technology available, desig ned for patient comfort. The new 3T MRI with Ambient Experience at Doylestown Hospital combines the most advanced MRI technology available while improving the patient experience with enhanced features. Patients can customize their experience, choosing their ow n lighting , animation and sound - Double the magnet strength. Results in the best image quality ava ilable - Special lighting, animation and sound. Patients select soothing "theme" - Large r opening. Creates more room above and beside you, and most MRI scans can be performed fee t-first - a comfort to patients, especially those with claustrophobia or anxiety - Faster imaging and shorter time for completion of study - Child-friendly. Choose from themes sp ecifically designed for children - Convenient location. Just steps away from the connecte d parking garage.</p> <p>MEDICAL RESEARCH AND CLINICAL TRIALS Doylestown Hospital offers access t o world-class treatments through both inpatient and outpatient medical research and clinic al trials. There are more than 60 clinical trials underw ay at Doylestown Hospital, many fo r the treatment of cardiac conditions, including both new medicines and devices, with more than 800 patients involved in the past five years. There are nearly a dozen active cancer studies for breast, prostate, bladder, renal, lymphoma and malignant melanoma, in additio n to two genetic studies (breast and testicular). These trials and studies are in concert with organizations such as the National Institutes of Health, Centers for Medicare and Med icaid Services, and Harvard, Duke, Yale and Penn universities.</p> <p>PINE RUN HEALTH CENTER Our skilled nursing facility is situated on the 43-acre Pine Run Retirement Community campus n ear the border of Doylestown and New Britain tow nships. Renovations on this multi-story, 9 0-bed facility are near completion. The Health Center serves many purposes, from short-ter m rehabilitation to long-term care, with private rooms and family friendly visiting areas, a choice of dining options and a clinic available for the day-to-day care of Pine Run Vil lagers residing on campus.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AWARDS AND ACCREDITATIONS ===== Doylestown Hospital ----- --</p> <p>- Doylestown Hospital has The Joint Commission's Gold Seal of Approval for accreditation by demonstrating compliance with standards for healthcare quality and safety - Listed among the country's 100 Most Wired Hospitals and Health Systems Cardiology - American College of Cardiology's NCDR ACTION Registry-GWTG Platinum Performance Achievement Award - Chest Pain Center W/PCI from the Society of Cardiovascular Patient Care - Mission Lifeline Heart Attack Receiving Center Accreditation, sponsored by the American Heart Association and the Society of Cardiovascular Patient Care - Get With The Guidelines-Heart Failure Gold-Plus Quality Achievement Award from the American Heart Association/American College of Cardiology Foundation - Independence Blue Cross Blue Distinction Center Cardiac Care - Joint Commission Certification for Heart Failure Emergency Department - Recipient of the 2013 Guardian of Excellence Award from Press Ganey Associates, Inc Stroke - Get With The Guidelines-Stroke Gold-Plus Quality Achievement Award and Target Stroke Honor Roll (Get With The Guidelines American Heart Association/American Stroke Association) - Advanced Certification for Primary Stroke Centers by The Joint Commission, in conjunction with The American Heart Association/American Stroke Association Orthopedics - Joint Commission certifications for hip and knee replacements - Blue Distinction Center in Knee and Hip Replacement by Blue Cross and Blue Shield Cancer - The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) granted Three-Year Accreditation with Commendation - National Accreditation Program for Breast Centers Accreditation Home Health/Visiting Nurse - Doylestown Hospital Home Health is in the Top 500 of the HomeCare Elite, a compilation of the top-performing home health agencies in the United States Maternity - The International Board of Lactation Consultant Examiners (IBLCE) and International Lactation Consultant Association (ILCA) have recognized Doylestown Hospital for excellence in lactation care with the IBCLC Care Award</p> <p>VIA HEALTH SYSTEM COMMUNITY BENEFIT ACTIVITIES =====</p> <p>===== The VIA Health System is devoted to the community it serves, and it sponsors and coordinates many charitable activities, which, described in the narrative below, identifies what is done daily by the health system's Associates and volunteers</p> <p>Community Outreach & 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 underserved populations The Foundation contributed \$20,000 to a common fund, from which these projects were supported CB Cares Both the Doylestown Hospital and the Doylestown Health Foundation support the Team with Board members who provide leadership, fundraising and human resource skills The value of space, utilities, phone, computer and cleaning services were donated for FY2014 for a total of \$10,127 Children's Village Day Care Subsidies Children's Village, on-site day care, welcomes children from low-income families in the area that are eligible for child-care subsidies \$24,877 was written off for this Ann Silverman Community Health Clinic The mission of the Clinic is to provide free medical care, dental care and social services to any eligible person who seeks its help The target population is low income, underinsured or uninsured people in the greater Central Bucks County area The hospital provided the Clinic with offices and exam rooms at a nominal charge The Foundation assisted in some of the health needs of the patients that go beyond the resources of the Clinic with a contribution of \$40,000 Other donations included pharmaceuticals and medical testing, as well as senior management's time contributing to the Clinic's Board During FY13-14 there were 2,042 visits to the medical program for 707 individual adults and children There were 517 treatment visits and 130 hygiene visits for the dental program for 249 adults and children There were 962 visits provided through the Social Service Program including 103 medical insurance applications There were 230 prescrip</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>tions filled from donated samples and 299 applications completed or Prescription Assistance Programs, as well as 73 free mammograms at a cost to the Hospital of \$61,750 Community Education Calendar Doylestown Hospital published a quarterly calendar which is distributed to 90,000 households. This calendar lists communications related to health education programs and classes. The approximate cost of this publication is \$205,160. Advertisements are in local newspapers which inform the community members about upcoming health education classes, physician lectures, support groups and other health education activities. In addition, Doylestown Hospital publishes three disease specific newsletters which offer wellness and prevention information to patients who have been diagnosed with or are concerned about heart disease (Cardiac Connection), osteoporosis, breast cancer, menopause and other women's health issues (Her Health) and cancer (Concierge). More than 246,000 people receive this information through a mailing to their homes. An additional 2,500 e-newsletters are also sent. The cost to produce and distribute these newsletters was \$182,695. Health Connections by Doylestown Hospital. This is a collaborative program between Doylestown Hospital and the Cowhey Family (ShopRite of Warminster). Health Connections by Doylestown Hospital is an in-store health resource center created to benefit the community. This convenient location makes health information accessible and personal for the prevention of illness, and helps residents find the appropriate care when the need arises. The goal of Health connections is to motivate the community to adopt healthier lifestyles. The cost of supplies, staffing and monthly promotions was \$10,874. 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 \$475/application, if the applicant obtains eligibility. HRSI has successfully obtained eligibility for 150 uninsured patients. For this process, the Hospital paid HRSI \$85,500, staff time cost incurred of \$32,565. 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 \$359,840. 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 \$5,050.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Bereavement Support The Bereavement Support Program provided support for bereaved and hos pice families There are various types of bereavement support groups that take place month ly 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 \$27,427 How to Cope" Programs There were events h eld at various churches and organizations to discuss topics of coping with the loss of a l oved one at the Holidays, "Who am I now" and having conversations before the crisis, value d at \$10,838 Pulse Line A phone line that is dedicated for community information, regist ration and referral Hospital staff screened applicants and referred patients with primary care and specialist physicians They also referred eligible patients to the Free Clinic o f Doylestown Estimated staff time was 1,040 hours (20 hours/w eek for 2 operators) valued at \$24,811 Doylestown Clinical Netw ork (DCN) The DCN facilitates seamless transfer of cl inical 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 estima ted cost of \$241,500 for phone lines, maintenance, depreciation, etc and an estimated cos t 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 o ccurring between Doylestown Hospital and the Bucks County Physician Hospital Alliance (BCPH A) Scholarship Assistance 62 scholarships are supported by the Foundation through restri cted gifts These scholarships, totaling \$60,550 are aw arded to men and women pursuing nur sing, allied health, paramedic, and other training Ben Wilson Senior Center Newsletter F our times a year a staff member from Community relations assists with the preparation of a new sletter for the Ben Wilson Senior Center in Warrington by supplying health and wel lnes s information and editorial oversight We then print 3,000 copies at a value of \$215 Staf f time of 12 hours/issue valued at a total of \$286 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 wh ich provide programs and activi ties 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 commu nity and by participating in special programs and events that benefit a broad spectrum of community residents The total amount donated for sponsorships is \$207,174 Visiting Nurse Program Free Support The Visiting Nurses made visits to families without insurance Clin ics were held at the Center Square Towers, Yorktow ne Manor and Buckingham Springs, wh ich a re all senior living complexes 48 hours were donated at a cost of \$4,791 Hospice Programs Mailings and telephone contact to other community service organizations, such as Beelon g Adult Day Services, Bayada Nurses in Hatboro & Bucks County Office, The Manor at Yorktow n, to name a few , as well as healthcare organizations to offer information and education r egarding "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 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 \$138,854 Healthy e-Cooking Show The Hospital has an ongoing program that has an online database of over 600 healthy recipes and nutrit ional information along with videos These are accessible through Doylestown Hospital's we bsite This access to the community helps with information on obesity, diabetes, cardiovas cular disease and all dietary links This information is available to help promote healthy eating habits At a cost to the Hospital of 48 paid professional hours at a cost of \$2,08 7 and an annual license fee of \$ 16,500 Adam Health Encyclopedia Health information is t he 3rd most popular search on the internet The Hospital has an extensive health library o n its website with over 4,000 health and wellness articles and covers over 1,500 medical t opics The site has reference index and interactive tools At a cost to the Hospital of 20 paid professional hours at a cost of \$870 and an annual license fee of \$17,500 Food Shel ter Donation Doylestown Hospital donated 50 cartons of food to New Britain Baptist Church and Doylestown Food Bank to be distributed to loc</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>al families in need The cost to the Hospital was \$24,000 Educational Programs ----- Cancer Survivor Day This event was held by Doylestown Hospital for all cancer survivors and their family and friends It was intended to provide psychological support and a networking experience with other survivors and connect survivors with community resources Over 220 people attended the event Volunteer hours included physicians, nursing and clerical staff attending for a total of \$1,153 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 Driver Safety Program This was a cooperative program with AARP that follows their rules for participation We provide room for 245 participants and 11 classes, which amounted to \$1,250 in hospital donated costs Community Lectures The Hospital provided speakers for various community groups and organizations Presenters for events utilized both staff and physicians The value of staff and volunteer time and resources was \$43,032 and the session helped 3,296 community individuals These programs improved the community's health and quality of life through education Breast Cancer Support Group Provided opportunities for educational and emotional support for breast cancer survivors and their families The Hospital provided education to 240 persons per month at a cost of \$2,441 Additional programs sponsored by the Hospital for cancer support were four cancer educational programs (Psychological Support Program, Breast Cancer and Emotional Support Program, Nutrition Program and "Basket Bingo" Costs incurred for these events were \$6,012 Man to Man Prostate Cancer Support Group Education This monthly program addresses issues and the struggles that face prostate cancer survivors and their families 90 persons served per month at a cost of \$1,052 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 1,200 were educated with these programs 80 hours of staff time spent at a cost of \$5,150 to the hospital Stroke Support Group This monthly program addresses issues and the struggles that face stroke survivors and their families 130 persons served per month at a cost to the Hospital of \$2,216 Joint Replacement - PreOp Education This program is presented 9 times through the year This lecture addresses issues and concerns as well as what to expect both pre & post op and discharge of a joint replacement 495 persons served this year at a cost to the Hospital of \$15,133</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 200 attended and a cost to the Hospital of \$11,219</p> <p>Cancer Roadmap - Q&A for the Newly Diagnosed Patient This program describes the process to the newly cancer diagnosed There is a one-on-one with an oncology nurse, social 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</p> <p>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</p> <p>Student Internship Summer Program This program includes Students of the Gwynedd Mercy Cardiovascular Technology Program, Bucks County Community College Nursing Program and Kettering College Echo 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 \$174,289 for support staff, physicians and professional staff time</p> <p>Student Internship Radiology Program 4 students from Bucks & Montgomery County Community College's Radiologic Technology Program, 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 \$117,650 There is also an intern program for 1 student with the Ultrasound Department The cost of this program is \$22,015</p> <p>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 \$428,700</p> <p>Smoking Cessation Program Programs were held using CDC Resources "Cleaning the Air" 41 individuals were given help in quitting the habit smoking The hospital's overall contribution is valued at \$750</p> <p>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 \$8,354</p> <p>Maternity and Parenting Activities ----- Baby well This program educated 248 parents on how to care for their newborn \$5,675 in staff time was devoted towards 24 community programs</p> <p>Healthy Beginnings Program This is a program to bring prenatal health to the underserved in the Community This is mostly the individuals 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 dietitian, as well as two nurses who run the program The cost of this program was \$451,391</p> <p>Breastfeeding Education This program provides an increased understanding of the benefits of breastfeeding, which leads to improved nutrition/health of infants 300 individuals attended the 20 lectures that were held throughout the year The cost to the hospital is about \$ 6,254</p> <p>Childbirth Classes A program teaching the how-tos of childbirth served 546 people at a cost of \$18,351 to the hospital through a 23 course series every day of the week except Friday Tours of the Birthing Center were also given at a cost to the hospital of \$3,94</p> <p>3 Teen Parenting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 100 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</p> <p>Child Development This program was in cooperation with the Central Bucks School District High school students toured the LDRP Unit They viewed and discussed a family's admission from birthing room to postpartum room to the nursery Discussions were held on newborns and basic development, including ICN & types of infants admitted at Doylestown Hospital The program was presented on two dates, with 161 participants, including 1 teacher at a value of \$8,025</p> <p>Grandparenting Classes This program prepared grandparents-to-be on how to support their children as they start their own family 46 individuals attended the course, with a cost</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>st to the Hospital of \$2,252 for the 6 classes Prenatal Refresher Classes This program r efreshed nearly 28 parents-to-be, who already have delivered other children, on the childb irth experience \$2,794 in staff time was devoted to this for 6 classes during the year S ibling Education Classes A program designed to lessen a child's feelings of anxiety and jealousy There were 39 participants in 6 classes during the year at a cost to the Hospital of \$2,751 School Age Activities ----- Parenting and Babysitting Educatio n This is a cooperative program with Child, Home and Community, Inc The hospital provide d room for the educational course 80 individuals were given babysitting instruction at a cost of \$350 to the Hospital Service Learning & Career Academy The Service Learning Care er Academy is a joint project betw een the V I A Health System and the three High Schools in the Central Bucks School District In collaboration with the Consumer and Family Scienc es course, the hospital's day care center provides students with hands-on experience to en hance learning of child development theory In addition, hospital professional staff and C entral Bucks faculty jointly designed a curriculum for Advanced Placement Biology Students , Advanced Health Students and Anatomy Physiology Students, who spend class time on-site a t the hospital to obtain the practical application of class content Over 200 students par ticipated in this program where \$22,000 in hospital staffs time and other costs Teddy Bea r Clinics Children in the community were exposed to the Emergency Department and ambulanc e 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 h ospital Donated materials and staff time is valued at \$2,840 Girl Scouts The hospital p rovided meeting space for 2 Girl Scout Troops Meeting space was valued at \$5,400 Bucks County Dow ns Syndrome Space was provided for monthly meetings at Children's Village for th e Bucks County Dow ns Syndrome group Meeting space was valued at \$750 Focus on Motherhood Family Home and Community Childbirth classes for Teen Parents meet at Children's Village every Monday evening to prepare for childbirth Instruction is also provided for infant c are, health & nutritional and life skills Meeting space is valued at \$2,400 annually Ber eavement Group Meetings Space is provided monthly for these meetings at Children's Villag e and is valued at \$5,400 Leadership Activities ----- The Hospital Presid ent/CEO devoted \$25,000 worth of his time to community benefit activities including, but n ot limited to, the Bucks County Health Improvement Partnership, Ann Silverman Community He alth Clinic, Health Quality Partners, Delaw are Valley Healthcare Council and Gilda's Club The Vice-President of Development was also involved in contributing time to activities th at benefit the community including Ann Silverman Community Health Clinic, CB Cares, The A merican Red Cross, the Central Bucks Chamber of Commerce and the Doylestown Business and C ommunity Alliance</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Doylestown Hospital's managers also contribute their leadership and expertise to a variety of community boards, agencies, and projects During 2013-2014, a value of \$125,000 in managers' time was given, often during work time, to help some of the following community organizations - Advocacy Speeches - American Cancer Society - American Heritage FCU - American Red Cross Blood Drive - Ann Silverman Community Health Clinic - Bucks Co Hospital Decision Task Force - Bucks Co Quality Child Care Coalition - Bucks Co MH/MR Advisory Board - Boys Scouts of America - Bucks County Housing Group - Bucks Co Health Improvement Partnership - CB Chamber of Commerce - Central Bucks Ministerium - CB Christian Women's Club - Child, Home and Community, Inc - Central Bucks Family YMCA - CB Cares - Community Outreach Center - Delaware Valley College Senior education - Doylestown Athletic Association - Doylestown Business & Community Alliance - DVHC Board and Committees - Family Caregivers of Seniors - Friends of Peace Valley Nature Center - Gilda's Club - Gwynedd Mercy Advisory Committee - Health and Housing Task Force - Heritage Conservancy - Lenape Valley Shriner's Club - Literacy Academy of BC IU - March of Dimes - Middle Bucks Institute of Tech Advisory - Professionals Working with Seniors - Springfield Township (Supervisor/Planning) Teaching Programs ----- Doylestown Hospital supports medical, nursing, allied health, and hospital management programs The following is a list of schools that sent students to the hospital for practicums, clinical rotations, and/or preceptorships - Arcadia University - Bloomsburg University - Bucks County Community College - DeSales University - Drexel University/Hahnemann College - Gwynedd Mercy College - Immaculata University - Kettering College - LaSalle University - Montgomery County Community College - Penn State University - Philadelphia College of Osteopathic Medicine - Salus University - Sanford Brown Institute - Starr Technical Institute - SUNY Brockport - Temple University - Thomas Jefferson University - Upper Bucks Technical Institute - Ursinus College - Villanova University 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 597 students were at least \$563,970 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 10 students in this program Time of six physicians, four nurse educators, volunteer services and materials cost the hospital \$ 47,776</p> <p>Outside Group Room Usage ----- The hospital provides free space for meetings to the following outside groups with a charitable mission There were 270 individuals benefitted at a cost of \$9,200 - Ann Silverman Family Health Community Clinic - Bucks County Autism Support Coalition - Bucks County Intermediate Unit - Bucks County Health Improvement Partnership - Bucks County Medical Society - Lenape Valley Foundation - National Alliance for the Mentally Ill Health Screenings & Immunizations - -----</p> <p>----- The hospital conducts health screens and supported immunizations for various community members Health Screenings During the year, 732 individuals benefitted from health screens Staff time donated to this effort is estimated at \$9,064 A ctivity improves the health of the community in general, specific groups of people, helps contain healthcare costs and/or improves the quality of life for all members of our community The following is a list of health screening and immunization activities Skin Cancer Screening This program screened 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 250 patients with volunteer medical, nursing and clerical staff totaling \$1,231 Influenza Immunizations Doylestown Hospital provided a community flu shot clinic in the fall of 2013 The value of this time to s</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>erve 49 individuals was \$300 Vaccines were provided by the Bucks County Health Department Support Group & Self-Help Programs ----- Support groups are offered at no charge to the community, and a member of the hospital staff leads many 625 conference room hours and 120 professional hours of support were provided to more than 3, 200 community members This amounted to \$35,000 donated in space and professional staff ti me and hospital materials The follow ing is a list of the groups that held regular meeting s at the hospital - Alcoholics Anonymous - Alateen - Better Breathers Club - NTM (Nontube rculous Mycobacterium) - CADUCEUS - Eating Disorders Anonymous - Fibromyalgia - Autism - Insulin Pump - Lymphedema - Nursing Mothers - Parkinson's Disease - Prostate Cancer - Strok e - Pulmonary Hypertension - Alzheimer's Disease - Augustine Fellowship - Breast Cancer - Dow n's Syndrome Interest - Building the Family - Low Vision - Gamblers Anonymous - ICD (Im plantable Defibrillator) - Lyme Disease - Multiple Sclerosis - Overeaters Anonymous - Preg nancy Loss - Scleroderma - Blindness - Diabetes - Arthritis Volunteer Programs -----</p> <p>Doylestow n Hospital enjoys the generous contribution of time and talent from commu nity volunteers, starting at the minimum age of 15 Volunteer opportunities benefit the co mmunity by providing, for many community members, a place to go or a way to feel needed, t hus preventing a variety of social problems The Volunteer program allow s 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 Throug hout the year, 906 volunteers contributed 124,144 hours of service to their community thro ugh opportunities in every hospital department Volunteers significantly enhance patient a nd family support in the following service categories Addressing and Collating, Cancer In stitute, Children's Village, Dietary Menu, Emergency Department, Fall Risk Companion, Gift Shop/Cart, Healing Arts Program, Hospitality Cart, Hospice, Information Desks, Mail or Me ssenger, Pastoral Care, Animal Assisted Therapy, Radiology Information Desk, Snack Bar, Su rgery Waiting Area, Patient Transport, Interventional Radiology, Cardiac Rehab, Pulmonary Rehab, Medical Research, LDRP (Labor & Delivery) and our "No One Dies Alone" program In t otal, \$106,603 worth of meals was given to our volunteers free of charge Because the hosp ital wants to provide exceptional opportunities for community members to offer time and ta lent to support the V I A 's mission to excellent local healthcare, \$476,000 in salaries w as budgeted for recruitment, orientation, management, retention and recognition of volunte ers in patient transport, the gift shop, and throughout the patient services areas Charit y Care to Community Members -----</p> <p>----- Community Outreach and Benef it Activities \$ 1,917,205 Educational Programs \$ 842,930 Maternity and Parenting Activitie s \$ 487,685 School Age Activities \$ 39,140 Leadership Activities \$ 150,000 Teaching Progra ms \$ 611,746 Outside Group Room Usage \$ 9,200 Health Screenings and Immunizations \$ 17,593 Support and Self-Help Programs \$ 35,000 Volunteer Programs \$ 582,603 Charity Care to Commu nity Members \$ 8,588,263</p>

Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	<p>Community Support \$13,021,436 - 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 \$ 259,929 - 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 \$13,281,365 Addendum A Doylestown Hospital Statement of Program And Services Fiscal Year 2013-2014 ===== - Associate Health Services - Behavioral Health Service EAP Crisis Services - Cardiac and Neurological Services Diagnostic Cardiac Catheterization Non-invasive Diagnostic Testing Services Interventional Cardiology Procedures EPS Studies (Pacemakers, Device Implantation, Ablation) - Cardiovascular Surgery CABG Valve Replacements/Repairs - Critical Care Units Med/Surg Critical Care Cardiovascular Critical Care - Diabetes Education (Inpatient and Outpatient) Nutrition Education and Counseling - Emergency Services Crisis Intervention Observation/Holding Unit SANE (Sexual Assault Nurse Examiner) Program Domestic Violence - Endoscopy Gastroenterology Pulmonology - Enterostomal Therapy (Inpatient and Outpatient) Nursing Home Consultation Wound Management Continence Care - Food and Nutrition Services Weight Management classes (adults and children) Nutritional Assessment and Counseling Patient Meal Services - General Medicine Allergic Diseases Cardiology Dermatology Endocrinology Family Medicine Gastroenterology Infectious Disease Internal Medicine Hematology Obstetrics & Gynecology Nephrology Neurology Oncology Pathology Pediatrics Physical Medicine/Rehabilitation Psychiatry Pulmonary Rheumatology - Hemodialysis - Infection Control - IV Therapy PICC (Peripherally Inserted Central Catheter) - Laboratory Services Autodonation Blood Bank Chemistry Cytology Hematology Histology/Pathology Microbiology Urinalysis - Magnetic Resonance Imaging (MRI) - Maternity Services Antenatal Testing Baby Bracelets (maternal/infant visiting nurse) Labor and Delivery Maternal/Child Care Neonatology Prenatal Testing Post-partum Care Prepared Childbirth Education Special Care Nursery (Level II) Well Baby Nursery - Medical Research Clinical Trials - Oncology (Inpatient and Outpatient) Outpatient Infusion Services - Pastoral Care Services Lay Chaplain - Pharmacy - Radiology Services CT Scanner PET/CT Scanner Diagnostic Radiology Invasive and Special Procedures Nuclear Medicine Ultrasound - Rehabilitation Services (Inpatient and Outpatient) Brain Injury Cardiac Rehabilitation Cognitive Remediation Electromyography Lymphedema Therapy Hand Therapy Nerve Conduction Studies Occupational Therapy Physical Therapy Speech Therapy Swallowing Test - Respiratory Services Pulmonary Function Testing Pulmonary Rehab - Case Management/Social Services Psychosocial Assessments Counseling Complex Discharge Planning Crisis Intervention Financial Counseling Adoption Options Counseling Patient and Family Education Information and Referral - Surgical Services (Inpatient and Outpatient) Acupuncture Cosmetic Dentistry General Nerve Blocks - Surgical Services continued OB/Gyn Ophthalmology Oral/Maxillofacial Orthopedics Otolaryngology Pediatric Dentistry Plastic Surgery Post-Anesthesia Care Unit Pre-Admission Testing Same Day Surgery (nerve blocks) Urology Vascular - Telemetry / Progressive Care - Visiting Nurse/ Home Care Adult and Infants (up to 1 year) Skilled Home Health Services Nursing Physical Therapy Occupational Therapy Speech Therapy Social Services Home Health Aides Baby Bracelets (maternal/infant visiting nurse) Comprehensive Hospice Program - Women's Diagnostic Center Bone Densitometry Mammography Stereotactic Breast Biopsy</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 11B	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, 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 WITHIN THE ORGANIZATION AND 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 INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP 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 VOTING MEMBER OF DOYLESTOWN HOSPITAL'S BOARD OF DIRECTORS AND THIS ORGANIZATION'S BOARD OF DIRECTORS.</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("HOSPITAL") 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</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>Village Improvement Association of Doylestown ("Association") is the tax-exempt parent of Doylestown Health, a tax-exempt integrated healthcare delivery system ("System") which includes Doylestown Hospital, Doylestown Health Foundation ("Foundation") and V I A Affiliates, all IRC 501(c)(3) tax-exempt organizations controlled by the Association. 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 FOUNDATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER 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. SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS. INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.</p>

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("HOSPITAL") 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 DOYLESTOWN HEALTH, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - EQUITY TRANSFER TO DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$5,001)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("HOSPITAL") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2014 AND JUNE 30, 2013, 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DOYLESTOWN HEALTH FOUNDATION	B	166,880	COST

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF DOYLESTOWN HEALTH, 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