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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
DOYLESTOWN HOSPITAL

% DANIEL L UPTON

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
DOYLESTOWN, PA 18901

**D Employer identification number**
23-1352174

E Telephone number
(215) 345-2242

**G** Gross receipts $ 294,228,326

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

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

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

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW DH ORG

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

**L** Year of formation 1923

**M** State of legal domicile PA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
DOYLESTOWN HEALTH ("HEALTH SYSTEM") CONTINUOUSLY IMPROVES THE QUALITY OF LIFE AND PROACTIVELY ADVOCATES FOR THE HEALTH AND WELL BEING OF THE INDIVIDUALS WE SERVE

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 20 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 15 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 2,258 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 892 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 1,563,541 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -99,470 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue **8** | Contributions and grants (Part VIII, line 1h) | 1,841,613 | 2,468,833 |
| **9** | Program service revenue (Part VIII, line 2g) | 260,415,747 | 269,891,181 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 4,092,226 | 4,170,275 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,580,366 | 4,599,356 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 269,929,952 | 281,129,645 |
| Expenses **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 62,357 | 95,700 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 129,576,038 | 135,538,176 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 128,308,975 | 132,428,837 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 257,947,370 | 268,062,713 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 11,982,582 | 13,066,932 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances **20** | Total assets (Part X, line 16) | 329,466,403 | 334,238,370 |
| **21** | Total liabilities (Part X, line 26) | 217,879,401 | 225,598,383 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 111,587,002 | 108,639,987 |

## Part II Signature Block

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

**Sign Here**

****** | 2016-05-16
Signature of officer | Date

DAN UPTON CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Anthony J Panico | Anthony J Panico | | | P00365556 |

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 465 South St Ste 200
Morristown, NJ 079606497

Phone no (973) 898-9494

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

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

DOYLESTOWN HEALTH ("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 $ 127,548,167 including grants of $ ) (Revenue $ 112,234,775 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 13,531 INPATIENTS FOR A TOTAL OF 47,303 PATIENT DAYS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses $ 75,497,527 including grants of $ ) (Revenue $ 94,117,002 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION INCURRED 180,366 OUPATIENT ENCOUNTERS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4c** (Code ) (Expenses $ 22,171,258 including grants of $ ) (Revenue $ 17,522,243 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY DEPARTMENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 36,499 EMERGENCY DEPARTMENT PATIENTS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4d** Other program services (Describe in Schedule O )

(Expenses $ 16,064,785 including grants of $ 252,979 ) (Revenue $ 47,580,702 )

**4e** **Total program service expenses** ▶ 241,281,737

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | Yes | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or 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 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 266 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 2,258 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | 9a | | |
| b | Did the sponsoring 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 . . . . . | **1a** | 20 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent . . . . . | **1b** | 15 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | **3** | | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | **5** | | | No |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | **7a** | | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | **7b** | | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? . . . . . | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | **9** | | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | **11a** | Yes | |
| **b** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | Yes | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | **16a** | Yes | |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | Yes | |

## Section C. Disclosure

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

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

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

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DANIEL L UPTON
595 WEST STATE STREET
DOYLESTOWN, PA 18901 (215) 345-2242

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

Check if Schedule O contains a response 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 | | | |

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

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

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** . . . . . ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** . . . . . ▶ | 4,578,079 | 888,337 | 1,104,160 |

**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 ▶ 73

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| DOYLESTOWN ANESTHESIA ASSOCIATES,<br>5039 SWAMP ROAD<br>FOUNTAINVILLE, PA 18923 | MEDICAL | 3,818,657 |
| PARLEE AND TATEM RADIOLOGICAL ASSOC,<br>595 WEST STATE STREET<br>DOYLESTOWN, PA 18901 | MEDICAL | 3,762,702 |
| DOYLESTOWN EMERGENCY ASSOCIATES,<br>595 WEST STATE STREET<br>DOYLESTOWN, PA 18901 | MEDICAL | 1,561,726 |
| BURNS MECHANICAL,<br>123 GIBRALTAR ROAD<br>HORSHAM, PA 16044 | CONTRACTING | 1,519,655 |
| JOHN S MCMANUS INC,<br>PO BOX 418<br>CHESTER HEIGHTS, PA 19017 | CONTRACTING | 1,070,843 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 60

**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 | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d | 1,351,604 | | | |
| | e | Government grants (contributions) | 1e | 805,798 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 311,431 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 2,468,833 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | HOSPITAL DIVISION | 900099 | 234,375,346 | 234,375,346 | | |
| | b | PINE RUN DIVISION | 900099 | 17,731,150 | 17,731,150 | | |
| | c | OTHER HEALTHCARE RELATED REVENUE | 900099 | 17,784,685 | 17,784,685 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 269,891,181 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 2,456,789 | | | 2,456,789 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 247,486 | | | 247,486 |
| | 5 | Royalties . . . . . ▶ | | 0 | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | 751,700 / | | | | |
| | b | Less rental expenses | / | | | | |
| | c | Rental income or (loss) | 751,700 / 0 | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | 751,700 | | | 751,700 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 14,380,628 / 14,750 | | | | |
| | b | Less cost or other basis and sales expenses | 12,882,464 / 46,914 | | | | |
| | c | Gain or (loss) | 1,498,164 / -32,164 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 1,466,000 | | | 1,466,000 |
| | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | 283,787 | | | | |
| | b | Less cost of goods sold . . b | 169,303 | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | 114,484 | | | 114,484 |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | CHILDRENS VILLAGE | 900099 | 2,308,998 | | 1,563,541 | 745,457 |
| | b | CAFETERIA | 900099 | 1,068,256 | | | 1,068,256 |
| | c | SNACK BAR | 900099 | 201,695 | | | 201,695 |
| | d | All other revenue . . . . | | 154,223 | | | 154,223 |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 3,733,172 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 281,129,645 | 269,891,181 | 1,563,541 | 7,206,090 |

## 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 domestic organizations and domestic governments See Part IV, line 21 | 95,700 | 95,700 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 | 4,574,191 | 4,116,772 | 457,419 | 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 | 106,034,113 | 95,430,701 | 10,603,412 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,560,494 | 2,304,445 | 256,049 | |
| 9 Other employee benefits | 14,254,852 | 12,829,367 | 1,425,485 | |
| 10 Payroll taxes | 8,114,526 | 7,303,073 | 811,453 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 175,286 | 157,757 | 17,529 | |
| b Legal | 503,522 | 453,170 | 50,352 | |
| c Accounting | 284,960 | 256,464 | 28,496 | |
| d Lobbying | 22,424 | 20,182 | 2,242 | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 308,576 | 277,718 | 30,858 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 31,662,030 | 28,495,825 | 3,166,205 | |
| 12 Advertising and promotion | 1,475,189 | 1,327,670 | 147,519 | |
| 13 Office expenses | 5,337,593 | 4,803,834 | 533,759 | |
| 14 Information technology | 187,761 | 168,985 | 18,776 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 9,908,294 | 8,917,465 | 990,829 | |
| 17 Travel | 319,067 | 287,160 | 31,907 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 216,880 | 195,192 | 21,688 | |
| 20 Interest | 6,002,900 | 5,402,610 | 600,290 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 16,978,759 | 15,280,883 | 1,697,876 | |
| 23 Insurance | 3,088,503 | 2,779,653 | 308,850 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a MEDICAL SUPPLIES | 43,942,656 | 39,548,390 | 4,394,266 | 0 |
| b PATIENT FOOD & NOURISHMENTS | 2,769,478 | 2,492,530 | 276,948 | |
| c REPAIRS & MAINTENANCE | 1,455,764 | 1,310,188 | 145,576 | |
| d DUES,SUBSCRIPTIONS&LICENSES | 1,197,262 | 1,077,536 | 119,726 | |
| e All other expenses | 6,591,933 | 5,948,467 | 643,466 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 268,062,713 | 241,281,737 | 26,780,976 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 2,250 | 1 | 43,616 |
| | 2 | Savings and temporary cash investments | | 8,387,173 | 2 | 8,752,421 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 28,703,101 | 4 | 28,880,123 |
| | 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 | | 6,309,916 | 8 | 6,587,076 |
| | 9 | Prepaid expenses and deferred charges | | 2,240,696 | 9 | 2,052,991 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 415,494,107 | | | |
| | b | Less accumulated depreciation | 10b 224,532,375 | 184,449,504 | 10c | 190,961,732 |
| | 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 | | 82,956,683 | 13 | 86,954,205 |
| | 14 | Intangible assets | | 2,729,383 | 14 | 2,511,767 |
| | 15 | Other assets See Part IV, line 11 | | 13,687,697 | 15 | 7,494,439 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 329,466,403 | 16 | 334,238,370 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 59,202,994 | 17 | 64,555,442 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 8,989,549 | 19 | 11,291,428 |
| | 20 | Tax-exempt bond liabilities | | 134,830,571 | 20 | 130,042,546 |
| | 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 | 4,057,727 |
| | 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 | | 14,856,287 | 25 | 15,651,240 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 217,879,401 | 26 | 225,598,383 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 95,176,719 | 27 | 92,154,102 |
| | 28 | Temporarily restricted net assets | | 4,549,224 | 28 | 4,913,887 |
| | 29 | Permanently restricted net assets | | 11,861,059 | 29 | 11,571,998 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 111,587,002 | 33 | 108,639,987 |
| | 34 | Total liabilities and net assets/fund balances | | 329,466,403 | 34 | 334,238,370 |

## Part XI Reconcilliation 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 | 281,129,645 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 268,062,713 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 13,066,932 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 111,587,002 |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,120,015 |
| 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 | -11,893,932 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 108,639,987 |

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

## Additional Data

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CAROLYN DELLA-RODOLFA<br>CHAIR - DIRECTOR | 20 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (1) JOAN PARLEE<br>VICE CHAIR - DIRECTOR | 6 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (2) SARA MOYER<br>SECRETARY - DIRECTOR | 3 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (3) BARBARA KIEFFER CPA<br>TREASURER - DIRECTOR | 6 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (4) BEVERLY COLLER CAMPBELL<br>ASST SEC/ASST TREASURER - DIR | 3 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (5) WILLIAM E BOGER CPA<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (6) JAMES L BREXLER FACHE<br>DIRECTOR - PRESIDENT/CEO | 55 0<br>0 0 | X | | X | | | | 720,076 | 0 | 216,508 |
| (7) MARIANNE E CHABOT<br>DIRECTOR | 20 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (8) STEPHEN CHADWICK<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (9) BRUCE DERRICK MD<br>DIRECTOR | 55 0<br>0 0 | X | | | | | | 0 | 365,672 | 15,198 |
| (10) PATRICIA GORSKY<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (11) CAROLYN KOZAKOWSKI<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (12) SCOTT S LEVY MD<br>DIRECTOR - VP/CMO | 55 0<br>0 0 | X | | X | | | | 493,323 | 0 | 153,885 |
| (13) LINDA MCILHINNEY<br>DIRECTOR | 10 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (14) BRIAN MCLEOD<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (15) FRED SCHEA CPA CMA<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (16) CORY H SCHROEDER<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (17) DAVID L SMITH MD<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 522,665 | 25,352 |
| (18) DENNIS WALSH<br>DIRECTOR | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (19) ELEANOR WILSON RN MSN MHA<br>DIRECTOR - VP PATIENT SERVICES | 55 0<br>0 0 | X | | X | | | | 413,506 | 0 | 43,112 |
| (20) DANIEL L UPTON<br>CHIEF FINANCIAL OFFICER | 55 0<br>0 0 | | | X | | | | 394,206 | 0 | 230,080 |
| (21) JOHN REISS<br>VP GENERAL COUNSEL | 55 0<br>0 0 | | | X | | | | 369,163 | 0 | 25,956 |
| (22) RICHARD LANG<br>VP INFORMATION MANAGEMENT | 55 0<br>0 0 | | | X | | | | 292,932 | 0 | 94,616 |
| (23) BARBARA A HEBEL<br>VP HUMAN RESOURCES | 55 0<br>0 0 | | | X | | | | 275,300 | 0 | 84,359 |
| (24) LINDA A FELT<br>VP DEVELOPMENT | 55 0<br>0 0 | | | X | | | | 240,724 | 0 | 20,870 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) CATHLEEN Q STEWART<br>EXECUTIVE DIRECTOR PINE RUN | 55 0<br>0 0 | | | | X | | | 270,814 | 0 | 52,321 |
| (1) LOUIS IOBBI<br>DIRECTOR PHARMACY | 55 0<br>0 0 | | | | X | | | 164,529 | 0 | 17,909 |
| (2) JOHN M MITCHELL CCP LP<br>DIRECTOR HEART CENTER | 55 0<br>0 0 | | | | | X | | 223,339 | 0 | 26,216 |
| (3) STEVEN DAY JR<br>DIRECTOR OF RISK SERVICES | 55 0<br>0 0 | | | | | X | | 203,205 | 0 | 24,721 |
| (4) PATRICIA A STOVER RN<br>EXECUTIVE DIRECTOR - NURSING | 55 0<br>0 0 | | | | | X | | 179,261 | 0 | 22,925 |
| (5) MATTHEW F COSTELLO<br>EXECUTIVE DIRECTOR - SURGERY | 55 0<br>0 0 | | | | | X | | 178,083 | 0 | 26,134 |
| (6) ELIZABETH SEEBER<br>CHIEF ACCOUNTING OFFICER | 55 0<br>0 0 | | | | | X | | 159,618 | 0 | 23,998 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 11 **Total support** Add lines 7 through 10 | | | | | | |

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

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | **14** |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | **15** |

**16a** **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

**b** **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

**17a** **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

**b** **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | 2 | | |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | 3b | | |

## Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____ | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. . . . . | | | |
| b From 2010. . . . . | | | |
| c From 2011. . . . . | | | |
| d From 2012. . . . . | | | |
| e From 2013. . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 $ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. . . . . | | | |
| b From 2011. . . . . | | | |
| c From 2012. . . . . | | | |
| d From 2013. . . . . | | | |
| e From 2014. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
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| |

| Return Reference | Explanation |
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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
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**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

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

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

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

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 22,424 |
| j | Total Add lines 1c through 1i | | | 22,424 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | |

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

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

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

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

## Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE C, PART II-B, LINE 1I | THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $22,424 DURING THE FISCAL YEAR ENDED JUNE 30, 2015 |
| | |
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**Part IV Supplemental Information *(continued)***

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

## Part VI Land, Buildings, and Equipment. 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 | | 17,053,159 | | 17,053,159 |
| b Buildings | | 170,549,287 | 72,549,137 | 98,000,150 |
| c Leasehold improvements | | 33,635,695 | 14,834,902 | 18,800,793 |
| d Equipment | | 172,522,673 | 134,503,219 | 38,019,454 |
| e Other | | 21,733,293 | 2,645,117 | 19,088,176 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 190,961,732 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) LIMITED USE | 107,840 | F |
| (2) USE | 59,949,481 | F |
| (3) LIMITED USE | 6,031,250 | F |
| (4) CONSTRUCTION FUND, LIMITED USE | 3,609,043 | F |
| (5) ORGANIZATION | 15,721,400 | F |
| (6) INVESTMENTS IN OTHER ENTITIES | 1,535,191 | F |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | 86,954,205 | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

**Part X** **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | 0 |
| PAYOR SETTLEMENTS | 1,158,172 |
| OTHER LIABILITIES | 2,006,702 |
| DUE TO AFFILIATED ENTITIES | 448,741 |
| INTEREST RATE SWAPS | 12,037,625 |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 15,651,240 |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** 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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | |

**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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**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 X | THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT CONTROLLING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2015 AND JUNE 30, 2014, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2015 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE CORPORATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CORPORATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2015, THE CORPORATION'S TAX YEARS ENDED JUNE 30, 2012 THROUGH JUNE 30, 2014 FOR FEDERAL TAX JURISDICTION REMAIN OPEN TO EXAMINATION |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," was it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br>☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ % | 3a | Yes | |
| b | Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 999 % | 3b | Yes | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | 4,457 | 2,652,219 | 0 | 2,652,219 | 0 990 % |
| b Medicaid (from Worksheet 3, column a) | | 6,911 | 10,991,941 | 5,209,393 | 5,782,548 | 2 160 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | 0 | 0 % |
| d **Total** Financial Assistance and Means-Tested Government Programs | | 11,368 | 13,644,160 | 5,209,393 | 8,434,767 | 3 150 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 910,308 | 4,449,109 | 191,970 | 4,257,139 | 1 590 % |
| f Health professions education (from Worksheet 5) | | 2,429 | 716,488 | 0 | 716,488 | 0 270 % |
| g Subsidized health services (from Worksheet 6) | | 2,456 | 9,161,546 | 7,992,160 | 1,169,386 | 0 440 % |
| h Research (from Worksheet 7) | | | 633,600 | 398,055 | 235,545 | 0 090 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | 310 | 182,564 | 0 | 182,564 | 0 070 % |
| j **Total.** Other Benefits | | 915,503 | 15,143,307 | 8,582,185 | 6,561,122 | 2 460 % |
| k **Total.** Add lines 7d and 7j | | 926,871 | 28,787,467 | 13,791,578 | 14,995,889 | 5 610 % |

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

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

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

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | Yes | |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 3,682,503 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 829,587 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |

**Section B. Medicare**

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 66,045,695 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 74,660,410 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -8,614,715 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|
| 1 DOYLESTOWN PET | | | | |
| 2 ASSOCIATES LLC | MEDICAL SERVICES | 49 000 % | | 51 000 % |
| 3 PAVILION I MOB LP | MEDICAL OFFICE BUILDING | 23 300 % | 5 000 % | 35 010 % |
| 4 PAVILION II MOB LP | MEDICAL OFFICE BUILDING | 25 500 % | | |
| 5 DOYLESTOWN | CLINICALLY & FINANCIALLY | | | |
| 6 HEALTH PARTNERS | INTEGRATED HEALTH NETWORK | 50 000 % | | 50 000 % |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | See Additional Data Table | | | | | | | | | | |
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**Part V Facility Information** *(continued)*

## Section B. Facility Policies and Practices

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

DOYLESTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group**

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | Yes | |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| a | ☑ A definition of the community served by the hospital facility | | | |
| b | ☑ Demographics of the community | | | |
| c | ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☑ How data was obtained | | | |
| e | ☑ The significant health needs of the community | | | |
| f | ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☑ The process for consulting with persons representing the community's interests | | | |
| i | ☑ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 13 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☑ Hospital facility's website (list url) WWW DH ORG | | | |
| b | ☐ Other website (list url) | | | |
| c | ☑ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 13 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | | No |
| a | If "Yes" (list url) | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | Yes | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | No |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

## Part V Facility Information *(continued)*

DOYLESTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group**

| | | | Yes | No |
|---|---|---|---|---|
| **Financial Assistance Policy (FAP)** | | | | |
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP | | | |
| a | ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 999 % | | | |
| b | ☐ Income level other than FPG (describe in Section C) | | | |
| c | ☐ Asset level | | | |
| d | ☐ Medical indigency | | | |
| e | ☐ Insurance status | | | |
| f | ☑ Underinsurance discount | | | |
| g | ☐ Residency | | | |
| h | ☑ Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| a | ☑ Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | ☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | ☐ Other (describe in Section C) | | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| a | ☑ The FAP was widely available on a website (list url) WWW DH ORG | | | |
| b | ☑ The FAP application form was widely available on a website (list url) WWW DH ORG | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) WWW DH ORG | | | |
| d | ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h | ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | ☐ Other (describe in Section C) | | | |
| **Billing and Collections** | | | | |
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Actions that require a legal or judicial process | | | |
| d | ☐ Other similar actions (describe in Section C) | | | |
| e | ☑ None of these actions or other similar actions were permitted | | | |

## Part V Facility Information *(continued)*

DOYLESTOWN HOSPITAL

**Name of hospital facility or letter of facility reporting group**

| | | | Yes | No |
|---|---|---|---|---|
| **19** | Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | **19** | | No |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| **a** | ☐ Reporting to credit agency(ies) | | | |
| **b** | ☐ Selling an individual's debt to another party | | | |
| **c** | ☐ Actions that require a legal or judicial process | | | |
| **d** | ☐ Other similar actions (describe in Section C) | | | |
| **20** | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) | | | |
| **a** | ☑ Notified individuals of the financial assistance policy on admission | | | |
| **b** | ☑ Notified individuals of the financial assistance policy prior to discharge | | | |
| **c** | ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| **d** | ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| **e** | ☑ Other (describe in Section C) | | | |
| **f** | ☐ None of these efforts were made | | | |
| **Policy Relating to Emergency Medical Care** | | | | |
| **21** | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | **21** | Yes | |
| | If "No," indicate why | | | |
| **a** | ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** | ☐ The hospital facility's policy was not in writing | | | |
| **c** | ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** | ☐ Other (describe in Section C) | | | |
| **Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)** | | | | |
| **22** | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| **a** | ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| **b** | ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| **c** | ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| **d** | ☑ Other (describe in Section C) | | | |
| **23** | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? | **23** | | No |
| | If "Yes," explain in Section C | | | |
| **24** | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? | **24** | | No |
| | If "Yes," explain in Section C | | | |

## Part V Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Part V Facility Information** *(continued)*

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

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

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

## Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART I, LINE 3C | PROVIDING HEALTHCARE FOR ALL COMMUNITY MEMBERS WAS ONE OF THE PRINCIPLE GOALS OF THE VILLA GE IMPROVEMENT ASSOCIATION (VIA), THE WOMEN'S CLUB THAT FOUNDED DOYLESTOWN HOSPITAL THE V IA TRADITION OF ENSURING ACCESS TO HEALTHCARE FOR ALL COMMUNITY MEMBERS CONTINUES TODAY P ATIENTS SHOULD NEVER AVOID SEEKING CARE BECAUSE THEY THINK THEY CANNOT AFFORD IT DOYLESTO WN HOSPITAL HONORS THE VIA'S ORIGINAL PROMISE TODAY FOR ALL PATIENTS, REGARDLESS OF ABILIT Y TO PAY TO HELP THOSE WHO ARE UNISURED OR UNDERINSURED, DOYLESTOWN HOSPITAL OFFERS THE H EALTHCARE FINANCIAL ASSISTANCE PROGRAM THIS PROGRAM OFFERS A VARIETY OF ASSISTANCE, COUNS ELING AND FINANCING OPTIONS TO HELP EASE THE WORRY ABOUT HEALTHCARE COSTS EVEN FOR PATIEN TS WHO DO NOT QUALIFY FOR FREE HEALTHCARE SERVICES, DOYLESTOWN HOSPITAL PROVIDES OPTIONS T O HELP WITH HEALTHCARE COSTS IN THESE SITUATIONS, FINANCIAL COUNSELORS HELP TO DETERMINE THE AVAILABLE OPTIONS (FINANCING, SLIDING SCALE AND CHARITY CARE ALLOWANCES TO REDUCE THE PATIENT BALANCE) A VARIETY OF FACTORS AND CRITERIA ARE CONSIDERED - PATIENT/GUARANTOR HA S NO GOVERNMENTAL INSURANCE OR COVERAGE UNDER THE AFFORDABLE CARE ACT (INSURANCE PLANS PRO VIDED THROUGH THE EXCHANGE) OR PRIVATE INSURANCE COVERAGE FOR MEDICALLY NECESSARY SERVICES - PATIENT/GUARANTOR HAS EXHAUSTED ANY INSURANCE BENEFITS AND HAS BECOME MEDICALLY INDIGE NT - CIRCUMSTANCES HAVE CHANGED THAT CAUSED THE PATIENT/GUARANTOR TO NO LONGER HAVE THE M EANS TO PAY AN EXISTING LIABILITY, EITHER CURRENT OR DELINQUENT - SLIDING SCALE FINANCIAL ASSISTANCE DISCOUNTS ARE PROVIDED BASED ON FAMILY SIZE, INCOME LEVEL, BALANCE DUE IN PROP ORTION TO INCOME AFTER RECONCILIATION WITH PUBLIC OR PRIVATE INSURERS - PATIENTS WITH FAM ILY INCOME AT OR BELOW 100% OF THE PUBLISHED POVERTY GUIDELINES ARE SCREENED FOR ELIGIBILI TY FOR MEDICAID BASED ON CURRENT STATE OR EXCHANGE ELIGIBILITY CRITERIA - PATIENTS WHOSE FAMILY INCOME IS BETWEEN 100% AND 200% OF THE PUBLISHED POVERTY GUIDELINES WILL HAVE BALAN CES REDUCED FOR FULL FINANCIAL ASSISTANCE (FREE CARE) - PATIENTS WHOSE FAMILY INCOME FALL S BETWEEN 201% AND 1000% OF THE PUBLISHED FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR DISCOUNTED SERVICE ACCORDING TO ANNUAL SLIDING SCALE DISCOUNT MODEL - PATIENTS WHO APPEAR ELIGIBLE FOR CHARITY CARE BUT FOR WHOM THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO A LACK OF SUPPORTING DOCUMENTATION MAY BE GRANTED UP TO 100% WRITE-OFF OF THE ACCOUNT B ALANCE PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED THROUGH THE USE OF AN OUTSIDE SERVICE PR OVIDING A HEALTHCARE CREDIT REPORT PRESUMPTIVE ELIGIBILITY MAY ALSO BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE STATE FUNDED PRESCRIPTION PROGRAM S, HOMELESS OR RECEIVING CARE FROM A HOMELESS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILI TY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED, LOW INCOME/SUBSIDIZED H OUSING IS PROVIDED AS VALID ADDRESS, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ELIGIBILITY FOR ANN SILVERMAN COMMUNITY HEALTH CLINIC FREE HEALTHCARE - UNINSURED PATIENTS IDENTIFIE D AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A SELF-PAY DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY THE SELF-PAY DISCOUN T ENSURES THE PATIENT RESPONSIBILITY WILL NOT EXCEED AMOUNTS GENERALLY BILLED TO PATIENTS COVERED BY INSURANCE IN ACCORDANCE WITH THE AFFORDABLE CARE ACT AND IRS GUIDELINES AS DOCU MENTED IN 501(R) THE STANDARD SELF-PAY DISCOUNT IS BASED ON AN AVERAGE OF THE NEGOTIATED RATES FOR PREVALENT COMMERCIAL INSURANCE CARRIERS ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED, I N ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY FINANCIAL COUNSELING IS OFFERED AT THE TIME OF SERVICE, IF POSSIBLE, AND ALL UNINSURED PATIENTS RECEIVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM AS WELL AS INFORMATION REGARDING INSURANCE PLANS AVAILABLE T HROUGH THE EXCHANGE UNINSURED DISCOUNTS AND SLIDING SCALE ALLOWANCES ARE GRANTED AS APPRO PRIATE, AT THE TIME OF SERVICE, OR AFTERWARD THE HOSPITAL ENSURES A PRACTICE OF ASSISTING PATIENTS WITH COMPLETING APPLICATIONS FOR INSURANCE THROUGH THE EXCHANGE AS REQUESTED FI NANCIAL INFORMATION SUBMITTED FOR ELIGIBILITY FOR SUBSIDIZED COVERAGE UNDER THE AFFORDABLE CARE ACT IS CONSIDERED THE ORGANIZATION PREPARES AND ISSUES AUDITED FINANCIAL STATEMENTS THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION CHARITY CARE THE CORPORATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLI SHED RATES UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS TH AT MEET THE CORPORATION'S CHARITY CARE CRITERIA ARE ALSO CONSIDERED CHARITY CARE THE CORP ORATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETE |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART I, LINE 3C | RMINED TO QUALIFY AS CHARITY CARE, AND ESTABLISHES RESERVES FOR THESE AMOUNTS ACCORDINGLY , SUCH AMOUNTS ARE NOT REPORTED AS REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS THE AMOUNT OF ESTIMATED COST, BASED ON THE CORPORATI ON'S COST ACCOUNTING DATA, FOR SERVICES AND SUPPLIES FURNISHED UNDER THE CORPORATION'S CHA RITY CARE POLICY, IS SUMMARIZED IN THE FOLLOWING TABLE YEAR ENDED JUNE 30, 2015 2014 UNRE IMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS $5,782,548 $6,114,826 FREE CARE AND FINA NCIAL ASSISTANCE $2,652,219 $2,473,437 ---------- ---------- $8,434,737 $8,588,263 ========== ========== |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART I, LINE 6A | PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART I, LINE 7 | COMMUNITY BENEFIT AMOUNTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM HOSPITAL PROVIDED DIAGNOSTIC AND THERAPEUTIC SERVICES ORDERED BY THE ANN SILVERMAN CLINIC ARE HANDLED THROUGH THE CHARITY CARE POLICY |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART II | COMMUNITY BUILDING IS AT THE CORE OF DOYLESTOWN HOSPITAL'S MISSION IT IS THE ONLY HOSPITAL IN THE U S FOUNDED AND GOVERNED BY A WOMEN'S CLUB, THE VILLAGE IMPROVEMENT ASSOCIATION THROUGHOUT ITS MORE THAN 100-YEAR HISTORY, THE V I A HAS BEEN A LEADER IN COMMUNITY ADVOCACY THE GROUP FOUNDED DOYLESTOWN HOSPITAL IN 1923 MORE THAN 4,400 PATIENT ENCOUNTERS WERE GRANTED FINANCIAL ASSISTANCE DURING FY 2015 DOYLESTOWN HOSPITAL IS ACTIVELY ENGAGED WITH MANY COMMUNITY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELL BEING OF THE POPULATION, FROM BIRTH TO DEATH IN 1994, DOYLESTOWN HOSPITAL, ALONG WITH MEMBERS OF ITS MEDICAL STAFF, ESTABLISHED THE ANN SILVERMAN COMMUNITY HEALTH CLINIC TO SERVE THE NEEDS OF THE UNINSURED IN OUR COMMUNITY DOYLESTOWN HEALTH EMPLOYEES ARE ENCOURAGED TO VOLUNTEER IN THEIR NEIGHBORHOODS THE HOSPITAL ALSO PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION PROGRAMS AND OUTREACH SESSIONS FOR PATIENTS AND MEMBERS OF THE COMMUNITY AS A WHOLE PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART III, LINES 2, 3 & 4 | BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES, AND NET OF ACCOUNTS SUBSEQUENTLY IDENTIFIED FOR PRESUMPTIVE ELIGIBILITY FOR FREE CARE |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART III, LINE 8 | MEDICARE COSTS WERE DERIVED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBTS ARE COMMUNITY BENEFIT AND A SSOCIATED COSTS SHOULD BE INCLUDED ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE F ULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HE ALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S C HARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERV ICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CRE ED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY, AND CONSISTENT WITH THE COMMUNITY BE NEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STAND ARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTER NAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 5 01(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPO SES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AN D THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRES S THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREM ENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS TH E ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE ST ANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOS PITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREME NTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE , TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVID E CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING E MPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FA ILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVI DE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORM ALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LO W LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE S URROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUI REMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STAN DARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVID UALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO C OULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS ME DICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHAR ITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCE PTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE A DVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE, EVEN THOUGH THE CLASS OF BENEFICIA RIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS N OT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL, AND IT PROVIDED CARE TO EVERYON E WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERIST ICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WER E USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FA |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART III, LINE 8 | CILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BO ARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PR IVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THIS ORGANIZATION BELIEVES THAT MEDIC ARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE O N THE FORM 990, SCHEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THA T MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABL E ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBL ISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORA TE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UND ERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROV IDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMU NITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECE NTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 20 07 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHI NG A 10-YEAR LOW AT NEGATIVE 5 4% - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUN TERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE I NCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIAR IES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLIN G PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND TO INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PAR T I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATIN G THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING T HE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS O RGANIZATION ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO A RE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BE NEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIE NTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILIT Y FOR THE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL B UDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATI ENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRI ES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO TH E COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDL ESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING HOSPITAL INVOICES ARE NOT TURNED AWAY , UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STAN DARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXT ENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT TH E VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF CO MMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HO SPITALS AROUND THE NATION REINFORCES THA |

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

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 2 | IN ADDITION TO THE INTERNAL REVENUE CODE SECTION 501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN THIS FORM 990, SCHEDULE H, PART V, SECTION B, DURING FY 2013, DOYLESTOWN HOSPITAL COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN COLLABORATION WITH THE BUCKS COUNTY HEALTH IMPROVEMENT PROGRAM AND THE HOSPITAL ASSOCIATION OF PENNSYLVANIA A FULL COPY OF THE ASSESSMENT IS ATTACHED AND AVAILABLE ON THE HOSPITAL WEBSITE WWW DH ORG/COMMUNITY IN ADDITION, THE DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION BOARDS ADOPTED A CHNA IMPLEMENTATION PLAN IN SEPTEMBER 2013 A FULL COPY OF THE IMPLEMENTATION PLAN IS ATTACHED TO THIS FORM 990 THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT IS UNDERWAY, AND WILL BE PRESENTED TO THE BOARD PRIOR TO JUNE 30, 2016 AS A ROUTINE, DOYLESTOWN HOSPITAL CONDUCTS REGULAR REVIEWS OF HEALTHCARE UTILIZATION IN ITS SERVICE AREA FOR BOTH CLINICAL QUALITY AND TO DETERMINE PATIENT PREFERENCES CURRENT DATA ON SERVICE LINE UTILIZATION (CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ORTHOPEDICS, ETC ) IS USED TO FORECAST HEALTHCARE NEEDS, TO ESTIMATE PROJECTED INPATIENT AND OUTPATIENT ACTIVITY, AND TO PLAN FOR CAPITAL AND STAFF RESOURCES TO BETTER MEET THE NEEDS OF OUR PATIENTS REAL-TIME REVIEWS OF QUALITY INDICATORS HELP TO IMPROVE SYSTEMS AND PROCESSES PATIENT AND VISITOR FEEDBACK, ALONG WITH QUARTERLY REVIEWS OF PATIENT SATISFACTION AND EXPERIENCE SURVEYS FOR EACH UNIT OF THE HOSPITAL, ARE INSTRUMENTAL IN PROCESS AND QUALITY IMPROVEMENT INITIATIVES EVERY TWO YEARS, DOYLESTOWN HOSPITAL CONDUCTS A SURVEY OF COMMUNITY MEMBERS, MEDICAL STAFF AND HOSPITAL BOARD MEMBERS AS PART OF ITS MEDICAL STAFF DEVELOPMENT PLAN RESPONSES TO THE SURVEY ARE THE BASIS FOR IDENTIFYING GAPS IN SPECIALIST AND/OR PRIMARY CARE MEDICAL SERVICES THE SURVEYS HELP GUIDE THE MEDICAL STAFF DEVELOPMENT COMMITTEE IN REVIEWING APPLICATIONS FOR MEMBERSHIP, AND DIRECT RECRUITING EFFORTS FOR SPECIALTIES IDENTIFIED BY THE SURVEY RESPONDENTS IN ADDITION, DOYLESTOWN HOSPITAL COOPERATES CLOSELY WITH THE BUCKS COUNTY DEPARTMENT OF HEALTH AND COMMUNITY PHYSICIANS TO MONITOR THE HEALTH NEEDS OF THE POPULATION AMONG THE MANY COMMUNITY HEALTH ORGANIZATIONS THE HOSPITAL WORKS WITH AND SUPPORTS IS THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, A COLLABORATION OF THE SEVEN HOSPITALS IN BUCKS COUNTY, ALONG WITH THE COUNTY HEALTH DEPARTMENT, BUCKS COUNTY MEDICAL SOCIETY, CENTRAL BUCKS SCHOOL DISTRICT AND BUCKS COUNTY AREA AGENCY ON AGING DOYLESTOWN HOSPITAL WAS A FOUNDING MEMBER OF THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 3 | CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A FINANCIAL COUNSELOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES, AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS AS IDENTIFIED |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 4 | DOYLESTOWN HOSPITAL SERVES A GEOGRAPHIC AREA THAT SPANS RURAL AND SUBURBAN TOWNSHIPS AND DENSELY POPULATED TOWNS IT IS SITUATED IN DOYLESTOWN TOWNSHIP, ON THE BORDER WITH DOYLESTOWN BOROUGH, THE BUCKS COUNTY SEAT OF GOVERNMENT BUCKS COUNTY IS AMONG THE MOST POPULATED AND FASTEST GROWING COUNTIES IN PENNSYLVANIA, WITH APPROXIMATELY 625,000 RESIDENTS THE POPULATION IS PREDOMINATELY WHITE (87%) WITH THE REMAINING 13% DIVIDED AMONG LATINO, ASIAN AND BLACK RESIDENTS ABOUT 4% OF families with children live BELOW THE FEDERAL POVERTY LEVEL |

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART VI, QUESTION 5 | THE VIA AND DOYLESTOWN HEALTH ARE DEVOTED TO THE COMMUNITY WE SERVE, THE ORGANIZATION SPONSORS AND COORDINATES MANY CHARITABLE AND HEALTH PROMOTION ACTIVITIES COMMUNITY OUTREACH PROGRAMS INCLUDE - PROVIDING SPACE FOR AMERICAN RED CROSS BLOOD DRIVES AND BI-MONTHLY PLATELET DONATIONS, - PARTICIPATION IN THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP), WHICH IS AN ADULT HEALTH CLINIC AVAILABLE TO PATIENTS THROUGHOUT THE COUNTY, - PARTICIPATION IN CB CARES, A COMMUNITY COALITION FOR YOUTH, OPERATION OF A DAY CARE CENTER, - SUPPORT OF THE ANN SILVERMAN COMMUNITY HEALTH CLINIC, - ROUTINE COMMUNITY EDUCATION PROGRAMS AND CLASSES, - MENTAL HEALTH SCREENINGS, - SPONSORSHIP OF WOMEN'S PROGRAMS AND EDUCATIONAL SCHOLARSHIPS, HOSPICE AND BEREAVEMENT PROGRAMS, - THE DOYLESTOWN CLINICAL NETWORK, - SPONSORSHIP OF COMMUNITY ORGANIZATIONS AND EVENTS, - THE VIAL OF LIFE PROGRAM AND - COMMUNITY ACCESS TO DH MEDICAL LIBRARY EDUCATIONAL PROGRAMS INCLUDE - LIFESTYLE, DRIVER SAFETY AND HEALTH LECTURES, - BREAST CANCER EDUCATION AND SUPPORT GROUPS, - PROSTATE CANCER SUPPORT GROUPS AND EDUCATION, - PREVENTION PROGRAMS FOR HIGH SCHOOL STUDENTS, - NUTRITION EDUCATION PROGRAMS, - STUDENT INTERNSHIP PROGRAMS FOR RADIOLOGY, EXERCISE PHYSIOLOGY, AND OTHER HEALTH SCIENCE/TECHNOLOGY FIELDS, - SMOKING CESSATION CLASSES, - ALZHEIMER'S CAREGIVER TRAINING, - MATERNITY AND PARENTING PROGRAMS INCLUDE WELL BABY EDUCATION, HEALTHY BEGINNINGS PROGRAM FOR PRENATAL HEALTH, BREASTFEEDING AND CHILDBIRTH CLASSES AND - CHILD DEVELOPMENT AND SIBLING AND GRANDPARENT CLASSES SCHOOL AGE ACTIVITIES INCLUDE - PARENTING AND BABYSITTING EDUCATION, - EMERGENCY DEPARTMENT CLINICS AND - SUPPORT FOR CB CARES FORTY ASSESTS PROJECT MORE THAN 25 SUPPORT GROUPS ARE PROVIDED FREE MEETING SPACE, AND HOSPITAL STAFF SERVES AS LEADERS FOR MANY OF THE GROUPS (E G , BEREAVEMENT, AUTISM, ALATEEN, LYME DISEASE, DIABETES) LEADERSHIP ACTIVITIES INCLUDE MANAGEMENT VOLUNTEERS WHO SERVE FOR VARIOUS COMMUNITY ORGANIZATIONS (E G , GILDA'S CLUB, DELAWARE VALLEY COLLEGE) TEACHING PROGRAMS SUPORT MEDICAL, NURSING, ALLIED HEALTH AND HOSPITAL MANAGEMENT PROGRAMS, SUPPORTING MORE THAN TWENTY COLLEGES AND UNIVERSITIES IN ADDITION, THE HOSPITAL CONDUCTS A NUMBER OF HEALTH SCREENINGS AND IMMUNIZATIONS THROUGHOUT THE YEAR FOR COMMUNITY MEMBERS EACH OF THESE PROGRAMS IS DESCRIBED MORE FULLY IN THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O THESE EFFORTS ARE NOT NECESSARILY PART OF THE PATIENT AND FAMILY EXPERIENCE DURING HOSPITAL ENCOUNTERS, BUT SERVE TO SUPPORT THE NEEDS FOR HEALTH AND GROWTH FOR INDIVIDUALS IN THE COMMUNITY |

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART VI, QUESTION 6 | NOT-FOR-PROFIT VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ("THE VIA ") IS A NOT-FOR-PROFIT HOLDING COMPANY BASED IN DOYLESTOWN, PENNSYLVANIA AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, THE VIA STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING BUCKS AND MONTGOMERY, PENNSYLVANIA AND HUNTERDON AND MERCER, NEW JERSEY THE VIA IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE VIA ENSURES THAT DOYLESTOWN HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS AND THOSE COVERED UNDER THE ACA PLANS, 2 IT OPERATE AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAIN AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF THE DOYLESTOWN HEALTH FOUNDATION EACH BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES DOYLESTOWN HOSPITAL DOYLESTOWN HOSPITAL ("DH") IS A 232-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN DOYLESTOWN, BUCKS COUNTY, PENNSYLVANIA DH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, DH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, DH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 DOYLESTOWN HEALTH FOUNDATION DOYLESTOWN HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY VIA AFFILIATES (DOING BUSINESS AS DOYLESTOWN HEALTH PHYSICIANS) VIA AFFILIATES (DBA DH PHYSICIANS) IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PINE RUN RETIREMENT COMMUNITY PINE RUN RETIREMENT COMMUNITY IS A DIVISION WITHIN DOYLESTOWN HOSPITAL AND OPERATES JOINTLY AS A SINGLE 501(C)(3) TAX-EXEMPT ORGANIZATION PINE RUN INCLUDES A 127-BED NURSING FACILITY AND 40-BED PERSONAL CARE FACILITY, 107 ASSISTED LIVING BED FACILITY AND 300 INDEPENDENT LIVING UNITS IN BUCKS COUNTY, PENNSYLVANIA FOR-PROFIT VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES DOYLESTOWN HEALTH & WELLNESS CENTER A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS DOYLESTOWN HEALTH FOUNDATION THE ORGANIZATION IS LOCATED IN WARRINGTON, BUCKS COUNTY, PENNSYLVANIA THE ORGANIZATION LEASES SPACE TO AN UNRELATED ENTITY WHICH OPERATES A FITNESS CENTER |

## Additional Data

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

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H,PART V,SECTION B,Q'S 2,3J,7D,13B,15E,16I,18D,19D,21C,21D,23&24 | NOT APPLICABLE |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, QUESTIONS 5, 6A & 6B | Public Health Management Corporation ("PHMC") collaborated with the participating hospitals to identify individuals living and/or working in the communities in the hospitals' service areas who could provide input to the needs assessment as community members, public health experts, and as leaders or persons with knowledge of underserved racial minorities, low income residents, and/or the chronically ill The participating hospitals and PHMC worked together to obtain meeting venues, contact potential participants, and encourage attendance Meeting participants were not compensated Input from the community meeting participants, including county and local health department officials and public health experts, was used to further identify and prioritize unmet needs, local problems with access to care and populations with special health care needs Qualitative information from the community meetings was analyzed by identifying and coding themes common to participants, and also themes that were unique The resulting analysis was organized into major topic areas related to health status, access to care, special population needs, unmet needs, and health care priorities TWENTY-EIGHT MEMBER FACILITIES FROM THE DELAWARE VALLEY HEALTHCARE COUNCIL OF THE HOSPITAL ASSOCIATION OF PENNSYLVANIA PARTICIPATED - ABINGTON MEMORIAL HOSPITAL - LANSDALE HOSPITAL CORPORATION - THE CHILDREN'S HOSPITAL OF PHILADELPHIA - CROZER-CHESTER MEDICAL CENTER - DELAWARE COUNTY MEMORIAL HOSPITAL - SPRINGFIELD HOSPITAL - TAYLOR HOSPITAL - DOYLESTOWN HOSPITAL - EAGLEVILLE HOSPITAL - EINSTEIN MEDICAL CENTER PHILADELPHIA - EINSTEIN MEDICAL CENTER ELKINS PARK - EINSTEIN MEDICAL CENTER MONTGOMERY - MOSS REHAB - BELMONT BEHAVIORAL HEALTH CENTER FOR COMPREHENSIVE TREATMENT - GRAND VIEW HOSPITAL - HOLY REDEEMER HOSPITAL - MERCY FITZGERALD HOSPITAL - MERCY PHILADELPHIA HOSPITAL - MERCY SUBURBAN HOSPITAL - NAZARETH HOSPITAL - ST MARY MEDICAL CENTER - TEMPLE UNIVERSITY HOSPITAL - JEANES HOSPITAL - FOX CHASE CANCER CENTER - EPISCOPAL HOSPITAL - HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PENNSYLVANIA HOSPITAL - PENN PRESBYTERIAN MEDICAL CENTER |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, QUESTION 11 | AS DISCUSSED ABOVE, DOYLESTOWN HOSPITAL CONDUCTED A CHNA WITH SEVERAL OTHER HOSPITALS IN ITS COMMUNITY THE HOSPITAL'S IMPLEMENTATION STRATEGY CAN BE FOUND ATTACHED TO THIS FEDERAL FORM 990 THE IMPLEMENTATION STRATEGY DESCRIBES THE SIGNIFICANT NEEDS IDENTIFIED WITHIN THE ORGANIZATION'S CHNA AND HOW THE HOSPITAL PLANS TO ADDRESS THOSE SIGNIFICANT NEEDS ADDITIONALLY, THE HOSPITAL IS UNABLE TO ADDRESS EVERY NEED IDENTIFIED A DESCRIPTION OF THOSE NEEDS AND THE REASON WHY THE HOSPITAL IS UNABLE TO ADDRESS THEM CAN BE FOUND WITHIN THE IMPLEMENTATION STRATEGY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, QUESTION 13H | THE FACILITY HAS A FINANCIAL ASSISTANCE POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE INSURANCE COVERAGE AND ASSISTANCE PROGRAMS AVAILABLE THIS IS ACCOMPLISHED THROUGH SIGNAGE, NOTICES ON PATIENT STATEMENTS, AND FINANCIAL COUNSELING PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A FINANCIAL COUNSELOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE PROVIDED WITH INFORMATION REGARDING OTHER OPTIONS UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A 50% UNINSURED DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, QUESTION 20E | IT IS THE POLICY OF DOYLESTOWN HOSPITAL AND ITS RELATED ENTITIES TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE OR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCES AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES REASONABLE AND CUSTOMARY EFFORTS TO COLLECT PATIENT BALANCES, INCLUDING CONTACT BY TELEPHONE, LETTER AND/OR ACCOUNT STATEMENTS NO LESS THAN 90 DAYS FROM THE FIRST BILLING NOTICE SENT TO A PATIENT, POTENTIAL BAD DEBT ACCOUNTS ARE REVIEWED BY AN ACCOUNT REPRESENTATIVE, AND A PRE-COLLECTION LETTER/FINAL NOTICE IS MAILED TO THE PATIENT/GUARANTOR AS APPROPRIATE AFTER 15 DAYS, ANY ACCOUNTS OVER OUR STANDARD THRESHOLD WITH NO RESPONSE ARE PLACED WITH A CONTRACTED OUTSIDE COLLECTION AGENCY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, QUESTION 22D | UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A SELF-PAY DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY THE SELF-PAY DISCOUNT ENSURES THE PATIENT RESPONSIBILITY WILL NOT EXCEED AMOUNTS GENERALLY BILLED TO PATIENTS COVERED BY INSURANCE IN ACCORDANCE WITH THE AFFORDABLE CARE ACT AND IRS GUIDELINES AS DOCUMENTED IN 501(R) THE STANDARD SELF-PAY DISCOUNT IS BASED ON AN AVERAGE OF THE NEGOTIATED RATES FOR PREVALENT COMMERCIAL INSURANCE CARRIERS ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED, IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY THE FACILITY ALSO HAS A FINANCIAL ASSISTANCE POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE INSURANCE COVERAGE AND ASSISTANCE PROGRAMS AVAILABLE THIS IS ACCOMPLISHED THROUGH SIGNAGE, NOTICES ON PATIENT STATEMENTS, AND FINANCIAL COUNSELING PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A FINANCIAL COUNSELOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE PROVIDED WITH INFORMATION REGARDING OTHER OPTIONS UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A STANDARD UNINSURED DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 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) HEALTH CARE IMPROVEMENT FOUNDATION<br>1801 MARKET STREET<br>ROOM 710<br>PHILADELPHIA,PA 19103 | 23-2152039 | 501(C)(3) | 45,000 | | | | PROGRAM SUPPORT |
| (2) CENTRAL BUCKS FAMILY YMCA<br>2500 LOWER STATE ROAD<br>DOYLESTOWN,PA 18901 | 23-1903158 | 501(C)(3) | 23,200 | | | | PROGRAM SUPPORT |
| (3) BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE,PA 19047 | 23-2862339 | 501(c)(3) | 20,000 | | | | CNTY WIDE HLTH NEEDS |
| (4) MARCH OF DIMES FOUNDATION<br>1275 MAMARONECK AVENUE<br>WHITE PLAINS,PA 10605 | 13-1846366 | 501(C)(3) | 10,000 | | | | PROGRAM SUPPORT |
| (5) CB CARES EDUCATIONAL FOUNDATION<br>252 W SWAMP ROAD 5<br>DOYLESTOWN,PA 18901 | 23-3084670 | 501(C)(3) | 6,000 | | | | PROGRAM SUPPORT |
| (6) TRAVIS MANION FOUNDATION<br>PO BOX 1485<br>DOYLESTOWN,PA 18901 | 41-2237951 | 501(C)(3) | 6,000 | | | | PROGRAM SUPPORT |
| (7) CANCER SUPPORT COMMUNITY OF PHILADELPHIA<br>4100 CHAMOUNIX DRIVE<br>WEST FAIRMOUNT<br>PHILADELPHIA,PA 19131 | 23-2657403 | 501(C)(3) | 5,500 | | | | PROGRAM SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

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

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

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

**Part IV** **Supplemental Information.** 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 CENTER AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☑ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | 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? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | Yes | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

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

## Part III Supplemental Information

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 2014 FORM W-2 AND FORM 1099-MISC, IF APPLICABLE |
| SCHEDULE J, PART I, QUESTION 1 | THE ORGANIZATION PROVIDED A HOUSING ALLOWANCE TO JAMES L BREXLER, FACHE, PRESIDENT/CEO IN THE AMOUNT OF $42,000 THIS ALLOWANCE WAS REPORTED AS TAXABLE INCOME ON MR BREXLER'S 2014 FORM 1099 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN |
| SCHEDULE J, PART I, QUESTION 4B | 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 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES L BREXLER, FACHE, $170,966, SCOTT S LEVY, M D , $108,720, DANIEL L UPTON, $183,052, RICHARD LANG, $45,563, BARBARA A HEBEL, $40,169 AND CATHLEEN Q STEWART, $20,341 |
| SCHEDULE J, PART I, QUESTION 7 | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2014 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2014 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 |

## Additional Data

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

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

| (A) Name 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 in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| JAMES L BREXLER FACHE, DIRECTOR - PRESIDENT/CEO | (I) | 614,596 | 48,703 | 56,777 | 196,266 | 20,242 | 936,584 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRUCE DERRICK MD, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 365,672 | 0 | 0 | 0 | 15,198 | 380,870 | 0 |
| SCOTT S LEVY MD, DIRECTOR - VP/CMO | (I) | 451,615 | 39,724 | 1,984 | 134,020 | 19,865 | 647,208 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID L SMITH MD, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 505,665 | 0 | 17,000 | 7,800 | 17,552 | 548,017 | 0 |
| ELEANOR WILSON RN MSN MHA, DIRECTOR - VP PATIENT SERVICES | (I) | 377,560 | 33,934 | 2,012 | 25,300 | 17,812 | 456,618 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DANIEL L UPTON, CHIEF FINANCIAL OFFICER | (I) | 358,935 | 32,935 | 2,336 | 208,352 | 21,728 | 624,286 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN REISS, VP GENERAL COUNSEL | (I) | 357,510 | 8,761 | 2,892 | 25,300 | 656 | 395,119 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD LANG, VP INFORMATION MANAGEMENT | (I) | 265,106 | 24,235 | 3,591 | 70,863 | 23,753 | 387,548 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BARBARA A HEBEL, VP HUMAN RESOURCES | (I) | 251,398 | 22,940 | 962 | 64,788 | 19,571 | 359,659 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LINDA A FELT, VP DEVELOPMENT | (I) | 208,859 | 19,725 | 12,140 | 5,338 | 15,532 | 261,594 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CATHLEEN Q STEWART, EXECUTIVE DIRECTOR PINE RUN | (I) | 248,624 | 21,865 | 325 | 44,646 | 7,675 | 323,135 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LOUIS IOBBI, DIRECTOR PHARMACY | (I) | 163,182 | 0 | 1,347 | 3,282 | 14,627 | 182,438 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN M MITCHELL CCP LP, DIRECTOR HEART CENTER | (I) | 222,469 | 0 | 870 | 6,771 | 19,445 | 249,555 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEVEN DAY JR, DIRECTOR OF RISK SERVICES | (I) | 202,926 | 0 | 279 | 5,624 | 19,097 | 227,926 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PATRICIA A STOVER RN, EXECUTIVE DIRECTOR - NURSING | (I) | 178,612 | 0 | 649 | 5,447 | 17,478 | 202,186 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MATTHEW F COSTELLO, EXECUTIVE DIRECTOR - SURGERY | (I) | 173,366 | 4,500 | 217 | 5,389 | 20,745 | 204,217 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH SEEBER, CHIEF ACCOUNTING OFFICER | (I) | 157,914 | 0 | 1,704 | 4,901 | 19,097 | 183,616 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | DOYLESTOWN HOSPITAL AUTHORITY | 26-4834726 | 261333DX3 | 04-01-2008 | 64,004,953 | CONSTRUCTION PROJECTS/CAPITAL EXPE | | X | | X | | X |
| B | DOYLESTOWN HOSPITAL AUTHORITY | 26-4834726 | 261333DZ8 | 04-01-2013 | 29,047,755 | REFUND 1998A & 2008B BONDS | | X | | X | | X |
| C | DOYLESTOWN HOSPITAL AUTHORITY | 26-4834726 | 261333DZ8 | 04-01-2013 | 60,400,000 | REFUND REMAINING 2008B BONDS | | X | | X | | X |
| D | TELFORD INDUSTRIAL DEVELOPMENT AUTHORITY | 23-2253252 | | 11-12-2009 | 8,000,000 | CONSTRUCT PARKING GARAGE | | X | | X | | X |

## Part II Proceeds

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

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

## Part III Private Business Use

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

## Part III Private Business Use *(Continued)*

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

## Part IV Arbitrage

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

## Part IV Arbitrage *(Continued)*

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

## Part V Procedures To Undertake Corrective Action

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

## Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|---|
| SCHEDULE K, PART IV, QUESTION 2 | THE REBATE COMPUTATION FOR ALL FOUR TAX-EXEMPT BONDS WAS LAST PERFORMED ON JULY 24, 2015 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137049176 |
|---|---|---|

**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 990-EZ 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.**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | V I A HEALTH SYSTEM BACKGROUND ========== The Village Improvement As sociation of Doylestown (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 the V I A opened the first Doylestown Hospital, which it continued to own and operate as it grew and relocated until 1986 In 1 986, a corporate restructuring established Doylestown Hospital as a subsidiary corporation of the newly created Doylestown Health Foundation, both governed by the V I A At this ti me, V I A Affiliates, also a subsidiary of Doylestown Health Foundation and governed by t he V I A , now doing business as Doylestown Health Physicians, was formed These corporate changes facilitated each corporation focusing more precisely and efficiently on its missi on Great orchestras require exceptional talent, an array of finely tuned instruments and a skilled conductor to perform complex symphonies with excellence Great healthcare organi zations are much like great orchestras Highly competent talent, comprehensive facilities and services, superior execution and flawless coordination of effort are all required to d eliver excellence in patient care From the start, we have been a community centered organ ization focused on improving the health of our community The Village Improvement Associat ion of Doylestown (V I A ) founded the Doylestown Emergency Hospital in 1923 buts its heal th-centered roots trace back to 1895 as they coordinated efforts to eliminate unhealthy du st 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 V I A continued to address the health needs of our community by expanding or developing new services that co mprise Doylestown Health and collectively include - Doylestown Hospital - Doylestown Heal th Physicians - Doylestown Hospital Surgery Center and outpatient testing facilities at th e 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 - CB Cares, in partnership with the Central Bucks School District Today, under the Doylestown Health banner, we gather all elements of our health system to expand beyond episodic care to comm unity health and a continuum of coordinated care, from birth to end-of-life In partnershi p with over 425 physicians on our medical staff, we anticipate providing enhanced and expa nded services, achieving even greater accomplishments and a healthier community In its 12 1st year, the V I A oversees the operations of the system of affiliated members The purp oses of the V I A have been consistent throughout its history - to encourage and promote public health and wellness, - to improve the health and welfare of the residents of Doyle stown and greater Central Bucks County, - to provide food, clothing, shelter, and medical and surgical care and nursing to the indigent of the community without charge, insofar as hospital resources will permit, - to own, manage, support, and maintain a visiting nurse s ervice and community hospital for the benefit of all persons, and - to raise funds for and to receive and hold all property that may be given to the Association to accomplish its m ission For the fiscal year ending 6/30/15 the V I A Health System accounts for three tax exempt affiliates in this narrative (1) Doylestown Health Foundation, (2) Doylestown Hos pital, and (3) V I A Affiliates, D/B/A Doylestown Health Physicians Described below are the charitable missions of these entities V I A HEALTH SYSTEM MISSIONS ========== ========== Mission Statement The ("Health System") continuously improves the quality of life and proactively advocates for the health and well-being of the individuals we serve Vision Statement The enthusiastic pursuit of healthcare excellence through collaboration a nd innovation DOYLESTOWN HEALTH FOUNDATION ---------- The mission of th e Foundation has four main points assessment of community needs, communication of those n eeds and the health system's response to them, solicitation of funds to support the respon se, and the accountability to the community for both the management of the funds and the r esponse to the needs DOYLESTOWN HOSPITAL ---------- Doylestown Hospital's missio n is to "provide a responsive, healing environment for our patients and their families and to improve the quality of life for all members of our community " These community members include the vulnerable, the disenfranchised, those in need of health education, and those uninsured or underinsured persons who depend on u |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | s for care As a values-based organization, Doylestown Hospital has made a public commitme nt to seven core values Serve, Excellence, Respect, Value, Innovation, Compassion and Edu cation The hospital holds Board members, Medical staff, and paid and unpaid staff account able for incorporating these values into policies, behaviors, clinical practices and manag ement decisions The seven core values guide Doylestown Hospital's response to community n eeds SERVE - Anticipate the healthcare needs of the community, either by adding programs or services, or offer opportunities for health education or screening, and assure that the hospital responds to those needs in a timely fashion These needs are determined through the hospital's strategic planning efforts, which are in turn guided by the hospital's miss ion statement EXCELLENCE - Doylestown Hospital strives to sustain within its staff the in spiration that first compelled them to healthcare-related work and a commitment to the job of serving our patients RESPECT - Doylestown Hospital welcomes and provides care to all members of the community, without regard for race, religion, sex, sexual orientation, colo r, national origin, or ability to pay All the medical, surgical, and program services are provided to everyone who comes to Doylestown Hospital for care, including those unable to pay for these services VALUE - As a result of its commitment to keep cost and quality in proper perspective, Doylestown Hospital provides many programs and services at no charge, because the community expects, needs, and deserves this contribution of healthcare resour ces to its overall good health In the fiscal year ending 6/30/15, over 50,000 community m embers took advantage of community benefit activities, including free health promotion eve nts, screenings, health education programs, and other outreach efforts COMPASSION - Doyle stown Hospital promises the community it will strive for the BEST possible customer servic e, patient care, and technology that meets or exceed the community's expectations It also promises faithfulness to its heritage and assure that every decision reflects a commitmen t to the values EDUCATION - Doylestown Hospital seeks innovation and integration for cont inuous improvement and is committed to the health and wellness education of our community Doylestown Hospital has received national recognition for quality and patient experience for a variety of services Doylestown Hospital is a comprehensive 232-bed acute care facil ity 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 Areas of clinical emphasis and quality recognition include cardiovascular services, emergency medic ine, oncology, maternal-child health, orthopedics, interventional radiology, gastroenterol ogy, urology, general surgery and robotic surgery PINE RUN COMMUNITY ---------- In 1992 Doylestown Hospital enhanced its commitment to the older adult population in the Ce ntral Bucks County area by acquiring the Pine Run Community Pine Run operates as a divisi on of Doylestown Hospital with the following mission "Pine Run Community is committed to and passionate about seniors, and we are dedicated to being an exceptional retirement comm unity By focusing on a spectrum of wellness for everyone in our continuum, we will enhanc e the quality of life throughout the region " |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | Pine Run serves the surrounding community as a non-profit continuing care retirement commu nity by offering a continuum of services at its facilities w hich includes 296 independent living units (the Village) on 42 acres of land in Doylestow n, a 107-bed skilled nursing fa cility and 40-bed personal care facility (the Health Center), and a 107-bed personal care facility (Lakeview ), located on a separate, 7 5 acre campus in Doylestow n Pine Run strive s to be a progressive, resident-focused community, full of vitality and enthusiasm, promot ing independence and w ellness Through a culture of w ellness, Pine Run is dedicated to the promotion of holistic care and services for Villagers and Residents The Village, located approximately three miles from the Hospital, consists of garden cottages set in clusters and a multi-unit apartment building, as w ell as a community center, dining room, store, li brary, and other amenities Maintenance, security, housekeeping, utilities, dining, recrea tional, 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 s hort-stay nursing and rehabilitation residents, w ith skilled nursing care and comprehensiv e therapy programs, a personal care Alzheimer's/Dementia Program for those w ith impaired m emory, long-term care for residents requiring on-going custodial care, short-term respite care to allow home-based care givers to take a vacation or trip, and hospice care for end- of-life care Lakeview , a personal care facility, w as purchased by Doylestow n Hospital in 1998 and added to the Pine Run family of facilities It offers personal care accommodation s in private suites and companion suites, w ith supportive services and enhanced programmin g for those w ith memory impairment This personal care residence is three and a half (3 5) miles from the Pine Run Village, and tw o blocks from the main hospital V I A AFFILIATES ---------- V I A Affiliates D/B/A Doylestow n Health Physicians, w as reactivated in 1994 to bring to the residents of the Central Bucks community necessary community-based s ervices that may not otherw ise be available or included in the mission of other system ent ities In order to meet the needs of community members, the V I A Affiliates has been inv olved w ith a number of initiatives This organization supports the SERVICE core value of D oylestow n Hospital Doylestow n Health New Name, Renew ed Focus on Health and Wellness effe ctive fiscal year ended June 30, 2015 The brand name "Doylestow n Health" w as adopted unani mously by the boards of Doylestow n Hospital, Doylestow n Health Foundation and the Village Improvement Association to describe the health system, renew the focus, and pay tribute to 120 years of community outreach Doylestow n Health is comprised of Doylestow n Hospital, P ine Run Community, physician practices, outpatient services, surgical center, nursing home and home health "Expectations of health care are moving aw ay from the treatment of illne ss to fostering health and w ellness for patients, families and communities," said Jim Brex ler, President and CEO of Doylestow n 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 w e undertake this bold transition from illness to w ellness on the eve of the 120th year of the founding of the Village Improvement Association " The V I A w as founded by a group o f w omen in 1895 w ho organized themselves to improve the health of their community Early i n the 20th century, the V I A hired visiting nurses to care for the sick and new borns in their homes Doylestow n Hospital w as opened by the V I A in 1923 w ith eight beds and a mi ssion to provide emergency and maternity care Today, Doylestow n Hospital has a national r eputation for healthcare excellence, institutes for heart, cancer and orthopedic services, a state-of-the-art emergency department, and centers for maternity and pediatric care Wh at makes it a complete health system are the interconnectedness of services and facilities organized under the Doylestow n Health banner Among the elements nearly 300 retirement c ottages and apartments of the Pine Run Community, skilled nursing and dementia care at Pin e Run Health Center, assisted living at Pine Run Lakeview , daycare services at Children's Village at Doylestow n Hospital, and Health Connections, a community outreach service at th e Cow hey Family ShopRite in Warminster Outpatient laboratory services and a surgical cent er are located in the Health & Wellness Center, Warrington Home Health and Hospice servic es are based in Plumstead Township "As w e look to our future, w e are building on the succ esses of our past," Brexler said "Among the most enduring aspects of our history is the p artnership w ith our medical community, w ho sets the tone for clinical excellence and colla borates w ith all parts of the health system to cre |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | ate a continuum of care, from birth to end-of-life " Overview Doylestown Health ========== ========== Doylestown Health is a connected system of inpatient, outpatient and co mmunity services that include Doylestown Hospital ---------- Nationally and regi onally 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 effective ness 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-l ife care Doylestown Hospital Surgery Center ---------- ---------- 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 sta te-of-the-art operating rooms and a treatment room for less invasive procedures Pine Run Retirement Community ---------- A retirement community with 272 cottage s and 24 apartments situated on a 42-acre landscaped campus provides an active and engagin g lifestyle for "Villagers" with shared and diverse interests Pine Run Health Center Heal th Connections by Doylestown Hospital -------- ---------- ---------- A collaboration betwe en Doylestown Hospital and the Cow hey Family ShopRite of Warminster This in-store health resource center w as created to benefit the community by offering health information, appointment scheduling and special health-focused events Doy lestown Health Foundation ---------- The Foundation Board of Directors, comprised of leaders from the Village Improvement Association, the community, and the heal th system, are responsible for ensuring the adequate funding and support of all facets of the continuum of care CB Cares --------- The CB Cares Educational Foundation is a communi ty coalition of individuals, businesses and agencies w hose goal is to promote positive val ues, attitudes and behaviors among school-age children CB Cares is a partnership betw een Doylestown Health and Central Bucks School District Doylestown Health Highlights ======== ========== THE RICHARD A REIF HEART INSTITUTE Doylestown Health's Richard A Re if Heart Institute is a nationally-recognized cardiac program w ith capabilities ranging fr om patient education and preventive heart health programs to technically-advanced minimall y-invasive valve replacements and delicate open-heart surgeries to a robust cardiac rehabi litation program The Woodall Chest Pain Center, an extension of the Heart Institute, work s with local ambulance services to ensure rapid treatment for heart attack even before a p atient arrives in the Emergency Department The Heart Institute is a regional leader in el ectrophysiology procedures offering a w ide array of treatment options for the management o f atrial fibrillation, and is one of only a few centers in the region providing the Conver gent Procedure, an advanced care option for hard-to-treat arrhythmias Recent technologica l innovations in heart care Transcatheter Aortic Valve Replacement (TAVR) is an advanced care option for patients needing a new aortic valve w ho cannot undergo traditional valve-r eplacement surgery TAVR is performed by the Heart Institute's multidisciplinary team of c ardiac specialists that includes cardiologists, cardiac surgeons, interventional cardiolog ists and radiologists Doylestown Hospital w as the first in the state to use the Medtronic Reveal LINQ Insertable Cardiac Monitor (ICM) - w hich is 80% smaller than other ICMs This w ireless monitor provides long-term remote monitoring to help physicians diagnose and mon itor irregular heartbeats - Heart Failure Gold Plus Aw ard (third consecutive year) - Blue Distinction Center of Excellence |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | 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 8,0 00 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 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 muscle 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 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 Cancer Institute Highlights 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) 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 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 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 in patient 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 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 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 a f |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | amily-focused approach to ensure happy and healthy moms and babies 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 early delivery of a baby has potential for serious health problems In an ideal pregnancy, babies are born after 39 weeks of gestation Early induction or C-section are medically-indicated only when the health of the baby or mother is at risk Prenatal care of mother and child by experienced OB/GYN's or nurse midwives is an important factor in achieving a full-term birth Della-Penna Pediatric Center In October 2014, the Della-Penna Pediatric Center was opened to treat common conditions and enable young patients and their families to remain close to home during treatment The six-bed unit is staffed by board-certified pediatricians and nurse practitioners in addition to pediatric nurses SURGICAL SERVICES Doylestown Hospital is a natural destination for a variety of surgical services from the common to the complex with highly-skilled, board-certified and nationally-recognized surgeons and robust inpatient and outpatient surgical volumes Robotic surgery, available at Doylestown Hospital since 2007, enables single-site surgeries for the removal of gall bladders and hysterectomies Laparoscopic and minimally-invasive techniques speed recovery for patients who require colon resections or hernia repairs Multi-disciplinary teams of surgeons offer revolutionary procedures such as nipple-sparing mastectomies IMAGING SERVICES NEW IN 2014 - The most advanced MRI technology available, designed 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 own lighting, animation and sound - Double the magnet strength (Results in the best image quality available), - Special lighting, animation and sound (Patients select soothing "theme"), - Larger opening (Creates more room above and beside you, and most MRI scans can be performed feet 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 specifically designed for children), and - Convenient location (Just steps away from the connected parking garage) MEDICAL RESEARCH AND CLINICAL TRIALS Doylestown Hospital offers access to world-class treatments through both inpatient and outpatient medical research and clinical trials There are more than 60 clinical trials underway at Doylestown Hospital, many for 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 addition 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 Medicaid Services, and Harvard, Duke, Yale and Penn universities PINE RUN HEALTH CENTER Our skilled nursing facility is situated on the 43-acre Pine Run Retirement Community campus near the border of Doylestown and New Britain townships Renovations on this multi-story, 90-bed facility are near completion The Health Center serves many purposes, from short-term 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 Villagers residing on campus AWARDS AND ACCREDITATIONS ========== ======= |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | Doylestown Hospital ---------- - Doylestown Hospital has The Joint Commission's Gold Seal of Approval for accreditation by demonstrating compliance with standards for health care 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 2014 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 DOYLESTOWN HEALTH COMMUNITY BENEFIT ACTIVITIES ========== Doylestown Health is devoted to the community it serves, and it sponsors and coordinates many charitable activities, which, described in the narrative below, identifies what is done daily by the health system's Associates and Volunteers Community Outreach & Benefit Activities ---------- ---------- American Red Cross Donation The Hospital provides space on a weekly basis for a blood donation program conducted by the American Red Cross that benefits patients and the community Hospital space is valued at $15,000 Bucks County Children's Museum Doylestown Health opened a permanent educational exhibit at the Bucks County Children's Museum in May 2015 entitled "Hospital" The exhibit offers fun and educational activities for children and their families such as experiencing a doctor visit, exploring an ambulance and learning about the hospital environment 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 FY2015 for a total of $12,840 CBTV In partnership with Central Bucks School District, Doylestown Health produces a series of 30-minute television broadcasts on health topics entitled "Health Matters" Recent topics included tobacco use and prevention, stress in children, immunizations, preventing cold and flu, and helping parents determine when they should seek medical care for their children 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 $19,286 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 |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | exam rooms at a nominal charge The Foundation assisted in some of the health needs of th e patients that go beyond the resources of the Clinic w ith a contribution of $40,000 Othe r donations included pharmaceuticals and medical testing, as w ell as senior management's t ime contributing to the Clinic's Board During FY14-15 there w ere 3,284 visits to the medi cal program for 748 individual adults and children There w ere 801 treatment visits and 18 8 hygiene visits for the dental program for 239 adults and children There w ere 1,128 visi ts provided through the Social Service Program including 169 medical insurance application s There w ere 574 prescriptions filled from donated samples and 313 applications completed for Prescription Assistance Programs, as w ell as 73 free mammograms at a cost to the Hosp ital of $61,750 Community Education Calendar Doylestow n Hospital published a quarterly c alendar w hich is distributed to 90,000 households This calendar lists communications rela ted to health education programs and classes The approximate cost of this publication is $205,160 Advertisements are in local new spapers w hich inform the community members about upcoming health education classes, physician lectures, support groups and other health edu cation activities In addition, Doylestow n Hospital publishes three disease specific newsl etters w hich offer w ellness and prevention information to patients w ho have been diagnosed w ith or are concerned about heart disease (Cardiac Connection), osteoporosis, breast canc er, menopause and other w omen's health issues (Her Health) and cancer (Concierge) More th an 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 w as $182,640 Community Garden Children's Village, CB Cares and Doyle Elementary School co llaborated to create a community garden to help young people plan, tend and harvest fresh vegetables Health Connections by Doylestow n Hospital This is a collaborative program bet w een Doylestow n Hospital and the Cow hey Family (ShopRite of Warminster) Health Connection s by Doylestow n Hospital is an in-store health resource center created to benefit the comm unity This convenient location makes health information accessible and personal for the p revention of illness, and helps residents find the appropriate care w hen the need arises The goal of Health connections is to motivate the community to adopt healthier lifestyles Medicaid Application Preparation for all Uninsured PA Residents Doylestow n Hospital offe rs all uninsured PA residents the option of filing a Medicaid application HRSI is the Hos pital's vendor and they help our patients through the process The Hospital is charged $ 4 75/application, if the applicant obtains eligibility HRIS has successfully obtained eligi bility for 132 uninsured patients For this process, the Hospital paid HRSI $62,700, staff time cost incurred of $32,720 Cost of Trans Union Monthly fees totally $18,972 for the f iscal year Lenape Valley Health Foundation This organization provides psychiatric covera ge and clinical supervision for Unit Patients and psychiatric consultation services in the Hospital's Emergency Department This is a cost to the hospital of $367,037 Foundation F und Raising Program The Foundation's fund raising program requested unrestricted gifts fo r this fiscal year that w ould enable Doylestow n Hospital to continue its mission of a resp onsive, healing environment for patients and their families Gifts benefited many departme nts of the hospital, especially the Heart Institute, Hospice and the Cancer Center Specia l events included a silent auction to benefit the Cancer and Hospice programs, a Heart Bru nch, and a golf outing The Planned Giving program w as successful, including the growth of the charitable gift annuity program |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | 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 $5,017 Bereavement Support The Bereavement Support Program provided support for bereaved and hospice families There are various types of bereavement support groups that take place monthly in order to meet the needs of all types of losses These programs are offered all year round and have a Chaplain and other professional staff in attendance The Hospital served 1,100 community members, at a value of $27,230 "How to Cope" Programs There were events held at various churches and organizations to discuss topics of coping with the loss of a loved one at the Holidays, "Who am I now" and having conversations before the crisis, valued at $10,770 Pulse Line A phone line that is dedicated for community information, registration and referral Hospital staff screened applicants and referred patients with primary care and specialist physicians They also referred eligible patients to the Free Clinic of Doylestown Estimated staff time was 1,040 hours (20 hours/week for 2 operators) valued at $24,632 Doylestown Clinical Network (DCN) The DCN facilitates seamless transfer of clinical information provider-to-provider to improve the quality of care for members of the Doylestown Community There is an estimated 12,510 hours of paid Associate time An estimated cost of $24 5,500 for phone lines, maintenance, depreciation, etc and an estimated cost of $81,000 for Administration An estimate of direct offsetting revenue of $65,000 The outcome for the community is the serving of approximately 480,000 persons Collaboration occurred between Doylestown Hospital and the Bucks County Physician Hospital Alliance (BCPHA) Scholarship Assistance 29 scholarships are supported by the Foundation through restricted gifts The se scholarships, totaling $44,500 are awarded to men and women pursuing nursing, allied health, paramedic, and other training Ben Wilson Senior Center Newsletter Four times a year a staff member from Community relations assists with the preparation of a newsletter for the Ben Wilson Senior Center in Warrington by supplying health and wellness information and editorial oversight We then print 3,000 copies at a value of $215 Staff time of 12 hours/issue valued at a total of $499, for the four issues Community Business Sponsorships Throughout the year, Doylestown Hospital has made cash donations to assist local businesses, non-profits and cultural organizations provide programs and activities that improve and/or enhance the overall quality of life for the greater Central Bucks Community We believe that one way to keep community members safe, health and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents The total amount donated for sponsorships is $130,000 Visiting Nurse Program Free Support The Visiting Nurses made visits to families without insurance Clinics were held at the Center Square Towers, Yorktowne Manor and Buckingham Springs, which are all senior living complexes 45 hours were donated at a cost of $4,768 Hospice Programs Mailings and telephone contact to other community service organizations, such as Beelong Adult Day Services, Bayada Nurses in Hatboro & Bucks County Office, The Manor at Yorktown, to name a few, as well as healthcare organizations to offer information and education regarding "End of Life" and Hospice Programs 50 paid hours and 10 donated hours at a cost of $4,942 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 The cost to the Hospital is $138,854 Healthy e-Cooking Show The Hospital has an ongoing program that has an online database of over 600 healthy recipes and nutritional information along with videos These are accessible through Doylestown Hospital's website This access to the community helps with information on obesity, diabetes, cardiovascular disease and all dietary links This information is available to help promote healthy eating habits At a cost to the Hospital of 48 paid professional hours at a cost of $2,072 and an annual license fee of $ 16,500 Adam Health Encyclopedia Health information is the 3rd most popular search on the internet The Hospital has an extensive health library on its website with over 4,000 health and wellness articles and covers over 1,500 medical topics The site has reference index and interactive tools At a cost to |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | the Hospital of 20 paid professional hours at a cost of $863 and an annual license fee of $17,500 Food Shelter Donation Doylestown Hospital donated 50 cartons of food to New Britain Baptist Church and Doylestown Food Bank to be distributed to local families in need The cost to the Hospital was $24,000 Educational Programs ---------- Cancer Survivor Day This event was held by Doylestown Hospital for all cancer survivors and their family and friends It was intended to provide 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, clerical staff attendin g for a total of $2,451 Lifestyle Lectures This was a series of informal educational lectures offered to the community by members of the medical staff The hospital coordinated t he program, which helped 178 community members Driver Safety Program This was a cooperative program with AARP that follows their rules for participation We provide room for 202 participants and 12 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 $40,909 and the session helped 1,970 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 325 persons per month at a cost of $4,306 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 $4,822 Man to Man Prostate Cancer Support Group Education This monthly program addresses issues and the struggles that face prostate cancer survivors and their families 240 persons served per month at a cost of $2,154 Look Good, Feel Better This program provided support and resources for cancer patients undergoing chemotherapy 90 individuals attended and $1,102 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, at a cost of $4,142 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 $2,202 Joint Replacement - Prep 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 525 persons served this year at a cost to the Hospital of $15,101 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 |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | 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 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 Student Internship Summer Program This program with 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 $151,504 for support staff, physicians and professional staff time 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 $116,811 There is also an intern program for 1 student with the Ultrasound Department The cost of this program is $21,856 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 $466,417 Smoking Cessation Program Programs were held using CDC Resources "Cleaning the Air" 28 individuals were given help in quitting the habit smoking The hospital's overall contribution is valued at $750 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 Maternity and Parenting Activities ---------- ---------- ---------- Baby well This program educated 230 parents on how to care for their newborn $5,645 in staff time was devoted towards 24 community programs Healthy Beginnings Program This is a program to bring prenatal health to the underserved in the Community This is mostly the ones without the ability to pay or those who have not yet enrolled or who are enrolled in Medicaid Much of our program deals with high risk patients and those with substance abuse problems There is a Physician, a social worker and a dietician, as well as two nurses who run the program The cost of this program was $447,720 Breastfeeding Education This program provides an increased understanding of the benefits of breast feeding, which leads to improved nutrition/health of infants 236 individuals attended the 24 lectures that were held throughout the year The cost to the hospital is about $6,736 Childbirth Classes A program teaching the how-tos of childbirth served 570 people at a cost of $55,177 to the hospital through 23 courses series every day of the week except Friday Tours of the Birthing Center were also given at a cost to the hospital of $1,554 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 Child Development This program was in cooperation with the Central Bucks School District High school students toured the LDRP Unit They viewed and discussed family's admission from birthing room to postpartum room to the nursery Discussions were held on newborns and basic development, including ICN & types of infants admitted at Doylestown Hospital The program was presented on two dates, with 213 participants, including 1 teacher at a value of $8,229 Grand parenting Classes This program prepared grandparents-to-be on how to be support their children as they start their own family 76 individuals attended the course, with a cost to the Hospital of $1,638 for the 6 classes Prenatal Refresher Classes This program refreshed nearly 18 parents-to-be, who already have delivered other children, on the childbirth experience $2,517 in staff time was devoted to this for 6 classes during the year Sibling Education Classes A program designed to lessen a child's feelings of anxiety and jealousy |

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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | There were 50 participants in 6 classes during the year at a cost to the Hospital of $2,877 School Age Activities ---------- Parenting and Babysitting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 218 individuals were given babysitting instruction at a cost of $5,000 to the Hospital Service Learning & Career Academy The Service Learning Career Academy is a joint project between the VIA Health System and the three High Schools in the Central Bucks School District In collaboration with the Consumer and Family Sciences course, the hospital's day care center provides students with hands-on experience to enhance learning of child development theory In addition, hospital professional staff and CB faculty jointly designed a curriculum for Advanced Placement Biology Students, Advanced Health Students and Anatomy Physiology Students, who spend class time on-site at the hospital to obtain the practical application of class content Teddy Bear Clinics Children in the community were exposed to the Emergency Department and ambulance in a fun environment The experience taught them to not be frightened in the event they may need emergency services Over 200 children came through the Teddy Bear Clinic at the hospital Donated materials and staff time is valued at $2,840 Girl Scouts The hospital provided meeting space for 2 Girl Scout Troops Meeting space was valued at $5,400 Bucks County Downs Syndrome Space was provided for monthly meetings at Children's Village for the Bucks County Downs Syndrome group Meeting space was valued at $750 Focus on Motherhood Family Home and Community Childbirth classes for Teen Parents meet at CV every Monday evening to prepare for childbirth Instruction is also provided for infant care, health & nutritional and life skills Meeting space is valued at $2,400 annually Bereavement Group Meetings Space is provided monthly for these meetings at CV and is valued at $5,400 Leadership Activities -------- ---------- The Hospital President/CEO devoted $25,000 worth of his time to community benefit activities including, but not limited to, the Bucks County Health Improvement Partnership, Ann Silverman Community Health Clinic, Health Quality Partners, Delaware Valley Healthcare Council, March of Dimes and Gilda's Club The Vice-President of Development was also involved in contributing time to activities that benefit the community including Ann Silverman Community Health Clinic, CB Cares, The American Red Cross, the Central Bucks Chamber of Commerce and the Doylestown Business and Community Alliance Doylestown Hospital's managers also contribute their leadership and expertise to a variety of community boards, agencies, and projects During 2014-2015, a value of $125,000 in manager's time was given, often during work time, to help some of the following community organizations - Advocacy Speeches - American Cancer Society - American Heritage FCU - American Red Cross Blood Drive - Ann Silverman Community Health Clinic - Bucks Co Hospital Decon Task Force - Bucks Co Quality Child Care Coalition - Bucks Co MH/MR Advisory Board - Boys Scouts of America - Bucks County Housing Group - Bucks Co Health Improvement Partnership - CB Chamber of Commerce - Central Bucks Ministerium - CB Christian Women's Club - Child, Home and Community, Inc - Central Bucks Family YMCA - CB Cares - Community Outreach Center - Delaware Valley College Senior education - Doylestown Athletic Association - Doylestown Business & Community Alliance - DVHC Board and Committees - Family Caregivers of Seniors - Friends of Peace Valley Nature Center - Gilda's Club - Gwynedd Mercy Advisory Committee - Health and Housing Task Force - Heritage Conservancy - Heritage Conservancy - Heritage Conservancy |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | - Lenape Valley Shriner's Club - Literacy Academy of BCIU - March of Dimes - Middle Bucks Institute of Tech Advisory - Professionals Working with seniors - Springfield Township ( Supervisor/Planning) Teaching Programs ---------- Doylestown Hospital supports medical, nursing, allied health, and hospital management programs The following is a list of schools that sent students to the hospital for practicums, clinical rotations, and/or preceptorships - 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 558 students were at least $466,417 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 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 ---------- The hospital conducts health screens and supported immunizations for various community members Health Screenings During the year, 732 individuals benefited from health screens Staff time donated to this effort is estimated at $9,064 Activity improves the health of the community in general, specific groups of people, helps contain healthcare costs and/or improves the quality of life for all members of our community The following is a list of health screening and immunization activities Skin Cancer Screening This program screened 43 Patients with volunteer medical, nursing and clerical staff totaling $1,644 Prostate Cancer Screenings This program screened 27 patients with volunteer medical, nursing and clerical staff totaling $8,000 Lung Cancer Screenings This program screened 58 patients with volunteer medical, nursing and clerical staff totaling $1,252 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 serve 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 time and hospital materials The following is a list of the groups that held regular meetings at the hospital - Alcoholics Anonymous - Alateen - Better Breathers Club - NTM (Nontuberculous Mycobacterium) - CADUCEUS - Eating Disorders Anonymous - Fibromyalgia - Autism - Insulin Pump - Lymphedema - Nursing Mothers - Parkinson's Disease - Prostate Cancer - Stroke - Pulmonary Hypertension - Alzheimer's Disease - Augustine Fellowship - Breast Cancer - Down's Syndrome Interest - Building the Family - Low Vision - Gamblers Anonymous - ICD (Implantable Defibrillator) - Lyme Disease - Multiple Sclerosis - Overeaters Anonymous - Pregnancy Loss - Scleroderma - Blindness - D |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | iabetes - Arthritis Volunteer Programs ---------- Doylestown Hospital enjoys the generous contribution of time and talent from community volunteers, starting at the minimum age of 15 Volunteer opportunities benefit the community by providing, for many community members, a place to go or a way to feel needed, thus preventing a variety of social problems The Volunteer program allows some members of the community to help others, not through their dollars but through their donated time In addition, the hospital is a place for community members to reach out to help friends and neighbors or to fulfill court-mandated community service obligations as volunteers Throughout the year, 906 volunteers contributed 124,144 hours of service to their community through opportunities in every hospital department Volunteers significantly enhance patient and family support in the following service categories Addressing and Collating, Cancer Institute, Children's Village, Dietary Menu, Emergency Department, Fall Risk Companion, Gift Shop/Cart, Healing Arts Program, Hospitality Cart, Hospice, Information Desks, Mail or Messenger, Pastoral Care, Animal Assisted Therapy, Radiology Information Desk, Snack Bar, Surgery Waiting Area, Patient Transport, Interventional Radiology, Cardiac Rehab, Pulmonary Rehab, Medical Research, LDRP (Labor & Delivery) and our "No One Dies Alone" program In total, $106,603 worth of meals was given to our volunteers free of charge Because the hospital wants to provide exceptional opportunities for community members to offer time and talent to support the V I A 's mission to excellent local healthcare, $476,000 in salaries was budgeted for recruitment, orientation , management, retention and recognition of volunteers in patient transport, the gift shop, and throughout the patient services areas Charity Care to Community Members ---------- ---------- Doylestown Hospital and The Pine Run Community provides free medical care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Unreimbursed charges from Medical Assistance programs on behalf of patients that meet the hospital's charity care criteria are also considered charity care The Fiscal Year 2015 total for charity care is $8,434,800 Community Outreach and Benefit Activities $3,153,000 Educational Programs $609,000 Maternity and Parenting Activities $370,000 Teaching Programs $716,500 Cash $72,400 In-Kind Contributions $110,200 Volunteer Programs $125,100 Charity Care to Community Members $8,434,800 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 |

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | - 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 - 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 |

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART III, QUESTION 3 | DOYLESTOWN RADIOLOGY GROUP, LP, A PENNSYLVANIA LIMITED PARTNERSHIP IN WHICH DOYLESTOWN HOSPITAL HELD A 51% MEMBERSHIP INTEREST, WAS LEGALLY DISSOLVED EFFECTIVE JUNE 30, 2015 |

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

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART VI, SECTION A, QUESTION 11B | THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM (''SYSTEM'') VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT CONTROLLING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF DIRECTORS, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE THE ORGANIZATION'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS WITHIN THE ORGANIZATION AND SYSTEM (''INTERNAL WORKING GROUP'') 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 INTERNAL WORKING GROUP FOR REVIEW THE ORGANIZATION'S 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 INTERNAL WORKING GROUP AND ITS FINANCE COMMITTEE FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS DIRECTORS |

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART VI, SECTION B, QUESTION 12 | THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT CONTROLLING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM 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 |

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

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

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

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

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART XI, QUESTION 9 | OTHER CHANGES IN NET ASSETS INCLUDE - CHANGE IN ACCRUED RETIREMENT BENEFITS,($8,148,092), - NET EQUITY TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATES, ($3,847,611), - INCREASE IN INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, TEMPORARILY RESTRICTED, $390,832, AND - DECREASE IN INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERMANENTLY RESTRICTED, ($289,061) |

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART XII, QUESTION 2 | THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT CONTROLLING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS CONTROLLED ENTITIES FOR THE FISCAL YEARS ENDED JUNE 30, 2015 AND JUNE 30, 2014, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE FISCAL YEARS ENDED JUNE 30, 2015 AND JUNE 30, 2014, RESPECTIVELY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS OF THIS ORGANIZATION THE DOYLESTOWN HOSPITAL FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION CONTRACTED SERVICES TOTAL FEES 11972546 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION PROFESSIONAL FEES TOTAL FEES 7372883 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION PURCHASED SERVICES TOTAL FEES 4846729 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION PHYSICIAN FEES TOTAL FEES 4281846 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION PROCESSING FEES TOTAL FEES 1362536 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION CONSULTING FEES TOTAL FEES 1157422 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION COLLECTION FEES TOTAL FEES 668068 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137049176

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
DOYLESTOWN HOSPITAL

**Employer identification number**
23-1352174

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" 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 | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)** DOYLESTOWN HEALTH FOUNDATION<br>595 WEST STATE STREET<br><br>DOYLESTOWN, PA 18901<br>23-2368196 | FUNDRAISING | PA | 501(C)(3) | 509(A)(1) | VIAD | Yes | |
| **(2)** VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN<br>595 WEST STATE STREET<br><br>DOYLESTOWN, PA 18901<br>23-2368200 | HEALTHCARE | PA | 501(C)(3) | 509(A)(1) | NA | Yes | |
| **(3)** VIA AFFILIATES<br>595 WEST STATE STREET<br><br>DOYLESTOWN, PA 18901<br>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) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR<br><br>595 WEST STATE STREET<br>DOYLESTOWN, PA 18901<br>23-3022645 | FITNESS CENTER | PA | | C CORP | | | | | No |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** DOYLESTOWN HEALTH FOUNDATION | C | 1,351,604 | COST |
| **(2)** DOYLESTOWN HEALTH FOUNDATION | L | 401,703 | COST |
| **(3)** DOYLESTOWN HEALTH FOUNDATION | S | 158,020 | COST |
| **(4)** DOYLESTOWN HEALTH FOUNDATION | R | 2,007,397 | COST |
| **(5)** VIA AFFILIATES | E | 91,639 | COST |

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

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

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

## 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 AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT CONTROLLING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THIS ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED |