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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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DOYLESTOWN HEALTH FOUNDATION		D Employer identification number 23-2368196
	% DANIEL L UPTON Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (215) 345-2242
	595 WEST STATE STREET		
	City or town, state or province, country, and ZIP or foreign postal code DOYLESTOWN, PA 18901		G Gross receipts \$ 10,592,283
	F Name and address of principal officer JAMES L BREXLER FACHE 595 WEST STATE STREET DOYLESTOWN, PA 18901		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/>
J Website: <input type="checkbox"/> WWW DH ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation 1986	M State of legal domicile PA
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Part I

Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>20</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>16</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>50</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>-8,560</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-8,560</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	50	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-8,560	b Net unrelated business taxable income from Form 990-T, line 34	7b	-8,560						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>1,341,200</td><td>1,436,104</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>0</td><td>0</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 121,311</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>932,699</td><td>1,113,805</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>2,273,899</td><td>2,549,909</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>3,334,427</td><td>2,882,608</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,341,200	1,436,104	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 121,311			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	932,699	1,113,805	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,273,899	2,549,909	19 Revenue less expenses Subtract line 18 from line 12	3,334,427	2,882,608
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>39,646,475</td><td>40,032,423</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>587,779</td><td>466,794</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>39,058,696</td><td>39,565,629</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	39,646,475	40,032,423	21 Total liabilities (Part X, line 26)	587,779	466,794	22 Net assets or fund balances Subtract line 21 from line 20	39,058,696	39,565,629												
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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	<div>*****</div> <div>Signature of officer</div>	<div>2016-05-16</div> <div>Date</div>
	<div>DAN UPTON CFO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name Anthony J Panico	Preparer's signature Anthony J Panico	Date	Check <input type="checkbox"/> if self-employed	PTIN P00365556
	Firm's name <input type="checkbox"/> WithumSmithBrown PC			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 465 South St Ste 200 Mornstown, 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 THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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 \$ 2,292,318 including grants of \$ 1,436,104) (Revenue \$ 74,733)

EXPENSES INCURRED IN SUPPORT OF THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b

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

4c

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

4d

Other program services (Describe in Schedule O)



















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

4e

Total program service expenses ▶

2,292,318

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	11	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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.	0	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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	Yes
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
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? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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			
(1) CAROLYN DELLA-RODOLFA CHAIR - DIRECTOR	20 0 0 0	X		X				0	0	0
(2) JEAN LEISTER VICE CHAIR - DIRECTOR	1 0 0 0	X		X				0	0	0
(3) GEORGIA FORD SECRETARY - DIRECTOR	1 0 0 0	X		X				0	0	0
(4) JOYCE HANSON TREASURER - DIRECTOR	1 0 0 0	X		X				0	0	0
(5) KAREN SIMON ASST SEC/ASST TREASURER - DIR	1 0 0 0	X		X				0	0	0
(6) NICOLE BOYTIN DIRECTOR	1 0 0 0	X						0	0	0
(7) JAMES L BREXLER FACHE DIRECTOR - PRESIDENT/CEO	55 0 0 0	X		X				0	720,076	216,508
(8) PATRICK COUNIHAN DIRECTOR	1 0 0 0	X						0	0	0
(9) LOUIS DELLA PENNA DIRECTOR	1 0 0 0	X						0	0	0
(10) LINDA A FELT DIRECTOR - VP DEVELOPMENT	55 0 0 0	X		X				0	240,724	20,870
(11) KATHRYN LAMBERT DIRECTOR	1 0 0 0	X						0	0	0
(12) WILLIAM LIESER DIRECTOR	1 0 0 0	X						0	0	0
(13) ERIC A MARCHANT MD DIRECTOR	10 0 0 0	X						0	20,000	0
(14) WILLIAM MARSHALL DIRECTOR	1 0 0 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (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			
(15) LINDA MCILHINNEY DIRECTOR	1 0 0 0	X						0	0	0
(16) PHILLIP PAINO DIRECTOR	1 0 0 0	X						0	0	0
(17) CORY H SCHROEDER DIRECTOR	1 0 0 0	X						0	0	0
(18) PAUL SPIRO MD DIRECTOR	1 0 0 0	X						0	0	0
(19) MARY ELLEN STANTON DIRECTOR	1 0 0 0	X						0	0	0
(20) DANIEL L UPTON DIRECTOR - CFO	55 0 0 0	X		X				0	394,206	230,080

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	1,375,006	467,458

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▶0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	246,081			
	d	Related organizations	1d	253,628			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,862,311			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,362,020			
Program Service Revenue	2a	OTHER PROGRAM RELATED REVENUE	Business Code				
			900099	83,293	83,293		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		83,293			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,941,398		-8,560	1,949,958
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			5,994,910				
	b	Less cost or other basis and sales expenses		4,979,070			
	c	Gain or (loss)		1,015,840			
	d	Net gain or (loss)		1,015,840			1,015,840
	8a	Gross income from fundraising events (not including \$ 246,081 of contributions reported on line 1c) See Part IV, line 18					
			a 151,162				
	b	Less direct expenses	b 151,162				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19					
			a 59,500				
	b	Less direct expenses	b 29,534				
	c	Net income or (loss) from gaming activities		29,966			29,966
	10a	Gross sales of inventory, less returns and allowances					
			a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See Instructions		5,432,517	83,293	-8,560	2,995,764

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.	1,391,604	1,391,604		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	44,500	44,500		
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.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	2,400	0	2,400	0
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	73,185		73,185	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,035		19,035	
12	Advertising and promotion.	0			
13	Office expenses.	42,316	31,314	423	10,579
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	11,938	11,938		
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	6,046	6,046		
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	5,331	3,785	213	1,333
23	Insurance.	0			
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	ALLOCATION OF PERSONNEL COSTS	455,827	305,404	41,024	109,399
b	RECOGNITION & STEWARDSHIP	147,170	147,170		
c	DUES & SUBSCRIPTIONS	2,127	2,127		
d	OTHER EXPENSES	348,430	348,430		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,549,909	2,292,318	136,280	121,311
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,373,192	1	654,915
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			257,105	3	270,399
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	320,215	12,460	10c	11,089
	b	Less accumulated depreciation	10b	309,126			
	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			37,873,660	13	37,890,902
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			130,058	15	1,205,118
16	Total assets. Add lines 1 through 15 (must equal line 34)			39,646,475	16	40,032,423	
Liabilities	17	Accounts payable and accrued expenses			194,479	17	142,285
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			393,300	25	324,509
	26	Total liabilities. Add lines 17 through 25			587,779	26	466,794
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			23,439,067	27	23,844,229
	28	Temporarily restricted net assets			3,758,570	28	4,149,402
	29	Permanently restricted net assets			11,861,059	29	11,571,998
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			39,058,696	33	39,565,629
	34	Total liabilities and net assets/fund balances			39,646,475	34	40,032,423

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,432,517
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,549,909
3	Revenue less expenses Subtract line 2 from line 1	3	2,882,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,058,696
5	Net unrealized gains (losses) on investments	5	-2,086,614
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	-289,061
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,565,629

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 HEALTH FOUNDATION	Employer identification number 23-2368196
--	--

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	1,565,318	2,978,802	1,910,219	2,313,321	2,362,020	11,129,680
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,565,318	2,978,802	1,910,219	2,313,321	2,362,020	11,129,680
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)						136,758
6 Public support. Subtract line 5 from line 4						10,992,922

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	1,565,318	2,978,802	1,910,219	2,313,321	2,362,020	11,129,680
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,125,826	1,060,706	1,234,036	1,670,430	1,941,398	7,032,396
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support Add lines 7 through 10						18,162,076
12	Gross receipts from related activities, etc (see instructions)					12	1,067,897
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	60 527 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	70 634 %
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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.			
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.			
3 <u>Parent of Supported Organizations</u> 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.			
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.			

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	<input type="checkbox"/> 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

Return Reference

Explanation

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 HEALTH FOUNDATION	Employer identification number 23-2368196
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 11,861,059 | 10,749,823 | 10,223,395 | 10,866,992 | 9,410,017 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -289,061 | 1,111,236 | 526,428 | -643,597 | 1,456,975 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 11,571,998 | 11,861,059 | 10,749,823 | 10,223,395 | 10,866,992 |
- 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 ▶ 100 000 %

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
- (i) unrelated organizations

(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		320,215	309,126	11,089
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				11,089

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	582,037
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
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	582,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	4,850,480
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,185
b	Other (Describe in Part XIII)	4b	4,777,295
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	5,432,517

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	866,708
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
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	866,708
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	1,683,201
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,185
b	Other (Describe in Part XIII)	4b	1,610,016
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	2,549,909

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE MADE UP OF FOURTEEN TRUST ACCOUNTS AT VARIOUS FINANCIAL INSTITUTIONS. IT IS INTENDED THAT INCOME RECEIVED FROM ELEVEN OF THESE ACCOUNTS WILL BE USED AS UNRESTRICTED INCOME TO SUPPORT THE MISSION OF THE ORGANIZATION, AND INCOME FROM THREE OF THESE ACCOUNTS WILL BE USED FOR DONOR-DESIGNATED PROGRAMS.
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. DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES. ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES FOR THE YEARS ENDED JUNE 30, 2015 AND JUNE 30, 2014, RESPECTIVELY. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2015 CONSOLIDATED 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 SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS. AS OF JUNE 30, 2015, THE SYSTEM'S TAX YEARS ENDED JUNE 30, 2012 THROUGH JUNE 30, 2014 FOR FEDERAL TAX JURISDICTION REMAIN OPEN TO EXAMINATION.
SCHEDULE D, PART XI, LINE 4B	ITEMS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 - INVESTMENT INCOME, \$1,765,607, - NET REALIZED GAINS ON SALE OF INVESTMENTS, \$1,015,840, - TEMPORARILY RESTRICTED CONTRIBUTIONS, \$1,893,242, - TEMPORARILY RESTRICTED INVESTMENT INCOME, \$130,641, AND - TEMPORARILY RESTRICTED CHANGE IN FAIR VALUE OF CHARITABLE GIFT ANNUITIES, (\$28,035).
SCHEDULE D, PART XII, LINE 4B	ITEMS INCLUDED ON FORM 990, PART IX, LINE 25 BUT NOT ON LINE 1 - GIFTS TO DOYLESTOWN HOSPITAL/OUTSIDE ORGANIZATIONS, \$337,203, AND - NET TRANSFERS FROM DOYLESTOWN HEALTH FOUNDATION, \$1,272,813.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DOYLESTOWN HEALTH FOUNDATION

Employer identification number
23-2368196

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

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

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

☐ Yes

☐ No
- b

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

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

- 3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>GOLF</u> (event type)	<u>CIRCLE OF LIFE</u> (event type)	<u>8</u> (total number)		
	1	Gross receipts	103,142	91,880	126,640	321,662	
	2	Less Contributions . . .	86,753	77,946	81,382	246,081	
	3	Gross income (line 1 minus line 2)	16,389	13,934	45,258	75,581	
Direct Expenses	4	Cash prizes			4,500	4,500	
	5	Noncash prizes . . .			2,320	2,320	
	6	Rent/facility costs . . .	14,452	11,754	18,953	45,159	
	7	Food and beverages .			5,369	5,369	
	8	Entertainment			375	375	
	9	Other direct expenses .	1,937	2,180	13,741	17,858	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(75,581)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			59,500	59,500
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			29,000	29,000
	4 Rent/facility costs				
	5 Other direct expenses			534	534
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				29,534
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				29,966

9 Enter the state(s) in which the organization conducts gaming activities PA

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

14

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

Name

WILLIAM KRAUSE

Address

595 WEST STATE STREET
DOYLESTOWN,PA 18901

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

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

c

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

Name

Address

16

Gaming manager information

Name

JEANNE SZYSZKO

Gaming manager compensation

\$ 0

Description of services provided

MANAGES DAY TO DAY ACTIVITY OF RAFFLE

☐ Director/officer

☒ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

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

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

Return Reference	Explanation
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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 HEALTH FOUNDATION

Employer identification number
23-2368196

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) DOYLESTOWN HOSPITAL 595 W ST STREET DOYLESTOWN, PA 18901	23-1352174	501(C)(3)	1,351,604				PROGRAM SUPPORT
(2) ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 W ST STREET DOYLESTOWN, PA 189012554	23-2892823	501(C)(3)	40,000				FREE CLINIC ASSIST

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

3 Enter total number of other organizations listed in the line 1 table 0

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
(1) EDUCATIONAL SCHOLARSHIPS	29	44,500			

Part IV

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

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS THE SCHOLARSHIP COORDINATING COMMITTEE AT DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AWARDS SCHOLARSHIP OPPORTUNITIES APPLICANTS ARE INVITED TO APPLY FOR ANY SCHOLARSHIPS FOR WHICH THEY QUALIFY

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 HEALTH FOUNDATION

Employer identification number
23-2368196

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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				
1 JAMES L BREXLER FACHE, DIRECTOR - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	614,596	48,703	56,777	196,266	20,242	936,584	0
2 LINDA A FELT, DIRECTOR - VP DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	208,859	19,725	12,140	5,338	15,532	261,594	0
3 DANIEL L UPTON, DIRECTOR - CFO	(i)	0	0	0	0	0	0	0
	(ii)	358,935	32,935	2,336	208,352	21,728	624,286	0

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 FORMS W-2
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 AND DANIEL L UPTON, \$183,052
SCHEDULE J, PART I, QUESTION 7	THE 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

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 DOYLESTOWN HEALTH FOUNDATION	Employer identification number 23-2368196
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Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>V I A HEALTH SYSTEM BACKGROUND ===== The Village Improvement Association 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 1986, 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 time, V I A Affiliates, also a subsidiary of Doylestown Health Foundation and governed by the 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 mission. Great orchestras require exceptional talent, an array of finely tuned instruments and a skilled conductor to perform complex symphonies with excellence. Great healthcare organizations are much like great orchestras. Highly competent talent, comprehensive facilities and services, superior execution and flawless coordination of effort are all required to deliver excellence in patient care. From the start, we have been a community centered organization focused on improving the health of our community. The Village Improvement Association of Doylestown (V I A) founded the Doylestown Emergency Hospital in 1923 but its health-centered roots trace back to 1895 as they coordinated efforts to eliminate unhealthy dust from the town's streets. This passion for public health evolved into the establishment of the first visiting nurse service in Doylestown. Over the years, the V I A continued to address the health needs of our community by expanding or developing new services that comprise Doylestown Health and collectively include - Doylestown Hospital - Doylestown Health Physicians - Doylestown Hospital Surgery Center and outpatient testing facilities at the Health and Wellness Center - Doylestown Hospital Home Health Care - Doylestown Hospital Hospice - Health Connections by Doylestown Hospital - healthcare concierge services at the Warminster ShopRite - Pine Run Health Center - Pine Run Lakeview Personal Care - Pine Run Retirement Community - Children's Village - early childhood education program - 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 community health and a continuum of coordinated care, from birth to end-of-life. In partnership with over 425 physicians on our medical staff, we anticipate providing enhanced and expanded services, achieving even greater accomplishments and a healthier community. In its 121st year, the V I A oversees the operations of the system of affiliated members. The purposes 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 Doylestown 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 service 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 mission. 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 Hospital, and (3) V I A Affiliates, D/B/A Doylestown Health Physicians. Described below are the charitable missions of these entities.</p> <p>V I A HEALTH SYSTEM MISSIONS =====</p> <p>===== 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 and innovation.</p> <p>DOYLESTOWN HEALTH FOUNDATION ----- The mission of the Foundation has four main points: assessment of community needs, communication of those needs and the health system's response to them, solicitation of funds to support the response, and the accountability to the community for both the management of the funds and the response to the needs.</p> <p>DOYLESTOWN HOSPITAL ----- Doylestown Hospital's mission is to "provide a responsive, healing environment for our patients and their families and to improve the quality of life for all members of our community." These community members include the vulnerable, the disenfranchised, those in need of health education, and those uninsured or underinsured persons who depend on us.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>s for care As a values-based organization, Doylestown Hospital has made a public commitment to seven core values Serve, Excellence, Respect, Value, Innovation, Compassion and Education The hospital holds Board members, Medical staff, and paid and unpaid staff accountable for incorporating these values into policies, behaviors, clinical practices and management decisions The seven core values guide Doylestown Hospital's response to community needs 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 mission statement EXCELLENCE - Doylestown Hospital strives to sustain within its staff the inspiration that first compelled them to healthcare-related work and a commitment to the job of serving our patients RESPECT - Doylestown Hospital welcomes and provides care to all members of the community, without regard for race, religion, sex, sexual orientation, color, national origin, or ability to pay All the medical, surgical, and program services 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 resources to its overall good health In the fiscal year ending 6/30/15, over 50,000 community members took advantage of community benefit activities, including free health promotion events, screenings, health education programs, and other outreach efforts COMPASSION - Doylestown Hospital promises the community it will strive for the BEST possible customer service, patient care, and technology that meets or exceeds the community's expectations It also promises faithfulness to its heritage and assure that every decision reflects a commitment to the values EDUCATION - Doylestown Hospital seeks innovation and integration for continuous 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 facility serving families throughout Bucks and Montgomery Counties and Western New Jersey The Medical Staff includes more than 420 physicians in more than 50 specialty areas Areas of clinical emphasis and quality recognition include cardiovascular services, emergency medicine, oncology, maternal-child health, orthopedics, interventional radiology, gastroenterology, urology, general surgery and robotic surgery PINE RUN COMMUNITY ----- In 1992 Doylestown Hospital enhanced its commitment to the older adult population in the Central Bucks County area by acquiring the Pine Run Community Pine Run operates as a division of Doylestown Hospital with the following mission "Pine Run Community is committed to and passionate about seniors, and we are dedicated to being an exceptional retirement community By focusing on a spectrum of wellness for everyone in our continuum, we will enhance the quality of life throughout the region "</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Pine Run serves the surrounding community as a non-profit continuing care retirement community by offering a continuum of services at its facilities which includes 296 independent living units (the Village) on 42 acres of land in Doylestown, a 107-bed skilled nursing facility and 40-bed personal care facility (the Health Center), and a 107-bed personal care facility (Lakeview), located on a separate, 7.5 acre campus in Doylestown. Pine Run strives to be a progressive, resident-focused community, full of vitality and enthusiasm, promoting independence and wellness. Through a culture of wellness, Pine Run is dedicated to the promotion of holistic care and services for Villagers and Residents. The Village, located approximately three miles from the Hospital, consists of garden cottages set in clusters and a multi-unit apartment building, as well as a community center, dining room, store, library, and other amenities. Maintenance, security, housekeeping, utilities, dining, recreational, cultural, transportation and fitness services are provided for the Villagers. The Health Center, located on the same campus as the Village, provides transitional care for short-stay nursing and rehabilitation residents, with skilled nursing care and comprehensive therapy programs, a personal care Alzheimer's/Dementia Program for those with impaired memory, long-term care for residents requiring on-going custodial care, short-term respite care to allow home-based caregivers to take a vacation or trip, and hospice care for end-of-life care. Lakeview, a personal care facility, was purchased by Doylestown Hospital in 1998 and added to the Pine Run family of facilities. It offers personal care accommodations in private suites and companion suites, with supportive services and enhanced programming for those with memory impairment. This personal care residence is three and a half (3.5) miles from the Pine Run Village, and two blocks from the main hospital.</p> <p>VIA AFFILIATES ----- VIA Affiliates D/B/A Doylestown Health Physicians, was reactivated in 1994 to bring to the residents of the Central Bucks community necessary community-based services that may not otherwise be available or included in the mission of other system entities. In order to meet the needs of community members, the VIA Affiliates has been involved with a number of initiatives. This organization supports the SERVICE core value of Doylestown Hospital. Doylestown Health New Name, Renewed Focus on Health and Wellness effective fiscal year ended June 30, 2015. The brand name "Doylestown Health" was adopted unanimously by the boards of Doylestown Hospital, Doylestown Health Foundation and the Village Improvement Association to describe the health system, renew the focus, and pay tribute to 120 years of community outreach. Doylestown Health is comprised of Doylestown Hospital, Pine Run Community, physician practices, outpatient services, surgical center, nursing home and home health. "Expectations of health care are moving away from the treatment of illness to fostering health and wellness for patients, families and communities," said Jim Brexler, President and CEO of Doylestown Health. "We are building on an illustrious past to be a leader in the shifting healthcare market of the future." "It is poetically ironic that we undertake this bold transition from illness to wellness on the eve of the 120th year of the founding of the Village Improvement Association." The VIA was founded by a group of women in 1895 who organized themselves to improve the health of their community. Early in the 20th century, the VIA hired visiting nurses to care for the sick and newborns in their homes. Doylestown Hospital was opened by the VIA in 1923 with eight beds and a mission to provide emergency and maternity care. Today, Doylestown Hospital has a national reputation for healthcare excellence, institutes for heart, cancer and orthopedic services, a state-of-the-art emergency department, and centers for maternity and pediatric care. What makes it a complete health system are the interconnectedness of services and facilities organized under the Doylestown Health banner. Among the elements: nearly 300 retirement cottages and apartments of the Pine Run Community, skilled nursing and dementia care at Pine Run Health Center, assisted living at Pine Run Lakeview, daycare services at Children's Village at Doylestown Hospital, and Health Connections, a community outreach service at the Cowhey Family ShopRite in Warminster. Outpatient laboratory services and a surgical center are located in the Health & Wellness Center, Warrington. Home Health and Hospice services are based in Plumstead Township. "As we look to our future, we are building on the successes of our past," Brexler said. "Among the most enduring aspects of our history is the partnership with our medical community, who sets the tone for clinical excellence and collaborates with all parts of the health system to create</p>

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 between Doylestown Hospital and the Cowhey Family ShopRite of Warminster This in-store health resource center was created to benefit the community by offering health information, appointment scheduling and special health-focused events Doylestown 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 whose goal is to promote positive val ues, attitudes and behaviors among school-age children CB Cares is a partnership between 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 with 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 wide 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 who 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 was the first in the state to use the Medtronic Reveal LINQ Insertable Cardiac Monitor (ICM) - which is 80% smaller than other ICMs This wireless monitor provides long-term remote monitoring to help physicians diagnose and mon itor irregular heartbeats - Heart Failure Gold Plus Award (third consecutive year) - Blue Distinction Center of Excellence</p>

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

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>family-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/GYNs 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</p> <p>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</p> <p>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)</p> <p>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</p> <p>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</p> <p>AWARDS AND ACCREDITATIONS =====</p>

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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</p> <p>DOYLESTOWN HEALTH COMMUNITY BENEFIT ACTIVITIES</p> <p>===== 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</p> <p>Community Outreach & Benefit Activities ----- American Red Cross Donation</p> <p>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</p>

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>exam rooms at a nominal charge. The Foundation assisted in some of the health needs of the patients that go beyond the resources of the Clinic with a contribution of \$40,000. Other donations included pharmaceuticals and medical testing, as well as senior management's time contributing to the Clinic's Board. During FY 14-15 there were 3,284 visits to the medical program for 748 individual adults and children. There were 801 treatment visits and 188 hygiene visits for the dental program for 239 adults and children. There were 1,128 visits provided through the Social Service Program including 169 medical insurance applications. There were 574 prescriptions filled from donated samples and 313 applications completed for Prescription Assistance Programs, as well as 73 free mammograms at a cost to the Hospital of \$61,750.</p> <p>Community Education Calendar: Doylestown Hospital published a quarterly calendar which is distributed to 90,000 households. This calendar lists communications related to health education programs and classes. The approximate cost of this publication is \$205,160. Advertisements are in local newspapers which inform the community members about upcoming health education classes, physician lectures, support groups and other health education activities. In addition, Doylestown Hospital publishes three disease specific newsletters which offer wellness and prevention information to patients who have been diagnosed with or are concerned about heart disease (Cardiac Connection), osteoporosis, breast cancer, menopause and other women's health issues (Her Health) and cancer (Concierge). More than 246,000 people receive this information through a mailing to their homes. An additional 2,500 e-newsletters are also sent. The cost to produce and distribute these newsletters was \$182,640.</p> <p>Community Garden: Children's Village, CB Cares and Doyle Elementary School collaborated to create a community garden to help young people plan, tend and harvest fresh vegetables.</p> <p>Health Connections by Doylestown Hospital: This is a collaborative program between Doylestown Hospital and the Cowhey Family (ShopRite of Warminster). Health Connections by Doylestown Hospital is an in-store health resource center created to benefit the community. This convenient location makes health information accessible and personal for the prevention of illness, and helps residents find the appropriate care when the need arises. The goal of Health connections is to motivate the community to adopt healthier lifestyles.</p> <p>Medicaid Application Preparation for all Uninsured PA Residents: Doylestown Hospital offers all uninsured PA residents the option of filing a Medicaid application. HRSI is the Hospital's vendor and they help our patients through the process. The Hospital is charged \$475/application, if the applicant obtains eligibility. HRSI has successfully obtained eligibility for 132 uninsured patients. For this process, the Hospital paid HRSI \$62,700, staff time cost incurred of \$32,720.</p> <p>Cost of Trans Union Monthly fees: totally \$18,972 for the fiscal year.</p> <p>Lenape Valley Health Foundation: This organization provides psychiatric coverage and clinical supervision for Unit Patients and psychiatric consultation services in the Hospital's Emergency Department. This is a cost to the hospital of \$367,037.</p> <p>Foundation Fund Raising Program: The Foundation's fund raising program requested unrestricted gifts for this fiscal year that would enable Doylestown Hospital to continue its mission of a responsive, healing environment for patients and their families. Gifts benefited many departments of the hospital, especially the Heart Institute, Hospice and the Cancer Center. Special events included a silent auction to benefit the Cancer and Hospice programs, a Heart Bruich, and a golf outing. The Planned Giving program was successful, including the growth of the charitable gift annuity program.</p>

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 \$245,500 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 These 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, healthy and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents The total amount donated for sponsorships is \$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</p>

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 attending 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 the 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</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Cancer Roadmap - Q&A for the Newly Diagnosed Patient This program describes the process t o 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 f or positive coping I Can Cope This program was an educational series that addressed topi cs such as cancer and treatment, managing side effect, emotional concerns, fatigue and ene rgy conservation and proper nutrition Student Internship Summer Program This program wit h Students of the Gwynedd Mercy Cardiovascular Technology Program, Bucks County Community College Nursing Program and Kettering College Echo Program The students spend 2 weeks obs erving procedures in Cardiac Services, Echo and the Cath Lab to help them decide where the y 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 Ra diology Program 4 students from Bucks & Montgomery County Community College's Radiologic Technology Program, attend the Hospital's Department of Radiology on a rotation basis Stu dents 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 Doy lestow n 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 th e Ultrasound Department The cost of this program is \$21,856 Allied Health RCIS College I ntern Program Students work with a Doylestow n Hospital Cardiac Rehab Associate, developin g their skills such as reading physician reports, collecting information for first visit p atients, assessing skills, documenting meds, exercise evaluations, evaluating outcomes and discharging patients For the student college training, this is a mandatory clinical expe rience program The cost of this program to the hospital is \$466,417 Smoking Cessation Pr ogram Programs were held using CDC Resources "Cleaning the Air" 28 individuals were give n help in quitting the habit smoking The hospital's overall contribution is valued at \$75 0 P ne Run Programs These programs were held at P ne 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 -----</p> <p>----- Baby well This program educated 230 parents on how to care for the ir new born \$5,645 in staff time was devoted towards 24 community programs Healthy Beginn ings Program This is a program to bring prenatal health to the underserved in the Communi ty 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 tho se with substance abuse problems There is a Physician, a social worker and a dietician, a s well as two nurses who run the program The cost of this program was \$447,720 Breastfee ding 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 c ost of \$55,177 to the hospital through 23 courses series every day of the week except Frid ay 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 T he hospital provided room for the educational course 100 individuals were given free Chil dbirth instruction and 52 attended a support group called Building the Family \$4,600 is t he 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 view ed and discussed family's admssion from birthing room to postpartum room to the nursery Discus ions were held on new borns and basic development, including ICN & types of infants admitt ed at Doylestow n Hospital The program was presented on tw o dates, with 213 participants, including 1 teacher at a value of \$8,229 Grand parenting Classes This program prepared g randparents-to-be on how to be support their children as they start their ow n family 76 I ndividuals attended the course, with a cost to the Hospital of \$1,638 for the 6 classes P renatal Refresher Classes This program refreshed nearly 18 parents-to-be, who already hav e 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 l essen a child's feelings of anxiety and jealousy</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 V.I.A. Health System and the three High Schools in the Central Bucks School District. In collaboration with the Consumer and Family Sciences course, the hospital's day care center provides students with hands-on experience to enhance learning of child development theory. In addition, hospital professional staff and CB faculty jointly designed a curriculum for Advanced Placement Biology Students, Advanced Health Students and Anatomy Physiology Students, who spend class time on-site at the hospital to obtain the practical application of class content. 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</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- Lenape Valley Shriner's Club - Literacy Academy of BC IU - March of Dimes - Middle Bucks Institute of Tech Advisory - Professionals Working with seniors - Springfield Township (Supervisor/Planning) Teaching Programs ----- Doylestown Hospital supports medical, nursing, allied health, and hospital management programs The following is a list of schools that sent students to the hospital for practicums, clinical rotations, and/or preceptorships - Arcadia University - Bloomsburg University - Bucks County Community College - DeSales University - Drexel University/Hahnemann College - Gwynedd Mercy College - Immaculata University - Kettering College - LaSalle University - Montgomery County Community College - Penn State University - Philadelphia College of Osteopathic Medicine - Salus University - Sanford Brown Institute - Starr Technical Institute - SUNY Brockport - Temple University - Thomas Jefferson University - Upper Bucks Technical Institute - Ursinus College - Villanova University Doylestown Hospital served as a clinical rotation site for medicine, physician assistant, entry and advanced nursing levels, pharmacy, radiologic technology, cardiac services and exercise physiology All patient care areas were utilized in the education of these students The costs of teaching the 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 benefitted 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</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>diabetes - 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</p> <p>Charity Care to Community Members ----- Doylestown Hospital and The Pine Run Community provides free medical care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Unreimbursed charges from Medical Assistance programs on behalf of patients that meet the hospital's charity care criteria are also considered charity care The Fiscal Year 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 =====</p> <p>===== - 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</p>

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- 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</p>

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	<p>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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES 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 HOSPITAL'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS WITHIN THE ORGANIZATION AND SYSTEM ("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 FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS OF DOYLESTOWN HOSPITAL AND THIS ORGANIZATION'S BOARD OF DIRECTORS</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES 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 SYSTEM 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 SYSTEM'S CHIEF ACCOUNTING OFFICER AND PRESIDENT/CHIEF EXECUTIVE OFFICER THIS SUMMARY IS THEN PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS WHO REVIEWS AND MAKES DECISIONS ON HOW TO HANDLE CONFLICTS OF INTEREST AND ASSOCIATED MITIGATING BEHAVIOR TO BE TAKEN BY THE ORGANIZATION IF NECESSARY</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION RATHER, CERTAIN PERSONNEL ARE EMPLOYED BY DOYLESTOWN HOSPITAL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION THE FOUNDATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, 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 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</p>

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

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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES 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</p>

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST, 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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL 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 DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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 HEALTH FOUNDATION

Employer identification number
23-2368196

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-1352174	HEALTHCARE	PA	501(C)(3)	HOSPITAL	VIAD		No
(2) VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368200	HEALTHCARE	PA	501(C)(3)	509(A)(1)	NA		No
(3) VIA AFFILIATES 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368197	SUPPORT	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) Disproporionate 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA 189012554 23-3022645	FITNESS CENTER	PA	DHF	C CORP	742,257	131,150	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

Yes

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 HOSPITAL	B	1,351,604	COST
(2) DOYLESTOWN HOSPITAL	M	401,703	COST
(3) DOYLESTOWN HOSPITAL	R	158,020	COST
(4) DOYLESTOWN HOSPITAL	S	2,007,397	COST
(5) VIA AFFILIATES	R	2,830,372	COST
(6) VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN	C	253,628	COST

Schedule R (Form 990) 2014

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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 DOYLESTOWN HEALTH FOUNDATION CONTROLS V I A AFFILIATES ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM DOYLESTOWN HOSPITAL 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

Additional Data

Software ID:

Software Version:

EIN: 23-2368196

Name: DOYLESTOWN HEALTH FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DOYLESTOWN HOSPITAL	B	1,351,604	COST
DOYLESTOWN HOSPITAL	M	401,703	COST
DOYLESTOWN HOSPITAL	R	158,020	COST
DOYLESTOWN HOSPITAL	S	2,007,397	COST
VIA AFFILIATES	R	2,830,372	COST
VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN	C	253,628	COST