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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
DOYLESTOWN HOSPITAL
% DANIEL L UPTON
Doing business as

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

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

D Employer identification number
23-1352174

E Telephone number
(215) 345-2242

G Gross receipts $ 293,918,658

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW DOYLESTOWNHEALTH ORG

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

L Year of formation 1923

M State of legal domicile PA

Part I Summary

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

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

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**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	2,363
6	Total number of volunteers (estimate if necessary)	**6**	894
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,574,930
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-82,737

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,468,833	2,353,191
9	Program service revenue (Part VIII, line 2g)	269,891,181	279,972,126
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,170,275	4,241,932
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,599,356	4,924,618
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,129,645	291,491,867

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,700	153,022
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)	135,538,176	136,298,949
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	132,428,837	143,026,659
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	268,062,713	279,478,630
19	Revenue less expenses Subtract line 18 from line 12	13,066,932	12,013,237

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	334,238,370	342,831,485
21	Total liabilities (Part X, line 26)	225,598,383	242,156,865
22	Net assets or fund balances Subtract line 21 from line 20	108,639,987	100,674,620

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

******
Signature of officer — 2017-05-10 Date

DANIEL UPTON CFO
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070

Phone no (973) 898-9494

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 122,673,826 including grants of $) (Revenue $ 121,262,455)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 13,711 INPATIENTS FOR A TOTAL OF 48,440 PATIENT DAYS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 79,719,704 including grants of $) (Revenue $ 98,544,660)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION HAD 187,833 OUPATIENT ENCOUNTERS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 22,702,608 including grants of $) (Revenue $ 17,916,401)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY DEPARTMENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 36,756 EMERGENCY DEPARTMENT PATIENTS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 26,449,930 including grants of $ 153,022) (Revenue $ 43,823,540)

4e **Total program service expenses ▶** 251,546,068

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	259		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,363		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DANIEL L UPTON 595 WEST STATE STREET DOYLESTOWN, PA 18901 (215) 345-2242

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								7,231,756	511,528	1,297,285

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 ▶ 82

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARLEE TATEM RADIOLOGICAL ASSOCIA, 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	4,023,118
DOYLESTOWN ANESTHESIA ASSOCIATES, 5039 SWAMP ROAD FOUNTAINVILLE, PA 18923	MEDICAL	3,720,475
BURNS MECHANICAL INC, 123 GIBRALTAR ROAD HORSHAM, PA 19044	CONTRACTING	2,011,683
DOYLESTOWN EMERGENCY ASSOCIATES, 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	1,423,497
GI MANAGEMENT, 599 WEST STATE STREET SUITE 200 DOYLESTOWN, PA 18901	MEDICAL	599,500

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 ▶ 59

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,223,243			
	e Government grants (contributions)	1e	1,009,208			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	120,740			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		2,353,191			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	261,087,436	261,087,436		
	b PINE RUN RESIDENT & ENTRY FEES	541900	11,410,977	11,410,977		
	c OTHER HEALTHCARE RELATED REVENUE	812300	7,473,713	7,473,713		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		279,972,126			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,633,914			3,633,914
	4 Income from investment of tax-exempt bond proceeds		247,830			247,830
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	830,769				
	b Less rental expenses					
	c Rental income or (loss)	830,769	0			
	d Net rental income or (loss)		830,769			830,769
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,079,669	521,815			
	b Less cost or other basis and sales expenses	2,130,501	110,795			
	c Gain or (loss)	-50,832	411,020			
	d Net gain or (loss)		360,188			360,188
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a	268,309				
	b Less cost of goods sold b	185,495				
	c Net income or (loss) from sales of inventory		82,814			82,814
	Miscellaneous Revenue	Business Code				
	11a CHILDRENS VILLAGE	900099	2,318,324		1,574,930	743,394
	b CAFETERIA	900099	1,077,030			1,077,030
	c SNACK BAR	900099	197,367			197,367
	d All other revenue		418,314			418,314
	e **Total.** Add lines 11a-11d		4,011,035			
	12 **Total revenue.** See Instructions		291,491,867	279,972,126	1,574,930	7,591,620

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	153,022	153,022		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,089,900	6,380,910	708,990	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	106,979,141	96,281,227	10,697,914	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,934,136	4,440,722	493,414	
9 Other employee benefits	8,852,843	7,967,560	885,283	
10 Payroll taxes	8,442,929	7,598,636	844,293	
11 Fees for services (non-employees)				
a Management	180,719	162,647	18,072	
b Legal	360,230	324,207	36,023	
c Accounting	359,133	323,220	35,913	
d Lobbying	20,442	18,398	2,044	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	362,997	326,697	36,300	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,761,786	31,285,607	3,476,179	
12 Advertising and promotion	1,889,892	1,700,903	188,989	
13 Office expenses	5,355,105	4,819,595	535,510	
14 Information technology	194,847	175,362	19,485	
15 Royalties	0			
16 Occupancy	9,289,246	8,360,321	928,925	
17 Travel	353,487	318,138	35,349	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	202,976	182,678	20,298	
20 Interest	5,600,870	5,040,783	560,087	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,793,510	16,914,159	1,879,351	
23 Insurance	3,988,901	3,590,011	398,890	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	46,321,838	41,689,654	4,632,184	
b PATIENT FOOD & NOURISHMENTS	3,245,438	2,920,894	324,544	
c REPAIRS & MAINTENANCE	1,219,566	1,097,609	121,957	
d DUES,SUBSCRIPTIONS&LICENSES	1,165,033	1,048,530	116,503	
e All other expenses	9,360,643	8,424,578	936,065	
25 **Total functional expenses.** Add lines 1 through 24e	279,478,630	251,546,068	27,932,562	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		43,616	1	38,143
	2	Savings and temporary cash investments		8,752,421	2	18,822,327
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		28,880,123	4	32,284,484
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,587,076	8	6,816,199
	9	Prepaid expenses and deferred charges		2,052,991	9	2,321,840
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 430,735,504			
	b	Less accumulated depreciation	10b 240,798,469	190,961,732	10c	189,937,035
	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		86,954,205	13	81,978,403
	14	Intangible assets		2,511,767	14	2,300,471
	15	Other assets See Part IV, line 11		7,494,439	15	8,332,583
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		334,238,370	16	342,831,485
Liabilities	17	Accounts payable and accrued expenses		64,555,442	17	79,467,048
	18	Grants payable		0	18	0
	19	Deferred revenue		11,291,428	19	11,798,571
	20	Tax-exempt bond liabilities		130,042,546	20	124,974,584
	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		4,057,727	23	4,025,857
	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		15,651,240	25	21,890,805
	26	**Total liabilities.** Add lines 17 through 25		225,598,383	26	242,156,865
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		92,154,102	27	85,484,204
	28	Temporarily restricted net assets		4,913,887	28	4,362,833
	29	Permanently restricted net assets		11,571,998	29	10,827,583
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		108,639,987	33	100,674,620
	34	Total liabilities and net assets/fund balances		334,238,370	34	342,831,485

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	291,491,867
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,478,630
3	Revenue less expenses Subtract line 2 from line 1	3	12,013,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,639,987
5	Net unrealized gains (losses) on investments	5	-2,351,124
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	-17,627,480
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,674,620

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN DELLA-RODOLFA CHAIR - DIRECTOR	10 0 19 0	X		X				0	0	0
JOAN PARLEE VICE CHAIR - DIRECTOR	6 0 3 0	X		X				0	0	0
SARA MOYER SECRETARY - DIRECTOR	6 0 3 0	X		X				0	0	0
BARBARA KIEFFER CPA TREASURER - DIRECTOR	8 0 3 0	X		X				0	0	0
BEVERLY COLLER CAMPBELL ASST SEC/ASST TREAS-DIRECTOR	7 0 3 0	X		X				0	0	0
WILLIAM E BOGER CPA DIRECTOR	5 0 0 0	X						0	0	0
JAMES L BREXLER FACHE DIRECTOR - PRESIDENT & CEO	55 0 0 0	X		X				913,932	0	262,785
MARIANNE E CHABOT DIRECTOR	3 0 3 0	X						0	0	0
STEPHEN CHADWICK DIRECTOR	5 0 0 0	X						0	0	0
PATRICIA GORSKY DIRECTOR	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN KOZAKOWSKI DIRECTOR	3 0 3 0	X						0	0	0
SCOTT S LEVY MD DIRECTOR - VP & CMO	55 0 0 0	X		X				516,761	0	191,357
ERIC A MARCHANT MD DIRECTOR	10 0 0 0	X						17,500	0	0
LINDA MCILHINNEY DIRECTOR	3 0 12 0	X						0	0	0
BRIAN MCLEOD DIRECTOR	5 0 0 0	X						0	0	0
FRED SCHEA CPA CMA DIRECTOR	5 0 0 0	X						0	0	0
CORY H SCHROEDER DIRECTOR	3 0 11 0	X						0	0	0
DAVID L SMITH MD DIRECTOR	55 0 0 0	X						0	511,528	13,091
DENNIS WALSH DIRECTOR	3 0 0 0	X						0	0	0
ELEANOR WILSON RN MSN MHA DIRECTOR-VP PATIENT SVCS & CNO	55 0 0 0	X		X				433,912	0	40,812

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL L UPTON VP & CHIEF FINANCIAL OFFICER	55 0 0 0			X				2,209,678	0	317,632
JOHN B REISS JD VP & GENERAL COUNSEL	55 0 0 0			X				401,505	0	26,716
RICHARD D LANG VP & CHIEF INFORMATION OFFICER	55 0 0 0			X				315,029	0	112,381
BARBARA A HEBEL VP & CHIEF HUMAN RES OFFICER	55 0 0 0			X				293,742	0	108,341
LAURA K WORTMAN VP/CHIEF DEV OFF (EFF 9/14/15)	55 0 0 0			X				64,967	0	605
CATHLEEN Q STEWART EXECUTIVE DIRECTOR - PINE RUN	55 0 0 0				X			259,021	0	55,138
KENNETH COBURN MD DrPH FACP PRESIDENT/CEO - HQP	55 0 0 0				X			192,408	0	5,234
LOUIS IOBBI DIRECTOR PHARMACY	55 0 0 0				X			164,231	0	17,996
SHERI PUTNAM EFF 12615 VP STRAT INIATIVES & INTEGRAT	55 0 0 0				X			150,774	0	17,440
JOHN M MITCHELL CCP LP DIRECTOR - HEART CENTER	55 0 0 0					X		235,085	0	24,569

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN DAY JR DIRECTOR - RISK SERVICES	55 0 0 0					X		205,009	0	24,535
PATRICIA A STOVER RN EXECUTIVE DIRECTOR - NURSING	55 0 0 0					X		204,054	0	23,105
MATTHEW F COSTELLO EXECUTIVE DIRECTOR - SURGERY	55 0 0 0					X		197,089	0	29,939
ELIZABETH SEEBER CHIEF ACCOUNTING OFFICER	55 0 0 0					X		167,623	0	25,609
LINDA A FELT FORMER OFFICER	0 0 0 0						X	289,436	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135058517

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		20,442
j	Total Add lines 1c through 1i			20,442
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $20,442 DURING THE FISCAL YEAR ENDED JUNE 30, 2016

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		17,053,159		17,053,159
b Buildings		170,611,123	78,317,155	92,293,968
c Leasehold improvements		51,480,276	17,799,875	33,680,401
d Equipment		185,109,994	141,816,469	43,293,525
e Other		6,480,952	2,864,970	3,615,982
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				189,937,035

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LIMITED USE	126,260	F
(2) USE	59,589,578	F
(3) LIMITED USE	6,031,250	F
(4) CONSTRUCTION FUND, LIMITED USE	287,628	F
(5) ORGANIZATION	14,425,931	F
(6) INVESTMENTS IN OTHER ENTITIES	1,517,756	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	81,978,403	

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
PAYOR SETTLEMENTS	316,977
OTHER LIABILITIES	3,454,741
DUE TO AFFILIATED ENTITIES	365,888
INTEREST RATE SWAPS	17,753,199
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	21,890,805

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016 THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE CORPORATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CORPORATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS IN ADDITION, 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 GOVERNING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THE SYSTEM ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE SYSTEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016 THAT REPORTS THE SYSTEM'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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			2,719,822		2,719,822	0 970 %
b	Medicaid (from Worksheet 3, column a)			13,950,644	6,548,237	7,402,407	2 650 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total** Financial Assistance and Means-Tested Government Programs			16,670,466	6,548,237	10,122,229	3 620 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			4,131,326	211,700	3,919,626	1 400 %
f	Health professions education (from Worksheet 5)			876,047		876,047	0 310 %
g	Subsidized health services (from Worksheet 6)			11,858,232	9,503,193	2,355,038	0 840 %
h	Research (from Worksheet 7)			897,042	557,006	340,037	0 120 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			121,599		121,599	0 040 %
j	**Total.** Other Benefits			17,884,246	10,271,899	7,612,347	2 710 %
k	**Total.** Add lines 7d and 7j			34,554,712	16,820,136	17,734,576	6 330 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,258,186		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	968,128		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	72,216,266
6	Enter Medicare allowable costs of care relating to payments on line 5	6	80,191,613
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,975,347
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	DOYLESTOWN PET				
2	ASSOCIATES LLC	MEDICAL SERVICES	49 %		51 %
3	PAVILION I MOB LP	MEDICAL OFFICE BUILDING	23 3 %	6 %	35 01 %
4	PAVILION II MOB LP	MEDICAL OFFICE BUILDING	25 5 %		
5	DOYLESTOWN	CLINICALLY & FINANCIALLY			
6	HEALTHCARE				
7	PARTNERSHIP LLC	INTEGRATED HEALTH NETWORK	50 %		50 %
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DOYLESTOWN HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW DOYLESTOWNHEALTH ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW DOYLESTOWNHEALTH ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

DOYLESTOWN HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW DOYLESTOWNHEALTH ORG			
b	☑ The FAP application form was widely available on a website (list url) WWW DOYLESTOWNHEALTH ORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW DOYLESTOWNHEALTH ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

DOYLESTOWN HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	PROVIDING HEALTHCARE FOR ALL COMMUNITY MEMBERS WAS ONE OF THE PRINCIPLE GOALS OF THE VILLAGE IMPROVEMENT ASSOCIATION (VIA), THE WOMEN'S CLUB THAT FOUNDED DOYLESTOWN HOSPITAL THE VIA TRADITION OF ENSURING ACCESS TO HEALTHCARE FOR ALL COMMUNITY MEMBERS CONTINUES TODAY PATIENTS SHOULD NEVER AVOID SEEKING CARE BECAUSE THEY THINK THEY CANNOT AFFORD IT DOYLESTOWN HOSPITAL HONORS THE VIA'S ORIGINAL PROMISE TODAY FOR ALL PATIENTS, REGARDLESS OF ABILITY TO PAY TO HELP THOSE WHO ARE UNISURED OR UNDERINSURED, DOYLESTOWN HOSPITAL OFFERS THE HEALTHCARE FINANCIAL ASSISTANCE PROGRAM THIS PROGRAM OFFERS A VARIETY OF ASSISTANCE, COUNSELING AND FINANCING OPTIONS TO HELP EASE THE WORRY ABOUT HEALTHCARE COSTS EVEN FOR PATIENTS WHO DO NOT QUALIFY FOR FREE HEALTHCARE SERVICES, DOYLESTOWN HOSPITAL PROVIDES OPTIONS TO HELP WITH HEALTHCARE COSTS IN THESE SITUATIONS, FINANCIAL COUNSELORS HELP TO DETERMINE THE AVAILABLE OPTIONS (FINANCING, SLIDING SCALE AND CHARITY CARE ALLOWANCES TO REDUCE THE PATIENT BALANCE) A VARIETY OF FACTORS AND CRITERIA ARE CONSIDERED - PATIENT/GUARANTOR HAS NO GOVERNMENTAL INSURANCE OR COVERAGE UNDER THE AFFORDABLE CARE ACT (INSURANCE PLANS PROVIDED THROUGH THE EXCHANGE) OR PRIVATE INSURANCE COVERAGE FOR MEDICALLY NECESSARY SERVICES - PATIENT/GUARANTOR HAS EXHAUSTED ANY INSURANCE BENEFITS AND HAS BECOME MEDICALLY INDIGENT - CIRCUMSTANCES HAVE CHANGED THAT CAUSED THE PATIENT/GUARANTOR TO NO LONGER HAVE THE MEANS TO PAY AN EXISTING LIABILITY, EITHER CURRENT OR DELINQUENT - SLIDING SCALE FINANCIAL ASSISTANCE DISCOUNTS ARE PROVIDED BASED ON FAMILY SIZE, INCOME LEVEL, BALANCE DUE IN PROPORTION TO INCOME AFTER RECONCILIATION WITH PUBLIC OR PRIVATE INSURERS - PATIENTS WITH FAMILY INCOME AT OR BELOW 100% OF THE PUBLISHED POVERTY GUIDELINES ARE SCREENED FOR ELIGIBILITY FOR MEDICAID BASED ON CURRENT STATE OR EXCHANGE ELIGIBILITY CRITERIA - PATIENTS WHOSE FAMILY INCOME IS BETWEEN 100% AND 250% OF THE PUBLISHED POVERTY GUIDELINES WILL HAVE BALANCES REDUCED FOR FULL FINANCIAL ASSISTANCE (FREE CARE) - PATIENTS WHOSE FAMILY INCOME FALLS BETWEEN 251% AND 400% OF THE PUBLISHED FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR DISCOUNTED SERVICE ACCORDING TO ANNUAL SLIDING SCALE DISCOUNT MODEL PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED THROUGH THE USE OF AN OUTSIDE SERVICE PROVIDING A HEALTHCARE CREDIT REPORT PRESUMPTIVE ELIGIBILITY MAY ALSO BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE STATE FUNDED PRESCRIPTION PROGRAMS, HOMELESS OR RECEIVING CARE FROM A HOMELESS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED, LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESS, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ELIGIBILITY FOR ANN SILVERMAN COMMUNITY HEALTH CLINIC FREE HEALTHCARE - UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A SELF-PAY DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY THE SELF-PAY DISCOUNT ENSURES THE PATIENT RESPONSIBILITY WILL NOT EXCEED AMOUNTS GENERALLY BILLED TO PATIENTS COVERED BY INSURANCE THE STANDARD SELF-PAY DISCOUNT IS BASED ON AN AVERAGE OF THE NEGOTIATED RATES FOR PREVALENT COMMERCIAL INSURANCE CARRIERS ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED, IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY FINANCIAL COUNSELING IS OFFERED AT THE TIME OF SERVICE, IF POSSIBLE, AND ALL UNINSURED PATIENTS RECEIVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM AS WELL AS INFORMATION REGARDING INSURANCE PLANS AVAILABLE THROUGH THE EXCHANGE UNINSURED DISCOUNTS AND SLIDING SCALE ALLOWANCES ARE GRANTED AS APPROPRIATE, AT THE TIME OF SERVICE, OR AFTERWARD THE HOSPITAL ENSURES A PRACTICE OF ASSISTING PATIENTS WITH COMPLETING APPLICATIONS FOR INSURANCE THROUGH THE EXCHANGE AS REQUESTED FINANCIAL INFORMATION SUBMITTED FOR ELIGIBILITY FOR SUBSIDIZED COVERAGE UNDER THE AFFORDABLE CARE ACT IS CONSIDERED

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	ANNUALLY, DOYLESTOWN HEALTH RELEASES A REPORT "THE FACES OF DOYLESTOWN HEALTH" WHICH INCLUDES, BUT IS NOT LIMTIED TO, STATISTICAL HIGHLIGHTS, FINANCIAL HIGHLIGHTS AND COMMUNITY BENEFIT INFORMATION THIS REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE WWW DOYLESTOWNHEALTH ORG

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES, AND NET OF ACCOUNTS SUBSEQUENTLY IDENTIFIED FOR PRESUMPTIVE ELIGIBILITY FOR FREE CARE AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS THAT ADDRESSES THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS METHODOLOGY AND CHARITY CARE ALLOWANCE FOR DOUBTFUL ACCOUNTS ---------- THE CORPORATION PROVIDES AN ALLOWANCE FOR ESTIMATED LOSSES RESULTING FROM UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE IS DETERMINED BY ANALYZING HISTORICAL DATA AND TRENDS ACCOUNTS RECEIVABLE ARE CHARGED OFF AGAINST THE RESERVE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND THE CORPORATION CEASES COLLECTION EFFORTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE CORPORATION RECORDS A PROVISION FOR BAD DEBTS ON THE BASIS OF ITS PAST EXPERIENCE THE CORPORATION HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS CHARITY CARE ---------- THE CORPORATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS THAT MEET THE CORPORATIONS CHARITY CARE CRITERIA ARE ALSO CONSIDERED CHARITY CARE THE CORPORATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, AND ESTABLISHES RESERVES FOR THESE AMOUNTS ACCORDINGLY, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE IN THE ACCOMPANYING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTS WERE DERIVED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBTS ARE COMMUNITY BENEFIT AND A SSOCIATED COSTS SHOULD BE INCLUDED ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE F ULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HE ALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S C HARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERV ICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CRE ED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND CONSISTENT WITH THE COMMUNITY BENEFIT STAN DARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENU E CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARIT ABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX C ODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) I N ITS GENERALLY ACCEPTED LEGAL SENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING T HE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMEN T OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING TH E TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HO SPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STAND ARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HO SPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE B ASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE TH E RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARI TY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMU NITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVE NUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOP ED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMM UNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPE RATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITA L QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS C OMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE A CCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE " OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF ED UCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE, EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNIT Y, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "P ROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" B ECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL, AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPI TAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROV E PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND AD

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	VANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS GOVERNED BY A BOARD OF TRUSTEES TH AT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAI LABLE TO ALL QUALIFIED PHYSICIANS THIS ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE FORM 990, SC HEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPA YMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AH A LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTF ALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STAND ARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REI MBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIE NTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGR ESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW A T NEGATIVE 5 4% - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGI BLE FOR MEDICAID -- SO CALLED ELIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON T O TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNI TY BENEFIT AND TO INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYME NT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERL Y AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDUL E H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS TH AT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SI GNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASO NS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR THE HOSPITAL'S CHA RITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REP ORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICA TING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF B AD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EV ERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY P ATIENTS WHO HAVE OUTSTANDING HOSPITAL INVOICES ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIE S BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARI TY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQ UIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDI NG CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMI NG THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATIO N REINFORCES THAT THEY ARE G

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE BUT, RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF DOYLESTOWN HOSPITAL TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY ADDITIONALLY, THE ORGANIZATION IS IS COMMITTED TO BILLING PATIENTS AND INSURANCE CARRIERS IN A MANNER THAT IS IN COMPLIANCE WITH ALL STATE, LOCAL AND FEDERAL REGULATIONS FOR ACCOUNTS DETERMINED TO BE SELF-PAYACCOUNTS WITH BALANCES AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES REASONABLE AND CUSTOMARY EFFORTS TO COLLECT PATIENT BALANCES, INCLUDING CONTACT BY TELEPHONE, LETTER AND ACCOUNT STATEMENTS THE FACILITY HAS A FINANCIAL ASSISTANCE POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE INSURANCE COVERAGE AND ASSISTANCE PROGRAMS AVAILABLE THIS IS ACCOMPLISHED THROUGH SIGNAGE, NOTICES ON PATIENT STATEMENTS, AND FINANCIAL COUNSELING PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A FINANCIAL COUNSELOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE PROVIDED WITH INFORMATION REGARDING OTHER OPTIONS UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A STANDARD UNINSURED DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED AT THE TIME OF THE PATIENT VISIT AND AS PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SUPPLEMENTAL SECURITY INCOME, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR INSURANCE THROUGH THE ACA EXCHANGE FOR FUTURE SERVICES NEEDED, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE DOYLESTOWN HOSPITAL FINANCIAL ASSISTANCE PROGRAM, - CASH, CHECK, CREDIT CARD, - DISCOUNTS, and - INTEREST-FREE PAYMENT PLANS

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	IN AN EFFORT TO INFORM AND EDUCATE PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE, THE HOSPITAL FACILITY DOES THE FOLLOWING 1) THE FINANCIAL ASSITANCE POLICY IS INCLUDED ON THE ORGANIZATIONS WEBSITE FOR ANYONE TO VIEW 2) PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE IN AT VARIOUS AREAS THROUGHOUT THE HOSPITAL FACILITY WHICH INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS AND PATIENT BILLING AND FINANCIAL SERVICES OFFICE 3) SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS/REGISTRATION DEPARTMENTS AND PATIENT BILLING AND FINANCIAL SERVICES OFFICE THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE 4) THE ORGANIZATION ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ADDITIONALLY, ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A FINANCIAL COUNSELOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES, AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS AS IDENTIFIED

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	DOYLESTOWN HOSPITAL SERVES A GEOGRAPHIC AREA THAT SPANS RURAL AND SUBURBAN TOWNSHIPS AND DENSELY POPULATED TOWNS IT IS SITUATED IN DOYLESTOWN TOWNSHIP, ON THE BORDER WITH DOYLESTOWN BOROUGH, THE BUCKS COUNTY SEAT OF GOVERNMENT BUCKS COUNTY IS AMONG THE MOST POPULATED AND FASTEST GROWING COUNTIES IN PENNSYLVANIA THE FOLLOWING COMMUNITY DEMOGRAPHICS WERE REPORTED IN THE ORGANIZATIONS 2016 CHNA DEMOGRAPHIC CHARACTERISTICS ========== POPULATION SIZE ---------- NEARLY 370,000 PEOPLE LIVE IN THE DOYLESTOWN HOSPITAL CHNA AREA, AND THAT NUMBER WILL INCREASE SLIGHTLY IN THE NEXT FIVE YEARS TO 376,600 THE POPULATION OF THE AREA INCREASED BETWEEN 2013 AND 2015 FROM 366,100 TO 369,500 THE POPULATION IS PREDICTED TO INCREASE FURTHER TO 376,600 BY 2020, REPRESENTING A 2 9% INCREASE IN POPULATION SINCE 2013 THIS GROWTH RATE IS FASTER THAN THE 0 04% INCREASE PREDICTED FOR BUCKS COUNTY AS A WHOLE BETWEEN 2013 AND 2020, FROM 627,600 TO 631,000 AGE --- THREE OUT OF TEN RESIDENTS OF THE DOYLESTOWN HOSPITAL CHNA AREA (31%) ARE BETWEEN THE AGES OF 45-65 (115,800) AND 30% OF RESIDENTS ARE BETWEEN THE AGES OF 18-44 YEARS (110,900) TWENTY-ONE PERCENT OF THE POPULATION ARE CHILDREN BETWEEN THE AGES OF 0-17 (79,100), AND 17% ARE OLDER ADULTS AGE 65 OR OLDER (63,700) THE POPULATION OF 45-65 YEAR OLDS IS PREDICTED TO DECLINE SLIGHTLY FROM 31% OF THE POPULATION TO 30% BY 2020 CHILDREN ARE THE ONLY OTHER AGE GROUP IN THE AREA PREDICTED TO DECREASE IN SIZE, FROM 21% TO 20% OF THE POPULATION BY 2020 THE 65+ AGE GROUP IS PREDICTED TO INCREASE IN SIZE FROM THE CURRENT 17% OF THE POPULATION TO 20% BY 2020 RACE/ETHNICITY ---------- THE DH CHNA AREA IS VERY RACIALLY AND ETHNICALLY HOMOGENEOUS THE OVERWHELMING MAJORITY OF DOYLESTOWN HOSPITAL CHNA RESIDENTS ARE WHITE (86%), ONLY 3% ARE BLACK SIX PERCENT OF RESIDENTS ARE ASIAN, 4% ARE LATINO, AND 2% IDENTIFY AS "OTHER" THIS PATTERN IS SIMILAR TO THE PATTERN IN BUCKS COUNTY AS A WHOLE THE PERCENTAGE OF RESIDENTS WHO IDENTIFY AS ASIAN IS EXPECTED TO INCREASE FROM 6% TO 7% BY 2020 THE PERCENTAGE OF RESIDENTS WHO IDENTIFY AS WHITE IS PREDICTED TO DECREASE FROM 86% TO 84% BY 2020 LANGUAGE SPOKEN AT HOME ---------- THE LARGE MAJORITY OF RESIDENTS WITHIN THE DOYLESTOWN HOSPITAL CHNA AREA (88%) SPEAK ENGLISH AT HOME THREE PERCENT SPEAK AN ASIAN LANGUAGE, 2% SPEAK SPANISH AND 6% SPEAK AN "OTHER" LANGUAGE THE DOYLESTOWN HOSPITAL CHNA AREA HAS A RELATIVELY SIMILAR LANGUAGE PATTERN TO BUCKS COUNTY AS A WHOLE, WHERE 89% OF THE POPULATION SPEAKS ENGLISH AT HOME, 3% SPEAK SPANISH, 2% SPEAK AN ASIAN LANGUAGE, AND 7% SPEAK ANOTHER LANGUAGE SOCIOECONOMIC INDICATORS ========== EDUCATION ---------- A MAJORITY OF THE DOYLESTOWN HOSPITAL CHNA AREA RESIDENTS AGE 25 AND OVER (50%) ARE HIGH SCHOOL GRADUATES, AND AN ADDITIONAL 45% HAVE A COLLEGE DEGREE OR MORE FIVE PERCENT OF RESIDENTS DID NOT GRADUATE FROM HIGH SCHOOL THE EDUCATIONAL ATTAINMENT OF RESIDENTS IN THE DOYLESTOWN HOSPITAL CHNA AREA HAS REMAINED FAIRLY STABLE OVER TIME, AND IS PROJECTED TO REMAIN SIMILAR TO THE CURRENT LEVELS THROUGH 2020 THE DOYLESTOWN HOSPITAL CHNA AREA HAS A SIMILAR PATTERN OF EDUCATIONAL ATTAINMENT AS BUCKS COUNTY AS A WHOLE EMPLOYMENT ---------- THE OVERWHELMING MAJORITY OF RESIDENTS AGE 16 AND OVER IN THE DOYLESTOWN HOSPITAL CHNA AREA (93%) ARE EMPLOYED, 7% ARE UNEMPLOYED THE EMPLOYMENT STATUS OF RESIDENTS CLOSELY MIRRORS EMPLOYMENT PATTERNS IN BUCKS COUNTY AS A WHOLE AND HAS REMAINED FAIRLY STABLE SINCE 2013 POVERTY STATUS ---------- FIVE PERCENT OF FAMILIES IN THE DOYLESTOWN HOSPITAL CHNA AREA WITH CHILDREN AND 3% WITHOUT CHILDREN ARE LIVING IN POVERTY THIS REPRESENTS APPROXIMATELY 3,200 FAMILIES IN POVERTY IN THE DH CHNA AREA FAMILY POVERTY RATES ARE SLIGHTLY LOWER THAN FOR BUCKS COUNTY AS A WHOLE MEDIAN HOUSEHOLD INCOME ---------- OVERALL, THE MEDIAN HOUSEHOLD INCOME IN THE DOYLESTOWN HOSPITAL CHNA AREA IS $84,967 THIS REPRESENTS A VERY MINIMAL INCREASE FROM 2013 WHEN IT WAS $84,402 AND IT IS PREDICTED TO GROW TO $89,380 BY 2020 THE MEDIAN HOUSEHOLD INCOME IN THE DOYLESTOWN HOSPITAL CHNA AREA IS HIGHER (BY ABOUT $9,000 IN 2015) THAN IN BUCKS COUNTY AS A WHOLE HOME OWNERSHIP ---------- MORE THAN THREE-QUARTERS OF THE DOYLESTOWN HOSPITAL CHNA AREA RESIDENTS (78%) OWN THEIR HOME, 22% OF RESIDENTS RENT THIS PATTERN IS SIMILAR TO BUCKS COUNTY AS A WHOLE, WHERE 77% OF RESIDENTS OWN THEIR HOMES AND 23% RENT

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

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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN, PA 18901 WWW DOYLESTOWNHEALTH ORG 300401	X	X					X			1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135058517

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," on 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

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

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

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

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEALTH CARE IMPROVEMENT FOUNDATION 1801 MARKET STREET ROOM 710 PHILADELPHIA,PA 19103	23-2152039	501(C)(3)	30,000				PROGRAM SUPPORT
BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE,PA 19047	23-2862339	501(c)(3)	20,000				CNTY WIDE HLTH NEEDS
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS,PA 10605	13-1846366	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VERIZON FOUNDATION ONE VERIZON WAY BASKING RIDGE,NJ 079201025	13-3319048	501(C)(3)	15,000				PROGRAM SUPPORT
CRANE COMMUNICATIONS 111 PRESIDENTIAL BLVD SUITE 239 BALA CYNWYD,PA 19004	23-2784732		15,000				PROGRAM SUPPORT
BUCKS COUNTY CHILDREN'S MUSEUM 500 UNION SQUARE NEW HOPE,PA 18938	03-0600738	501(C)(3)	15,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2015 FORM W-2 AND FORM 1099-MISC, IF APPLICABLE
SCHEDULE J, PART I, QUESTION 1	THE ORGANIZATION PROVIDED A HOUSING ALLOWANCE TO JAMES L BREXLER, FACHE, PRESIDENT & CEO IN THE AMOUNT OF $66,300 THIS ALLOWANCE WAS REPORTED AS TAXABLE INCOME ON MR BREXLER'S 2015 FORM 1099 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2015 WHICH WAS INCLUDED IN HER 2015 FORM W-2, AS TAXABLE MEDICARE WAGES LINDA A FELT, $289,436
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DANIEL L UPTON, $1,782,094 THE DEFERRED COMPENSATION AMOUNTS INCLUDED IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THESE AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES L BREXLER, FACHE, $214,013, SCOTT S LEVY, M D , $143,805, DANIEL L UPTON, $271,922, RICHARD D LANG, $65,810, BARBARA A HEBEL, $64,926 AND CATHLEEN Q STEWART, $22,222
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDED VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND INCLUDED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DANIEL L UPTON, $609,087

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES L BREXLER FACHE DIRECTOR - PRESIDENT & CEO	(I)	731,664	100,800	81,468	239,963	22,822	1,176,717	0
	(II)	0	0	0	0	0	0	0
1SCOTT S LEVY MD DIRECTOR - VP & CMO	(I)	514,743	0	2,018	169,755	21,602	708,118	0
	(II)	0	0	0	0	0	0	0
2DAVID L SMITH MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	493,528	0	18,000	7,950	5,141	524,619	0
ELEANOR WILSON RN MSN **3**MHA DIRECTOR-VP PATIENT SVCS & CNO	(I)	431,855	0	2,057	25,950	14,862	474,724	0
	(II)	0	0	0	0	0	0	0
4DANIEL L UPTON VP & CHIEF FINANCIAL OFFICER	(I)	425,208	0	1,784,470	297,872	19,760	2,527,310	609,087
	(II)	0	0	0	0	0	0	0
5JOHN B REISS JD VP & GENERAL COUNSEL	(I)	398,613	0	2,892	25,950	766	428,221	0
	(II)	0	0	0	0	0	0	0
6RICHARD D LANG VP & CHIEF INFORMATION OFFICER	(I)	313,930	0	1,099	91,357	21,024	427,410	0
	(II)	0	0	0	0	0	0	0
7BARBARA A HEBEL VP & CHIEF HUMAN RES OFFICER	(I)	292,762	0	980	90,876	17,465	402,083	0
	(II)	0	0	0	0	0	0	0
8CATHLEEN Q STEWART EXECUTIVE DIRECTOR - PINE RUN	(I)	258,513	0	508	47,362	7,776	314,159	0
	(II)	0	0	0	0	0	0	0
9 KENNETH COBURN MD DrPH FACP PRESIDENT/CEO - HQP	(I)	192,408	0	0	5,234	0	197,642	0
	(II)	0	0	0	0	0	0	0
10LOUIS IOBBI DIRECTOR PHARMACY	(I)	163,713	0	518	3,293	14,703	182,227	0
	(II)	0	0	0	0	0	0	0
11SHERI PUTNAM EFF 12615 VP STRAT INIATIVES & INTEGRAT	(I)	149,474	500	800	4,556	12,884	168,214	0
	(II)	0	0	0	0	0	0	0
12JOHN M MITCHELL CCP LP DIRECTOR - HEART CENTER	(I)	232,876	1,250	959	2,372	22,197	259,654	0
	(II)	0	0	0	0	0	0	0
13STEVEN DAY JR DIRECTOR - RISK SERVICES	(I)	204,225	500	284	4,048	20,487	229,544	0
	(II)	0	0	0	0	0	0	0
14PATRICIA A STOVER RN EXECUTIVE DIRECTOR - NURSING	(I)	202,325	1,000	729	5,773	17,332	227,159	0
	(II)	0	0	0	0	0	0	0
15MATTHEW F COSTELLO EXECUTIVE DIRECTOR - SURGERY	(I)	196,342	500	247	6,046	23,893	227,028	0
	(II)	0	0	0	0	0	0	0
16ELIZABETH SEEBER CHIEF ACCOUNTING OFFICER	(I)	166,808	500	315	5,122	20,487	193,232	0
	(II)	0	0	0	0	0	0	0
17LINDA A FELT FORMER OFFICER	(I)	0	0	289,436	0	0	289,436	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Bond Issues

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

Part II Proceeds

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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KELLY BREXLER	FAMILY MEMBER OF DIRECTOR	33,904	EMPLOYEE		No
(2) KRISTIN MOYER	FAMILY MEMBER OF DIRECTOR	62,798	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DOYLESTOWN HEALTH BACKGROUND ========== The Village Improvement Association of Doylestown ("VIA") 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 VIA 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 VIA At this time, V I A AFFILIATES D/B/A DOYLESTOWN HEALTH PHYSICIANS, also a subsidiary of Doylestown Health Foundation and governed by the VIA 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 VIA founded the Doylestown Emergency Hospital in 1923 but its health-centered roots trace back to 1895 as they coordinated efforts to eliminate unhealthy dust from the towns streets This passion for public health evolved into the establishment of the first visiting nurse service in Doylestown Over the years, the VIA continued to address the health needs of our community by expanding or developing new services that comprise Doylestown Health and collectively include - Doylestown Hospital - Doylestown Health Physicians - Doylestown Hospital Surgery Center and outpatient testing facilities at the Health and Wellness Center - Doylestown Hospital Home Health Care - Doylestown Hospital Hospice - Health Connections by Doylestown Hospital healthcare concierge services at the Warminster ShopRite - Pine Run Health Center - Pine Run Lakeview Personal Care - Pine Run Retirement Community - Childrens 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 122nd year, the VIA oversees the operations of the system of affiliated members The purposes of the VIA 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 THE MISSION OF DOYLESTOWN HEALTH ("Health System") is to continuously improve the quality of life and proactively advocate for the health and well-being of the individual we serve The vision of the Health System is to enthusiastically pursue healthcare excellence through collaboration and innovation For the fiscal year ending 6/30/16 the Health System accounts for three tax exempt affiliates (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 DOYLESTOWN HEALTH FOUNDATION ---------- The mission of the Foundation has four main points assessment of community needs, communication of those needs and the health systems response to them, solicitation of funds to support the response, and the accountability to the community for both the management of the funds and the response to the needs DOYLESTOWN HOSPITAL ---------- Doylestown Hospitals mission is to continuously improve the quality of life and proactively advocates for the health and wellbeing of the individuals we serve These community members include the vulnerable, the disenfranchised, those in need of health education, and those uninsured or underinsured persons who depend on us for care As a values-based organization, Doylestown Hospital has made a public commitment to seven core SERVICE values 1) We serve all members of the community, 2) We strive for excellence in our services and programs, 3) We respect the dignity of every member of the community, 4) We provide value through high-quality, low-cost services, 5) We seek innovation and integration for continuous improvement, 6) We are compassionate, and 7) We are committed to the health and wellness education of our community 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 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 425 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 " 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 Alzheimers AND Dementia Program for those with impaired memory, long-term care for residents requiring on-going custodial care, short-term respite care to allow home-based care givers to take a vacation or trip, and hospice care for end-of-life care 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

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	V I A AFFILIATES D/B/A DOYLESTOWN HEALTH PHYSICIANS ("DHP") ---------- - DHP w as reactivated in 1994 to bring to the residents of the Central Bucks community necessary community-based services that may not otherw ise be available or included in the mission of other system entities In order to meet the needs of community members, DHP has been involved w ith a number of initiatives This organization supports the SERVICE core value of Doylestow n Hospital Doylestow n Health A system of healthcare services emphasizes proactive health and w ellness in the community setting The brand name "Doylestow n Health" w as adopted unanimously by the boards of Doylestow n Hospital, Doylestow n Health Foundation and the Village Improvement Association of Doylestow n to describe the health system, renew the focus, and pay tribute to 120 years of community outreach Doylestow n Health is comprised of Doylestow n Hospital, Pine Run Community, physician practices, outpatient services, surgical center, nursing home and home health "Expectations of healthcare are moving aw ay from the treatment of illness to fostering health and w ellness for patients, families and communities" said Jim Brexler, President and CEO of Doylestow n Health "We are building on an illustrious past to be a leader in the shifting healthcare market of the future It is poetically ironic that w e undertake this bold transition from illness to w ellness on the eve of the 120th year of the founding of the Village Improvement Association " The VIA w as founded by a group of w omen in 1895 w ho 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 new borns in their homes Doylestow n Hospital w as opened by the VIA in 1923 w ith eight beds and a mission to provide emergency and maternity care Today, Doylestow n 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 Doylestow n 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 Childrens Village at Doylestow n Hospital, and Health Connections, a community outreach service at the Cow hey 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 Tow nship "As w e look to our future, w e are building on the successes of our past" Brexler said "Among the most enduring aspects of our history is the partnership w ith our medical community, w ho sets the tone for clinical excellence and collaborates w ith all parts of the health system to create a continuum of care, from birth to end-of-life " The creation of the Doylestow n Healthcare Partnership, jointly ow ned by individual physicians and the health system, is designed to further improve clinical and financial integration to improve the quality and delivery of healthcare A strong emphasis is on preventive health services that not only encourage w ellness, but anticipates illness to prevent acute episodes and hospital readmissions To that end, the Doylestow n Healthcare Partnership has created a tool that helps estimate the risk of a hospitalization or readmission for chronically-ill patients The tool enables clinicians to be proactive in their outreach to patients at home Overview Doylestow n Health ========== Doylestow n Health is a connected system of inpatient, outpatient and community services that include Doylestow n Hospital ---------- Nationally and regionally recognized for high quality and innovation, the hospital may be the flagship of the health system but relies on care coordination w ith community physicians and the effectiveness of its many parts for success The Hospital has 232 beds and a Medical Staff of more than 425 physicians offering comprehensive healthcare services for all stages of life Doylestow n 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 state-of-the-art operating rooms and a treatment room for less invasive procedures Pine Run Retirement Community ---------- A retirement community w ith 272 cottages and 24 apartments situated on a 42-acre landscaped campus provides an active and engaging lifestyle for "Villagers" w ith shared and diverse interests Pine Run Health Center Health ---------- Renovations w ere completed in Spring 2015 for this multi-faceted facility w ith a 90-bed skilled nursing unit providing transitional and long-term care Along w ith rehabilitation, hospice and respite services, the Health Center also offers a separate and secure 40-bed personal care dementia and Alzheimers neighborhood Pine Run Lakeview ---------- Our personal care community encourages independence and supports every individual need, from fine dining to companionship Pine Run Lakeview is a 107-bed personal care center that includes an additional 13-bed secure dementia care neighborhood Doylestow n Hospital Home Health & Doylestow n Hospice ---------- The first home health care program in the Doylestow n area Our visiting nurses continue to provide reliable, compassionate, home-based care Doylestow n Hospital Hospice nurses make regularly scheduled visits to patients, providing expert pain management and symptom control techniques Doylestow n Health Physicians ---------- A part of the Doylestow n Hospital employed physician netw ork, these members of our care team specialize in a variety of areas including, cardiology, cardiothoracic surgery, general surgery, breast surgery, neurology and more Outpatient Services ---------- Tw o locations include Doylestow n Hospital and the Health & Wellness Center in Warrington, offering convenience and the same high quality that is the Doylestow n Health tradition Childrens Village ---------- Celebrating 30 years of caring and educating infants through kindergartners, Childrens Village offers a robust, aw ard-w inning, early childhood education program Licensed and accredited, the "village" is located on the hospital campus and cares for children of hospital Associates as w ell as children from the community Doylestow n Health Connections ---------- A collaboration betw een Doylestow n Health and community partners, such as the Cow hey Family ShopRite of Warminster This in-store health resource center w as created to benefit the community by offering health information, appointment scheduling and special health-focused events Doylestow n Health Foundation ---------- The Foundation Board of Directors, comprised of leaders from the Village Improvement Association, the community, and the health 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 community coalition of individuals, businesses and agencies w hose goal is to promote positive values, attitudes and behaviors among school-age children CB Cares is a partnership betw een Doylestow n Health and Central Bucks School District

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Doylestown Health Highlights ========== 1) THE RICHARD A REIF HEART INSTITUTE Doylestown Healths Richard A Reif Heart Institute is a nationally-recognized cardiac program with capabilities ranging from patient education and preventive heart health programs to technically-advanced minimally-invasive valve replacements and delicate open-heart surgeries to a robust cardiac rehabilitation program The Woodall Chest Pain Center, an extension of the Heart Institute, works with local ambulance services to ensure rapid treatment for heart attack even before a patient arrives in the Emergency Department The Heart Institute is a regional leader in electrophysiology procedures offering a wide array of treatment options for the management of atrial fibrillation, and is one of only a few centers in the region providing the Convergent Procedure, an advanced care option for hard-to-treat arrhythmias Recent technological innovations in heart care The Watchman device is a new option for patients with Atrial Fibrillation who cannot tolerate anticoagulants approved by the FDA in March 2015 and deployed for the first time at Doylestown Hospital in February 2016 The device helps prevent a stroke without the side effects of a blood thinner Transcatheter Aortic Valve Replacement (TAVR) is an advanced care option for patients needing a new aortic valve who cannot undergo traditional valve-replacement surgery TAVR is performed by the Heart Institutes multidisciplinary team of cardiac specialists that includes cardiologists, cardiac surgeons, interventional cardiologists 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 monitor irregular heartbeats - Mission Lifeline Gold Plus for heart attack treatment, - Get With The Guidelines Resuscitation Silver Award, - Heart Failure Gold Plus Award (fourth consecutive year), and - Blue Distinction Center of Excellence 2) EMERGENCY SERVICES The Emergency Department (ED) remains among the most technologically advanced and equipped ED units in the region With over 44,000 patients including nearly 8,000 pediatric patients, the Department offers a breadth of care options to the community 24 hours a day Excellence and speed of critical care is paramount and is notable when treating heart attack and stroke The unit is home to the Woodall Chest Pain Center for the rapid assessment of heart attack and also collaborates with Jefferson Hospital neuroscience specialists and its Jefferson Expert Teleconsulting system for emergency diagnosis and treatment of stroke Doylestown Hospitals ED was the recipient of the 2015 Guardian of Excellence Award from Press Ganey Associates The ED received this award for the fourth consecutive year It recognizes top-performing facilities that consistently achieve the 95th percentile of performance in patient satisfaction 3) STROKE SERVICES The stroke program took a significant leap forward through partnership with regional Emergency Medical Services to call a stroke alert from the field before ambulances arrive at the hospital, giving the care team a head-start in preparing for the patients arrival The partnership greatly reduced the time it takes for a patient to receive a potentially-lifesaving clot busting drug stroke and increased the number of patient receiving the treatment The hospitals partnership with regional EMS earned the Health Care Improvement Foundations 2015 Delaware Valley Patient Safety and Quality Award, presented in March 2016 Working with cardiac interventionalists, the stroke program also instituted a new procedure to mechanically retrieve clots causing a stroke via intra-arterial thrombectomy This procedure was previously done in academic centers by neurointerventionalists, but combination of training and equipment makes the procedure available in the community setting This development is especially significant because "time is brain" during a stroke and interventions must be very timely 4) 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, and - Blue Distinction Center + of Distinction for knee and hip replacements 5) THE CANCER INSTITUTE Accredited by the American College of Surgeons Commission on Cancer, The Cancer Institute provides quality care from board-certified physicians and oncology-certified practitioners This experienced team provides comprehensive, coordinated care centered on cancer prevention and screening, diagnosis, medical oncology, radiation oncology, surgery and survivorship and support programs As an integrated partner with Penn Radiation Oncology and the Penn Cancer Network, The Cancer Institute demonstrates excellence in community outreach, clinical services, quality improvement and research Cancer Institute Highlights Breast 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 Womens Diagnostic Center In addition to mammography, ultrasound and MRI can help find breast cancers that cannot be seen on a mammogram New to Doylestown Health is 3-D Mammography, or breast tomosynthesis, which provides certain patients with an additional option for detecting breast cancer in its earliest stages - Designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR) Gastrointestinal Cancers Endoscopic Ultrasound (EUS) This new procedure offers advanced endoscopy care close to home EUS combines endoscopy with ultrasound technology to create a more detailed view of the gastrointestinal tract and surrounding tissue and organs Using EUS, physicians can diagnose conditions that can be missed by other imaging modalities and can obtain biopsies in a less invasive manner with higher accuracy Lung Cancer The Cancer Institute established a low-dose CT lung cancer screening program for asymptomatic patients who meet the established criteria, with the goal of earlier detection, more accurate diagnoses and more effective treatments for lung cancer Endobronchial ultrasound (EBUS) is 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 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 6) MATERNITY AND CHILDRENS SERVICES Maternity care is at the very heart of Doylestown Hospital and has been since we opened our doors in 1923 The VIA 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 Childrens Hospital of Philadelphia neonatologists, is housed in the Maternity Center From prenatal to postpartum care, our highly skilled clinical team uses a family-focused approach to ensure happy and healthy moms and babies

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Doylestown Hospital continually strives for low ratio for early birth intervention such as early inductions, C-section rate and episiotomy 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 The Della-Penna Pediatric Center celebrated its first anniversary in October 2015 The center treats common conditions and enables 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 7) 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 8) IMAGING SERVICES The most advanced MRI technology available, designed for patient comfort The 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) 9) 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 10) 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 Major renovations on this multi-story, 90-bed facility were completed in Spring 2015 The Health Center serves many purposes, from short-term rehabilitation to long-term care, with private rooms and family friendly visiting areas, a choice of dining options and a clinic available for the day-to-day care of Pine Run Villagers residing on campus AWARDS AND ACCREDITATIONS ========== Doylestown Hospital ---------- - Doylestown Hospital has The Joint Commissions Gold Seal of Approval for accreditation by demonstrating compliance with standards for healthcare quality and safety, and - Listed among the countrys 100 Most Wired Hospitals and Health Systems Cardiology ---------- - American College of Cardiologys NCDR ACTION RegistryGWTG 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, and - Joint Commission Certification for Heart Failure Emergency Department ---------- - Recipient of the 2015 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), and - 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, and - 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, and - National Accreditation Program for Breast Centers Accreditation 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, and - Blue Distinction Center+ for Maternity Care DOYLESTOWN HEALTH COMMUNITY BENEFIT ACTIVITIES ========== Doylestown Health is devoted to the community it serves, and it sponsors and coordinates many charitable activities, which, described in the narrative below, identifies what is done daily by the health systems Associates and Volunteers Community Outreach & Benefit Activities ---------- ---------- 1) American Red Cross Donation The Hospital provides space on a weekly basis for a blood donation program conducted by the American Red Cross that benefits patients and the community Hospital space is valued at $15,000 2) Bucks County Childrens Museum Doylestown Health continues to offer a variety of child-friendly educational programs at the museum, including presentations on dental health, summer safety, the five senses and more Doylestown Healths exhibit, "Hospital" opened in May 2015 and continues to attract area families to experience a doctors visit, explore an ambulance and learn about the hospital environment with hands-on activities 3) 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 4) 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 FY2016 for a total of $15,083 5) CBTV Doylestown Health and Central Bucks Schools continue their partnership producing Health Matters with Doylestown Health, an educational program featuring expert guests from Doylestown Health, the school district and the community The show brings to light timely topics of interest to local families, and is produced and filmed by students studying broadcasting at CB South High School, who also act as co-hosts and help develop questions for the panel of guests Recent topics include childhood obesity, concussion, sleep and teen depression 6) Childrens Village Day Care Subsidies Childrens Village, on-site day care, welcomes children from low-income families in the area that are eligible for child-care subsidies $23,343 was written off for this

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	7) 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 residents of Bucks County The hospital provided the Clinic with offices and exam rooms at a nominal charge The Foundation assisted in some of the health needs of the patients that go beyond the resources of the Clinic with a contribution of $40,000 Other donations include medical lab testing, as well as senior managements time contributing to the Clinics Board During FY15-16 there were 3,188 visits to the medical program for 1,042 individual adults and children There were 875 treatment visits and 218 hygiene visits for the dental program for 298 adults and children There were 1,124 visits provided through the Social Service Program including 292 Medical Assistance and CHIP insurance applications There were 373 prescriptions filled from donated samples and 285 applications completed for Prescription Assistance Programs, as well as 94 free mammograms at a cost to the Hospital of $79,413 8) Community Education Calendar Doylestown Hospital published a quarterly calendar which is distributed to 246,000 households This calendar lists communications related to health education programs and classes The approximate cost of this publication is $182,855 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 a regular blog, Twitter and Facebook posts on a variety of topics An additional 2,500 e-newsletters are also sent The cost to produce and distribute these newsletters was $81,786 9) Community Garden Childrens Village, CB Cares and Doyle Elementary School collaborated to create a community garden to help young people plan, tend and harvest fresh vegetables Produce was donated to a local womens shelter and other families in need 10) Doylestown Health Connections This is a collaborative program between Doylestown Health and community partners, such as the Cowhey Family (ShopRite of Warminster) Health Connections 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 11) 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 Hospitals vendor and they help our patients through the process The Hospital is charged $475/application, if the applicant obtains eligibility HRIS has successfully obtained eligibility for 138 uninsured patients For this process, the Hospital paid HRSI $65,550, staff time cost incurred of $23,608 Cost of Trans Union Monthly fees totally $12,342 for the fiscal year 12) Lenape Valley Health Foundation This organization provides psychiatric coverage and clinical supervision for Unit Patients and psychiatric consultation services in the Hospitals Emergency Department This is a cost to the hospital of $374,234 13) Foundation Fund Raising Program The Foundations fund raising program requested unrestricted gifts for this fiscal year that would enable Doylestown Hospital to continue its mission of a responsive, healing environment for patients and their families Gifts benefited many departments of the hospital, especially the Heart Institute, Hospice and the Cancer Center Special events included a silent auction to benefit the Cancer and Hospice programs, a Heart Brunch, and a golf outing The Planned Giving program was successful, including the growth of the charitable gift annuity program 14) 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 $5,146 15) 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 835 community members, at a value of $20,383 16) "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 having conversations before the crisis, valued at $10,770 17) Pulse Line A phone line that is dedicated for community information, registration and referral Hospital staff screened applicants and referred patients with primary care and specialist physicians They also referred eligible patients to the Free Clinic of Doylestown Estimated staff time was 1,040 hours (20 hours/week for 2 operators) valued at 25,326 18) 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) 19) Scholarship Assistance 36 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 20) Community Business Sponsorships Throughout the year, Doylestown Hospital has made cash donations to assist local businesses, non-profits and cultural organizations provide programs and activities that improve and/or enhance the overall quality of life for the greater Central Bucks Community We believe that one way to keep community members safe, health and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents The total amount donated for sponsorships is $122,000 21) 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 $3,085 22) 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 LifeHospice Programs 50 paid hours and 10 donated hours at a cost of $5,071 plus refreshments and handouts at a cost of $75 23) 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 24) Adam Health Encyclopedia Health information is the 3rd most popular search on the internet The Hospital has an extensive health library on its website with over 4,000 health and wellness articles and covers over 1,500 medical topics The site has reference index and interactive tools At a cost to the Hospital of 20 paid professional hours at a cost of $885 and an annual license fee of $17,500 25) Clothing Donation Doylestown Hospital set up a "Tree of Warmth" which brought together warm gloves, hats, scarves and more for the women and children at "A Womans Place " Educational Programs ---------- 1) 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 $2,457 2) Lifestyle Lectures This was a series of informal educational lectures offered to the community by members of the medical staff The hospital coordin

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	3) Driver Safety Program This was a cooperative program with AARP that follows their rules for participation We provide room for 281 participants and 12 classes, which amounted to $1,250 in hospital donated costs 4) 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 $147,681 and the session helped 35,000 community individuals These programs improved the communitys health and quality of life through education 5) Breast Cancer Support Group Provided opportunities for educational and emotional support for breast cancer survivors and their families The Hospital provided education to 300 persons per month at a cost of $3,044 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 $3,346 6) 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 $2,198 7) Look Good, Feel Better This program provided support and resources for cancer patients undergoing chemotherapy 90 individuals attended and $1,114 was the value of staff and volunteer time and resources 8) 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 3,000 were educated with these programs, at a cost of $11,680 to the hospital 9) Stroke Support Group This monthly program addresses issues and the struggles that face stroke survivors and their families 144 persons served per month at a cost to the Hospital of $2,569 10) Joint Replacement PreOp Education This program is presented 9 times through the year This lecture addresses issues and concerns as well as what to expect both pre & post op and discharge of a joint replacement 525 persons served this year at a cost to the Hospital of $15,493 11) Walk with a Doc Doylestown Health brought the national walking and education program, "Walk With A Doc", to Doylestown in July 2015 The monthly programs have been popular ever since, with community members benefiting from short health lectures by various physicians followed by an energizing walk around the Doylestown Hospital campus Walks continue year-round, with special events in January and February (American Heart Month) The programs help motivate individuals to continue exercise for better health Over 300 persons participated with a cost to the Hospital of $18,744 12) Lung Cancer Prevention Great American Smokeout This program provides information on the prevention of lung cancer and the damage smoking has on your health Information was provided through brochures, web assisted programs were introduced and toll free resources were also provided This program served over 50 people with a cost to the Hospital of $512 13) Cancer Survivor Day Doylestown Healths Cancer Institute hosted a special program in honor of National Cancer Survivors Day to celebrate survivorship and those who have supported them along the way Dr Don Thomas, astronaut and author of Orbit of Discovery, presented the program "Overcoming Obstacles and Reaching for the Stars " The event was free and open to the public Over 50 people attended 14) I Can Cope This program was an educational series that addressed topics such as cancer and treatment, managing side effect, emotional concerns, fatigue and energy conservation and proper nutrition 15) Student Internship Summer Program This program with Students of the Gwynedd Mercy Cardiovascular Technology Program, Bucks and Montgomery County Community Colleges Nursing Program and Kettering College Echo Program and other local school program The students spend 2 weeks observing procedures in Cardiac Services, Echo and the Cath Lab to help them decide where they would like to focus their educational/career and education The Hospital also has 2 students from Temple University in the Physical Therapy Department of Rehab complete their educational requirements thru observation The value of this program is $194,166 for support staff, physicians and professional staff time 16) Student Internship Radiology Program 4 students from Bucks & Montgomery County Community Colleges Radiologic Technology Program, attend the Hospitals Department of Radiology on a rotation basis Students learn clinical skills that are important to their educational process Radiographers at the Hospital serve as clinical instructors for the students on a one to one ratio Doylestown Hospital does not receive a financial reward for this agreement The cost of this program to the Hospital is $120,061 17) Allied Health RCIS College Intern Program Students work with a Doylestown Hospital Cardiac Rehab Associate, developing their skills such as reading physician reports, collecting information for first visit patients, assessing skills, documenting meds, exercise evaluations, evaluating outcomes and discharging patients For the student college training, this is a mandatory clinical experience program The cost of this program to the hospital is $408,240 18) Smoking Cessation Program Programs were held using CDC Resources "Clearing the Air" 44 individuals were given help in quitting the habit smoking The hospitals overall contribution is valued at $1,250 19) Pediatric Outreach Program Programs were held throughout the Community to educate Central Bucks Nursing Students, Doylestown students from Pre-Kindergarten thru the second grade and the local Brown Troop Badge Program These topics provided information ranging from childrens nutrition, childhood obesity, protecting yourself from the sun, summer safety as well as first aid, household safety and poison prevention, dental health, hand hygiene and drug overdose programs Over 1,100 individuals were served with a cost to the hospital of $27,600 20) Pine Run Intern Program This Internship Program has 30 students from Temple University These students are therapeutic recreation majors and are here to observe and be educated on this field of study working at the Pine Run community The cost to Pine Run is $22,650 21) Pine Run Programs Pine Run sponsors numerous community lectures in its "Doc Tales" series These free physician lectures have explored topics including breast cancer awareness, blood pressure control, diseases of the chest and common eye problems Pine Run holds an annual Art Show in the spring and the annual Fall Festival brings families and community members to the Pine Run campus for a variety of family-friendly seasonal activities Maternity and Parenting Activities ---------- 1) Baby well This program educated 398 parents on how to care for their newborn $7,505 in staff time was devoted towards 24 community programs 2) Healthy Beginnings Program This is a program to bring prenatal health to the underserved in the Community This is mostly the ones without the ability to pay or those who have not yet enrolled or who are enrolled in Medicaid Much of our program deals with high risk patients and those with substance abuse problems There is a Physician, a social worker and a dietician, as well as two nurses who run the program The cost of this program was $469,755 3) Breastfeeding Education This program provides an increased understanding of the benefits of breastfeeding, which leads to improved nutrition/health of infants 278 individuals attended the 24 lectures that were held throughout the year The cost to the hospital is about $7,047 4) Childbirth Classes A program teaching the how-tos of childbirth served 518 people at a cost of $37,933 to the hospital through 24 courses series every day of the week except Friday Tours of the Birthing Center were also given to 107 families at a cost to the hospital of $1,598 5) Teen Parenting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 100 individuals were given free Childbirth instruction and 52 attended a support group called Building the Family $4,600 is the value of the meeting space

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	6) Child Development This program was in cooperation with the Central Bucks School District High school students toured the LDRP Unit They viewed and discussed familys admission from birthing room to postpartum room to the nursery Discussions were held on new borns and basic development, including ICN & types of infants admitted at Doylestown Hospital The program was presented on two dates, with 215 participants, including 1 teacher at a value of $6,231 7) Grand parenting Classes This program prepared grandparents-to-be on how to be support their children as they start their own family 68 individuals attended the course, with a cost to the Hospital of $2,203 for the 6 classes 8) Prenatal Refresher Classes This program refreshed nearly 10 parents-to-be, who already have delivered other children, on the childbirth experience $2,077 in staff time was devoted to this for 6 classes during the year 9) Sibling Education Classes A program designed to lessen a childs feelings of anxiety and jealousy There were 72 participants in 10 classes during the year at a cost to the Hospital of $3,696 School Age Activities ---------- 1) Parenting and Babysitting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 188 individuals were given babysitting instruction at a cost of $5,000 to the Hospital 2) School district programs Doylestown Hospital works with Central Bucks high schools to welcome TOPPS and Work-Based Learning special needs students to experience jobs within the hospitals dining services The goal is to prepare the students for employment once out of school 3) 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 4) Girl Scouts The hospital provided meeting space for 2 Girl Scout Troops Meeting space was valued at $5,400 5) Bucks County Down Syndrome Space was provided for monthly meetings at Childrens Village for the Bucks County Down Syndrome group Meeting space was valued at $750 6) Focus on Motherhood Family Home and Community Childbirth classes for Teen Parents meet at C V every Monday evening to prepare for childbirth Instruction is also provided for infant care, health & nutritional and life skills Meeting space is valued at $2,400 annually 7) Bereavement Group Meetings Space is provided monthly for these meetings at C V 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, Chamber of Commerce, Delaware Valley Healthcare Council, March of Dimes, Hospital Association of PA, Christs Home, Delaware Valley University, Shriners and Bucks County Boys 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 Hospitals managers also contribute their leadership and expertise to a variety of community boards, agencies, and projects During 2015-2016, a value of $140,000 in managers time was given, often during work time, to help some of the following community organizations - Advocacy Speeches - American Cancer Society - American Heritage FCU - American Red Cross Blood Drive - Ann Silverman Community Health Clinic - Bucks Co Hospital 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 Womens 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 - Gildas Club - Gwynedd Mercy Advisory Committee - Health and Housing Task Force - Heritage Conservancy - Lenape Valley Shriners 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 - Drexel University/Hahnemann College - Gwynedd Mercy College - Harcum College - Ithaca College - Lake Erie College of Osteopathic Medicine - LaSalle University - MCPHS University - Montgomery County Community College - Penn State University - Philadelphia College of Osteopathic Medicine - Robert Morris University - Salus University - South Carolina College of Pharmacy - Starr Technical Institute - St Francis University - SUNY Delhi - Temple University - Thomas Jefferson University - University of Delaware - University of Pennsylvania - University of the Sciences - University of St Francis - Upper Bucks Technical Institute - Widener 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 484 students were at least $408,240 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 Hospitals Director of Volunteer Services and is coordinated with a special seminar program conducted by the Doylestown Hospitals 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 nine 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 300 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 1) Health Screenings During the year, 750 individuals benefited from health screens Staff time donated to this effort is estimated at $74,150 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 2) Skin Cancer Screening This program screened 45 Patients with volunteer medical, nursing and clerical staff totaling $1,651 3) Prostate Cancer Screenings This program screened 27 patients with volunteer medical, nursing and clerical staff totaling $8,000 4) Lung Cancer Screenings This program screened 58 patients with volunteer medical, nursing and clerical staff totaling $1,287 5) Cancer Risk Screenings This program screened 84 patients with volunteer medical, nursing and clerical staff totaling $61,381 6) Fall Risk Screenings This program screened 58 patients with volunteer medical, nursing and clerical staff totaling $1,830 Influenza Immunizations Doylestown Hospital provided a community flu shot clinic in the fall of 2015 The value of this time to serve 877 individuals was $4,715 Vaccines were provided by the Bucks County Health Department

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	7) Influenza Immunizations Doylestown Hospital provided a community flu shot clinic in the fall of 2015 The value of this time to serve 877 individuals was $4,715 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 663 conference room hours and 127 professional hours of support were provided to more than 3,200 community members This amounted to $36,960 donated in space and professional staff time and hospital materials The following is a list of the groups that held regular meetings at the hospital - Alcoholics Anonymous - Alateen - Better Breathers Club - NTM (Nontuberculous Mycobacterium) - CADUCEUS - Eating Disorders Anonymous - Fibromyalgia - Autism - Insulin Pump - Lymphedema - Nursing Mothers - Parkinson's Disease - Prostate Cancer - Stroke - Pulmonary Hypertension - Alzheimer's Disease - Augustine Fellowship - Breast Cancer - Down's Syndrome Interest - Building the Family - Low Vision - Gamblers Anonymous - ICD (Implantable Defibrillator) - Lyme Disease - Multiple Sclerosis - Overeaters Anonymous - Pregnancy Loss - Scleroderma - Blindness - Diabetes - 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, 894 volunteers contributed 125,855 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 - Childrens Village - Dietary Menu - Emergency Department - Gift Shop/Cart - 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 - VIA Maternity Center - "No One Dies Alone" program In total, $127,234 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 VIAs mission to excellent local healthcare, $476,000 in salaries was budgeted for recruitment, orientation, management, retention and recognition of volunteers in patient transport, the gift shop, and throughout the patient services areas Charity Care to Community Members ---------- Doylestown Hospital and The Pine Run Community provides free medical care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Unreimbursed charges from Medical Assistance programs on behalf of patients that meet the hospitals charity care criteria are also considered charity care The Fiscal Year 2016 total for charity care is $10,122,229 Summary of Total Community Benefit Contribution Community Outreach and Benefit Activities $3,401,894 Educational Programs $532,325 Maternity and Parenting Activities $364,040 Teaching Programs $709,800 Cash $72,000 In-Kind Contributions $50,000 Volunteer Programs $127,250 Subsidized Health Services $2,355,038 Charity Care to Community Members $10,122,229 ---------- Total $17,734,576 Addendum Doylestown Hospital State of Program and Services ========== - Associate Health Services - Behavioral Health Service (EAP & Crisis Services) - Cardiac and Neurological Services (Diagnostic Cardiac Catheterization, Non-invasive Diagnostic Testing Services, Interventional Cardiology Procedures and EPS Studies Pacemakers, Device Implantation, Ablation) - Cardiovascular Surgery (CABG, Valve Replacements/Repairs) - Critical Care Units (Med/Surg Critical Care, Cardiovascular Critical Care) - Diabetes Education (Inpatient and Outpatient) Nutrition Education and Counseling - Emergency Services (Crisis Intervention, Observation/Holding Unit, SANE (Sexual Assault Nurse Examiner) Program, Domestic Violence) - Endoscopy (Gastroenterology, Pulmonology) - Enterostomal Therapy (Inpatient and Outpatient, Nursing Home Consultation, Wound Management and Continence Care) - Food and Nutrition Services (Weight Management classes adults and children, Nutritional Assessment and Counseling and 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 and 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) and Well Baby Nursery) - Medical Research (Clinical Trials) - Oncology (Inpatient and Outpatient and Outpatient Infusion Services) - Pastoral Care Services (Lay Chaplain) - Pharmacy - Radiology Services (CT Scanner, PET/CT Scanner, Diagnostic Radiology, Invasive and Special Procedures, Nuclear Medicine and 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 and Swallowing Test) - Respiratory Services (Pulmonary Function Testing and Pulmonary Rehab) - Case Management/Social Services (Psychosocial Assessments, Counseling, Complex Discharge Planning, Crisis Intervention, Financial Counseling, Adoption Options Counseling, Patient and Family Education, Information and Referral) - Surgical Services (Inpatient and Outpatient, Acupuncture, Cosmetic Dentistry, General Nerve Blocks, OB/Gyn, Ophthalmology, Oral/Maxillofacial, Orthopedics, Otolaryngology, Pediatric Dentistry, Plastic Surgery, Post-Anesthesia Care Unit, Pre-Admission Testing, Same Day Surgery (nerve blocks), Urology, Vascular) - Telemetry/Progressive Care - Visiting Nurse/Home Care (Adult and Infants (up to 1 year) Skilled Home Health Services, Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Social Services, Home Health Aides, Baby Bracelets (maternal/infant visiting nurse), Comprehensive Hospice Program) - Women's Diagnostic Center (Bone Densitometry, Mammography, Stereotactic Breast Biopsy)

Return Reference	Explanation
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT GOVERNING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE EXECUTIVE ASSISTANT TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION WHO GATHERS, INVENTORIES AND FILES THE COMPLETED QUESTIONNAIRES THEREAFTER, A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IS PREPARED AND REVIEWED BY THE ORGANIZATION'S CHIEF ACCOUNTING OFFICER AND PRESIDENT & CHIEF EXECUTIVE OFFICER THIS SUMMARY IS THEN PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS WHO REVIEWS AND MAKES DECISIONS ON HOW TO HANDLE CONFLICTS OF INTEREST AND ASSOCIATED MITIGATING BEHAVIOR TO BE TAKEN BY THE ORGANIZATION IF NECESSARY

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT GOVERNING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM The Foundation's BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & 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 AND SYSTEM TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & 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 INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT & CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

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

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

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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMNS A & B	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT GOVERNING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF DOYLESTOWN HEALTH, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE - CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS - ($5,715,574), - OTHER CHANGES IN ACCRUED RETIREMENT BENEFITS - ($10,616,437), - DECREASE IN INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, TEMPORARILY RESTRICTED - ($551,054), AND - DECREASE IN INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERMANENTLY RESTRICTED - ($744,415)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH, A TAX-EXEMPT GOVERNING HEALTHCARE DELIVERY SYSTEM ("SYSTEM") VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT GOVERNING ENTITY OF DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE FISCAL YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS OF THIS ORGANIZATION THE DOYLESTOWN HOSPITAL FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 12569321

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 8083749

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 5568413

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 5227206

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROCESSING FEES TOTAL FEES 1445356

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 1090897

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 776844

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

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

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

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

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 18901 23-3022645	FITNESS CENTER	PA		C CORP					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DOYLESTOWN HEALTH FOUNDATION	C	1,223,243	COST
(2) DOYLESTOWN HEALTH FOUNDATION	L	526,228	COST
(3) DOYLESTOWN HEALTH FOUNDATION	R	112,161	COST
(4) DOYLESTOWN HEALTH FOUNDATION	S	913,218	COST
(5) DOYLESTOWN HEALTH FOUNDATION	D	82,324	COST
(6) VIA AFFILIATES DBA DH PHYSICIANS	D	82,853	COST

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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
(1)	DOYLESTOWN HEALTH FOUNDATION	C	1,223,243	COST
(1)	DOYLESTOWN HEALTH FOUNDATION	L	526,228	COST
(2)	DOYLESTOWN HEALTH FOUNDATION	R	112,161	COST
(3)	DOYLESTOWN HEALTH FOUNDATION	S	913,218	COST
(4)	DOYLESTOWN HEALTH FOUNDATION	D	82,324	COST
(5)	VIA AFFILIATES DBA DH PHYSICIANS	D	82,853	COST