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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 $ 320,473,887

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 SYSTEM ("SYSTEM") CONTINUOUSLY IMPROVES THE QUALITY OF LIFE AND PROACTIVELY ADVOCATES FOR THE HEALTH AND WELL BEING OF THE INDIVIDUALS WE SERVE.

Activities & Governance

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	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3,273
6	Total number of volunteers (estimate if necessary)	6	757
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,478,700	4,239,163
9	Program service revenue (Part VIII, line 2g)	303,540,196	307,105,715
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,424,257	4,127,506
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,828,789	4,943,223
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,271,942	320,415,607

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	207,212	177,941
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)	146,664,900	149,075,468
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)	157,311,591	152,522,488
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	304,183,703	301,775,897
19	Revenue less expenses. Subtract line 18 from line 12	11,088,239	18,639,710

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	401,889,763	418,212,912
21	Total liabilities (Part X, line 26)	267,311,028	284,715,023
22	Net assets or fund balances. Subtract line 21 from line 20	134,578,735	133,497,889

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

****** 2020-07-13
Signature of officer 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
				P00642486

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 SYSTEM ("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 $ 257,363,942 including grants of $ 177,941) (Revenue $ 307,105,715)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ 257,363,942

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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	253		
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**	3,273		
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**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for 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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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-A 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) ▶								9,018,250	481,983	887,368

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 ▶ 133

			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
NORWOOD - MCMANUS II, 375 TECHNOLOGY DRIVE MALVERN, PA 19355	CONSTRUCTION	13,761,850
PARLEE AND TATEM RADIOLOGY, 595 W STATE STREET DOYLESTOWN, PA 18901	MEDICAL	4,127,469
DOYLESTOWN ANESTHESIA ASSOCIATES, 5039 SWAMP ROAD FOUNTAINVILLE, PA 18923	MEDICAL	3,659,922
ECLINICALWORKS LLC, PO BOX 847950 BOSTON, MA 02284	IT	1,748,396
HEERY INTERNATIONAL INC, 80 GLASTONBURY BLVD ATLANTA, GA 30326	PROJECT MANAGEMENT	1,728,431

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	3,561,710		
	e Government grants (contributions)	1e	557,000		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	120,453		
	g Noncash contributions included in lines 1a - 1f:$ _____				
	h Total. Add lines 1a-1f . . . . . ▶		4,239,163		

Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	285,956,050	285,956,050		
	b PINE RUN RESIDENT & ENTRY FEES	541900	13,576,756	13,576,756		
	c OTHER HEALTHCARE RELATED REVENUE	812300	7,572,909	7,572,909		
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a–2f . . . . ▶		307,105,715			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			4,184,986			4,184,986
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties . . . . . ▶			0			
		(i) Real	(ii) Personal				
	6a Gross rents	801,173					
	b Less: rental expenses						
	c Rental income or (loss)	801,173	0				
	d Net rental income or (loss) . . . . . ▶			801,173			801,173
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		800				
	b Less: cost or other basis and sales expenses	58,280					
	c Gain or (loss)	-58,280	800				
	d Net gain or (loss) . . . . . ▶			-57,480			-57,480
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **a**		0				
	b Less: direct expenses . . . **b**		0				
	c Net income or (loss) from fundraising events . . ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19 . . . **a**		0				
	b Less: direct expenses . . . **b**		0				
	c Net income or (loss) from gaming activities . . ▶			0			
	10a Gross sales of inventory, less returns and allowances . . **a**		0				
	b Less: cost of goods sold . . **b**		0				
	c Net income or (loss) from sales of inventory . . ▶			0			
	Miscellaneous Revenue		Business Code				
	11a CHILDRENS VILLAGE		900099	2,528,864			2,528,864
	b CAFETERIA/DIETARY		900099	1,372,408			1,372,408
	c GARAGE		900099	240,778			240,778
	d All other revenue						
	e Total. Add lines 11a–11d . . . . . ▶			4,142,050			
	12 Total revenue. See Instructions. . . . . ▶			320,415,607	307,105,715		9,070,729

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	177,941	177,941		
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, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,479,138	7,133,709	1,345,429	
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	121,238,161	101,770,733	19,467,428	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,235,526	2,789,768	445,758	
9 Other employee benefits	6,554,878	5,651,814	903,064	
10 Payroll taxes	9,567,765	8,249,616	1,318,149	
11 Fees for services (non-employees):				
a Management	84,976	72,512	12,464	
b Legal	131,949	112,596	19,353	
c Accounting	580,540	495,391	85,149	
d Lobbying	18,646	18,646		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	413,542	413,542		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,209,345	35,799,312	5,410,033	0
12 Advertising and promotion	1,389,649	1,185,825	203,824	
13 Office expenses	7,803,007	6,658,519	1,144,488	
14 Information technology	224,345	191,440	32,905	
15 Royalties	0			
16 Occupancy	7,190,035	6,135,453	1,054,582	
17 Travel	332,136	283,421	48,715	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	141,897	121,085	20,812	
20 Interest	6,099,727	6,099,727		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,903,295	18,565,963	3,337,332	
23 Insurance	3,911,767	3,338,018	573,749	
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	49,039,509	41,846,754	7,192,755	
b PATIENT FOOD & NOURISHMENTS	3,130,202	2,671,087	459,115	
c DUES,SUBSCRIPTIONS&LICENSES	1,268,934	1,082,816	186,118	
d REPAIRS & MAINTENANCE	758,432	647,191	111,241	
e All other expenses	6,890,555	5,851,063	1,039,492	
25 **Total functional expenses.** Add lines 1 through 24e	301,775,897	257,363,942	44,411,955	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	19,918	1	10,115
	2	Savings and temporary cash investments	5,676,147	2	14,663,088
	3	Pledges and grants receivable, net	556,991	3	557,991
	4	Accounts receivable, net	32,277,841	4	37,540,655
	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	8,919,690	8	8,827,299
	9	Prepaid expenses and deferred charges	3,555,455	9	3,668,047
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 541,363,230			
	b	Less: accumulated depreciation — 10b: 296,328,741	219,269,652	10c	245,034,489
	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	126,117,908	13	97,296,910
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,496,161	15	10,614,318
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	401,889,763	16	418,212,912
Liabilities	17	Accounts payable and accrued expenses	66,853,058	17	79,636,591
	18	Grants payable	0	18	0
	19	Deferred revenue	14,306,912	19	21,561,261
	20	Tax-exempt bond liabilities	148,067,670	20	143,100,576
	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	14,851,652	23	14,398,781
	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	23,231,736	25	26,017,814
	26	**Total liabilities.** Add lines 17 through 25	267,311,028	26	284,715,023
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	102,088,652	27	104,912,516
	28	Temporarily restricted net assets	32,490,083	28	28,585,373
	29	Permanently restricted net assets	0	29	0
		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	134,578,735	33	133,497,889
	34	Total liabilities and net assets/fund balances	401,889,763	34	418,212,912

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	320,415,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	301,775,897
3	Revenue less expenses. Subtract line 2 from line 1	3	18,639,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,578,735
5	Net unrealized gains (losses) on investments	5	589,579
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	-20,310,135
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,497,889

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 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING EMERGENCY AND 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 SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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			
JOAN PARLEE CHAIR - DIRECTOR	8.0 19.0	X		X				0	0	0
BEVERLY COLLER CAMPBELL VICE CHAIR/TREAS - DIRECTOR	6.0 3.0	X		X				0	0	0
SARA MOYER SECRETARY - DIRECTOR	6.0 0.0	X		X				0	0	0
MARIANNE E CHABOT ASST SEC/ASST TREAS-DIRECTOR	5.0 9.0	X		X				0	0	0
NICOLE BOYTIN DIRECTOR	3.0 0.0	X						0	0	0
JAMES L BREXLER FACHE DIRECTOR - PRESIDENT & CEO	55.0 0.0	X		X				1,310,364	0	250,974
KIERAN CODY MD DIRECTOR	5.0 0.0	X						10,000	0	0
PATRICK COUNIHAN DIRECTOR	3.0 3.0	X						0	0	0
PATRICIA GORSKY DIRECTOR	3.0 0.0	X						0	0	0
JOYCE HANSON DIRECTOR	3.0 17.0	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 0.0	X						0	0	0
SCOTT S LEVY MD DIRECTOR - VP & CMO	55.0 0.0	X		X				1,837,057	0	140,400
ERIC A MARCHANT MD DIRECTOR	55.0 0.0	X						0	137,396	9,318
BRIAN MCLEOD DIRECTOR	3.0 0.0	X						0	0	0
CHRISTOPHER NARDO DIRECTOR	3.0 0.0	X						0	0	0
PHILLIP PAINO DIRECTOR	3.0 0.0	X						0	0	0
MARY ELLEN PELLETIER DIRECTOR	55.0 0.0	X						0	344,587	32,640
BARBARA ANN PRICE DIRECTOR	3.0 9.0	X						0	0	0
FRED SCHEA CPA CMA DIRECTOR	3.0 0.0	X						0	0	0
CORY H SCHROEDER DIRECTOR	3.0 6.0	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			
CHRISTINA THOMPSON DIRECTOR	3.0 3.0	X						0	0	0
ELEANOR WILSON RN MSN MHA DIRECTOR - VP & COO	55.0 0.0	X		X				499,726	0	21,497
DANIEL L UPTON VP & CHIEF FINANCIAL OFFICER	55.0 0.0			X				484,011	0	30,792
RICHARD D LANG VP & CHIEF INFORMATION OFFICER	55.0 0.0			X				935,837	0	106,132
BARBARA A HEBEL VP & CHIEF HUMAN RES. OFFICER	55.0 0.0			X				781,477	0	24,346
JOHN B REISS JD VP & GENERAL COUNSEL	55.0 0.0			X				478,207	0	10,772
SHERI PUTNAM VP STRAT INIATIVES & INTEGRAT	55.0 0.0			X				319,115	0	27,300
LAURA K WORTMAN VP & CHIEF DEVELOPMENT OFFICER	55.0 0.0			X				259,299	0	31,727
PATRICIA A STOVER RN CHIEF NURSING OFFICER	55.0 0.0			X				254,942	0	14,908
MATTHEW F COSTELLO SENIOR EXEC DIR HOSPITAL OPS	55.0 0.0				X			285,723	0	34,246

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			
MARIA SANTANGELO EXEC DIR - PINE RUN COMMUNITY	55.0 0.0				X			118,482	0	6,443
KENNETH COBURN MD DRPH FACP PRESIDENT/CEO - HQP	55.0 0.0				X			199,652	0	5,710
STEVEN DAY JR DIRECTOR - RISK SERVICES	55.0 0.0					X		223,580	0	29,418
ANTHONY J PACK PA PHYSICIAN ASSISTANT	55.0 0.0					X		198,956	0	30,915
JAMES NELSON MEDICAL DIRECTOR - CASE MGMT	55.0 0.0					X		193,668	0	25,526
ELIZABETH SEEBER CHIEF ACCOUNTING OFFICER	55.0 0.0					X		187,892	0	24,999
KENNETH GERACE BS LP CCP CHIEF PERFUSIONIST	55.0 0.0					X		166,949	0	29,305
CATHLEEN Q STEWART FORMER KEY EMPLOYEE	0.0 0.0						X	273,313	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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 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						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI). **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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352174

Name: DOYLESTOWN HOSPITAL

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196017390

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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.		

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.

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-.		

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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		18,646
j	Total. Add lines 1c through 1i			18,646
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 $18,646 FOR THE FISCAL YEAR ENDED JUNE 30, 2019.

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 7/25/06, 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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	16,950,823		16,950,823
b Buildings	0	177,862,672	94,724,691	83,137,981
c Leasehold improvements	0	75,356,975	29,295,378	46,061,597
d Equipment	0	202,357,612	162,998,697	39,358,915
e Other	0	68,835,148	9,309,975	59,525,173
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				245,034,489

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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	231,043	F
(2) INCOME; LIMITED USE	32,635,074	F
(3) EQUITIES; LIMITED USE	13,558,351	F
(4) EQUITIES; LIMITED USE	15,094,492	F
(5) FIXED INCOME; LIMITED USE	1,359	F
(6) LIMITED USE	6,068,649	F
(7) ORGANIZATION	28,560,323	F
(8) INVESTMENTS IN OTHER ENTITIES	1,147,619	F
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	97,296,910	

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	0
PAYOR SETTLEMENTS	7,412,477
OTHER LIABILITIES	6,086,578
INTEREST RATE SWAPS	12,518,759
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	26,017,814

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE FINANCIAL STATEMENTS O F DOYLESTOWN HOSPITAL FOR THE YEAR ENDED JUNE 30, 2019. THE FOLLOWING IS THE TEXT OF THE F OOTNOTE INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUN E 30, 2019 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 IN CLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. IN ADDITION, THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYST EM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYSTEM. THE SYSTEM ISSUES AUDITED CON SOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THIS ORGANIZA TION. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES O N AN ENTITY BY ENTITY BASIS. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE SYS TEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2019 THAT REPO RTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): A TAX POSIT ION IS RECOGNIZED OR DERECOGNIZED BY THE SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOL D. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOE S NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POS ITIONS.

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2018

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: ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			2,902,805		2,902,805	0.960 %
b Medicaid (from Worksheet 3, column a)			17,195,743	8,598,948	8,596,795	2.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			20,098,548	8,598,948	11,499,600	3.810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,921,242	605,910	3,315,332	1.100 %
f Health professions education (from Worksheet 5)			702,664		702,664	0.230 %
g Subsidized health services (from Worksheet 6)			20,187,485	8,984,820	11,202,665	3.710 %
h Research (from Worksheet 7)			502,278	275,462	226,816	0.080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			495,904	24,745	471,159	0.160 %
j **Total.** Other Benefits			25,809,573	9,890,937	15,918,636	5.280 %
k **Total.** Add lines 7d and 7j			45,908,121	18,489,885	27,418,236	9.090 %

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

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

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,111,909		
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	1,169,599		
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	82,437,288	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	87,930,108	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,492,820	
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	DOYLESTOWN HEALTH-				
4	CARE PARTNERSHIP	INTEGRATIVE HEALTHCARE NTWK	50 %		50 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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	
6 a	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 18			
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
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 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 Was widely publicized 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** ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- **h** ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- **i** ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- **j** ☐ Other (describe in Section C)

Part V Facility Information *(continued)*

Billing and Collections

DOYLESTOWN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	**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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

DOYLESTOWN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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. 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 SYSTEM 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.

990 Schedule H, Supplemental Information

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. EFFECTIVE JULY 1, 2018, THE CORPORATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS UPDATE ("ASU") 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS, USING THE MODIFIED RETROSPECTIVE METHOD OF APPLICATION, AS PERMITTED BY THE STANDARD, TO ALL CONTRACTS EXISTING AT JULY 1, 2018. THE CORE PRINCIPLE OF THE NEW GUIDANCE IS THAT AN ENTITY SHOULD RECOGNIZE REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICES TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THESE GOODS AND SERVICES. THE ADOPTION OF THE STANDARD RESULTED IN A CUMULATIVE EFFECT ADJUSTMENT OF $5,229,300 RECORDED AGAINST THE BEGINNING NET ASSET VALUE AS OF JULY 1, 2018, RESULTING FROM A MODIFICATION OF THE TIMING OF THE RECOGNITION OF REVENUE FOR CERTAIN PAYMENTS RELATED TO THE CORPORATIONS CONTINUING CARE RETIREMENT COMMUNITY. WITH THE ADOPTION OF ASU 2014-09, THE CORPORATION NOW RECOGNIZES ITS PREVIOUSLY REPORTED PROVISION FOR BAD DEBTS, PRIMARILY RELATED TO ITS SELF-PAY PATIENT POPULATION, AS A DIRECT REDUCTION TO REVENUES AS AN IMPLICIT PRICING CONCESSION, INSTEAD OF SEPARATELY AS A DISCRETE DEDUCTION TO ARRIVE AT NET PATIENT SERVICE REVENUE. PERIODS PRIOR TO ADOPTION HAVE NOT BEEN DISPLAYED TO CONFORM TO THE NET PRESENTATION OF A SINGLE NET PATIENT SERVICE REVENUE TOTAL IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. THE CORPORATION'S REVENUE RECOGNITION AND ACCOUNTS RECEIVABLE POLICIES ARE MORE FULLY DESCRIBED IN NOTES B AND C OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. PLEASE REFER TO THE PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 1 (PAGES 11, 12, 14 & 15) OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE ORGANIZATION'S REVENUE RECOGNITION.

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, RELIGION OR ABILITY TO PAY, AND CONSISTENT WITH THE COMMUNITY BE NEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STAND ARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTER NAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 5 01(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, I NCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE: IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS A PPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE C RITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIG INAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IR S 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 T HE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FO R IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHAR ITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASI ZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED T O MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUC H CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY Q UALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVE L OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUN DING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS I SSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENT S RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDA RD DEVELOPED 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 I N THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD P AY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT T HE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPL E IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED L EGAL 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 ADVANCE MENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE, EVEN THOUGH THE CLASS OF BENEFICIARIES E LIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF TH E COMMUNITY, 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 HOSPI TAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE CO MMUNITY" BECAUSE 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 HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITI

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	ES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEG ES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THIS ORGANIZATION BELIEVES THAT MEDICARE UN DERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE FORM 990, SCHEUDLE H, PART I. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDI CARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON T HE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLIN ED IN THE AHA 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 INDICATED THAT THE IRS SHOULD INCORPORAT E THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDE RPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVI DING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUN ITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECEN TLY, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 200 7 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHIN G A 10-YEAR LOW AT NEGATIVE 5.4%. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNT ERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE IN COME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARI ES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES." THERE IS EVERY COMPELLING PUBLI C POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A H OSPITAL'S COMMUNITY BENEFIT AND TO INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. ME DICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE C OMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMM UNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZA TION ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMP ELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT A S FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WH O, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR T HE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET O FFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED T WO STUDIES INDICATING "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH IN COMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS EMBRACE THEIR MISSION AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIE NTS WHO HAVE OUTSTANDING HOSPITAL INVOICES ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. B AD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY C ARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRE D TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING C HARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNC OMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING T HE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION RE INFORCES THAT THEY ARE GENER

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	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.

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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, 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.

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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.

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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. DOYLESTOWN HOSPITAL'S PRIMARY SERVICE AREA POPULATION SIZE IS ESTIMATED AT 371,362 RESIDENTS AND THE SECONDARY SERVICE AREA AT 441,771 RESIDENTS. FOR THIS CHNA REPORT, THE SERVICE AREA, ALSO REFERRED TO AS THE DOYLESTOWN HOSPITAL COMMUNITY, INCLUDES 45 ZIP CODES IN BUCKS AND MONTGOMERY COUNTIES SEPARATED INTO A PRIMARY AND SECONDARY MARKET AREA. ZIP CODES IN THE PRIMARY SERVICE AREA INCLUDE: 18913, 18933, 18902, 18923, 18949, 18926, 18921, 18901, 18912, 18963, 18947, 18950,18920, 18972, 18928, 18914, 18934, 18938, 18916, 18925, 18953, 18942, 18917, 18931, 18911, 19454, 18915, 18927, 18962,18944, 19446, 18940, 18943, 18946, 18980, 18956, 18922, 18930, 19040, 18974, 18976, 19044, 18929, 18954 ZIP CODES IN THE SECONDARY SERVICE AREA INCLUDE: 18951,18960, 18966, 18964, 19002, 18969, 19438, 19053, 18077, 19090, 19067, 19006, 19047, 19020, 19001, 19038, 18910, 18977, 18054 THE FOLLOWING COMMUNITY DEMOGRAPHICS WERE REPORTED IN THE ORGANIZATIONS 2019 CHNA: DEMOGRAPHIC CHARACTERISTICS ========== POPULATION SIZE ---------- THE ESTIMATED POPULATION SIZE OF THE DOYLESTOWN PRIMARY SERVICE AREA IS 371,362 AND 441,771 FOR THE SECONDARY SERVICE AREA. THE ESTIMATED POPULATION OF DOYLESTOWN PRIMARY SERVICE AREA INCREASED BETWEEN 2010 AND 2018 BY ABOUT 3%, WHILE THE DOYLESTOWN SECONDARY SERVICE AREA POPULATION NEGLIGIBLY DECREASED (-0.2%). AMONG ALL AGE GROUPS, THE OLDER ADULT (OA) POPULATION (65+ YEARS OLD) IS PROJECTED TO INCREASE SUBSTANTIALLY BY 2023: - 16% FOR THE DOYLESTOWN PRIMARY SERVICE - 14% FOR THE SECONDARY SERVICE AREA AGE/GENDER ---------- THE AGE BREAKDOWN IN THE DOYLESTOWN PRIMARY AND SECONDARY SERVICE AREAS IS COMPARABLE. TWENTY PERCENT OF RESIDENTS IN DOYLESTOWN PRIMARY SERVICE AREA ARE BETWEEN 0-17 YEARS OLD, 19% ARE 18-34 YEARS OLD, 42% ARE 35-64 YEARS OLD AND 19% ARE 65+ YEARS OLD. LIKEWISE, GENDER IS SIMILAR FOR DOYLESTOWN PRIMARY (49% MALES; 51% FEMALES), DOYLESTOWN SECONDARY (49% MALES; 52% FEMALES) AND SEPA REGION (48% MALES; 52% FEMALES). RACE/ETHNICITY ---------- RACIALLY AND ETHNICALLY, THERE ARE SOME DIFFERENCES BETWEEN DOYLESTOWN PRIMARY SERVICE AREA AND DOYLESTOWN SECONDARY SERVICE AREA; HOWEVER, THE POPULATION IS HOMOGENOUS WHEN COMPARED TO THE SEPA REGION.28 THE MAJORITY OF RESIDENTS IN THE DOYLESTOWN PRIMARY AND SECONDARY SERVICE AREAS IDENTIFY AS WHITE (87% AND 84%, RESPECTIVELY). DOYLESTOWN PRIMARY SERVICE AREA HAS FEWER RESIDENTS THAT IDENTIFY AS BLACK (3%) COMPARED TO DOYLESTOWN SECONDARY SERVICE AREA (6%). SEVEN PERCENT OF DOYLESTOWN PRIMARY SERVICE AREA RESIDENTS IDENTIFY AS ASIAN, 3% IDENTIFY AS "OTHER RACE4% IDENTIFY AS LATINO ETHNICITY. SIX PERCENT OF DOYLESTOWN SECONDARY SERVICE AREA RESIDENTS IDENTIFY AS ASIAN, 4% IDENTIFY AS "OTHER" RACE AND 5% IDENTIFY AS LATINO ETHNICITY. THE SEPA REGION HAS MORE MINORITY RESIDENTS, NOTABLY BLACK (22%) AND LATINO (9%). SOCIOECONOMIC INDICATORS ========== SOCIOECONOMIC CHARACTERISTICS SUCH AS EDUCATIONAL ATTAINMENT, EMPLOYMENT, AND INCOME IMPACT HEALTH STATUS AND ACCESS TO CARE. HIGH LEVELS OF EDUCATIONAL ATTAINMENT ARE RELATED TO INCREASED HEALTH LITERACY, HEALTHIER BEHAVIORS, AND IMPROVED HEALTH STATUS. EMPLOYMENT AND INCOME AFFECT INSURANCE STATUS AND THE ABILITY TO PAY OUT-OF-POCKET FOR HEALTH CARE EXPENSES. OVERALL, DOYLESTOWN SERVICE AREA RESIDENTS HAVE HIGHER EDUCATIONAL ATTAINMENT, LOWER UNEMPLOYMENT, LESS FAMILIES IN POVERTY AND GREATER HOUSEHOLD INCOME COMPARED TO SEPA. THERE ARE SOME DIFFERENCES IN SOCIOECONOMIC CHARACTERISTICS BETWEEN THE DOYLESTOWN PRIMARY AND SECONDARY SERVICE AREAS. INCOME AND POVERTY ---------- THE MEDIAN HOUSEHOLD INCOME IN 2018 WAS: - $100,424 IN THE DOYLESTOWN PRIMARY SERVICE AREA - $90,353 IN THE DOYLESTOWN SECONDARY SERVICE AREA - $70,807 IN THE SEPA REGION THE PERCENTAGE OF FAMILIES LIVING IN POVERTY WITH CHILDREN AND WITHOUT CHILDREN IN DOYLESTOWN PRIMARY SERVICE AREA IN 2018 WAS 5% AND 2%, RESPECTIVELY. IN DOYLESTOWN SECONDARY SERVICE AREA, 6% OF FAMILIES WITH CHILDREN LIVED IN POVERTY AND 3% OF FAMILIES WITHOUT CHILDREN LIVED IN POVERTY. COMPARATIVELY, 16% OF FAMILIES WITH CHILDREN LIVED IN POVERTY AND 5% OF FAMILIES WITHOUT CHILDREN LIVED IN POVERTY IN THE SEPA REGION. EMPLOYMENT ---------- IN 2018, 5% OF RESIDENTS IN DOYLESTOWN PRIMARY SERVICE AREA WERE UNEMPLOYED, 6% OF RESIDENTS IN DOYLESTOWN SECONDARY SERVICE AREA WERE UNEMPLOYED, AND 8% OF RESIDENTS IN THE REMAINDER SEPA REGION WERE UNEMPLOYED. EDUCATION --------- FORTY-SEVEN PERCENT OF DOYLESTOWN PRIMARY SERVICE AREA RESIDENTS HAVE AT LEAST A COLLEGE DEGREE, COMPARED TO 42% OF RESIDENTS IN THE SECONDARY SERVICE AREA AND 37% IN THE REMAINDER SEPA REGION.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 5	DOYLESTOWN HOSPITAL IS 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.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	NOT-FOR-PROFIT VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES: VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ---------- VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ("THE VIA") IS A NOT-FOR-PROFIT HOLDING COMPANY BASED IN DOYLESTOWN, PENNSYLVANIA. AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, THE VIA STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING BUCKS AND MONTGOMERY, PENNSYLVANIA AND HUNTERDON AND MERCER, NEW JERSEY. THE VIA IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE VIA ENSURES THAT DOYLESTOWN HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN 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 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL RESTS WITH ITS BOARD OF 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. 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 296 INDEPENDENT LIVING UNITS, A 90-BED NURSING FACILITY AND A 40-BED PERSONAL CARE FACILITY AT ITS MAIN CAMPUS AND AN ADDITIONAL 106-BED PERSONAL CARE FACILITY ON A SEPARATE CAMPUS, BOTH LOCATED IN BUCKS COUNTY, PENNSYLVANIA. DOYLESTOWN HEALTH FOUNDATION ---------- DOYLESTOWN HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL; A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. VIA AFFILIATES (D/B/A DOYLESTOWN HEALTH PHYSICIANS) ---------- VIA AFFILIATES ("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.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 7	NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA. THE COMMONWEALTH OF PENNSYLVANIA DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 5	IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT("CHNA") THE HOSPITAL FACI LITY DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COM MUNITY SERVED BY THE ORGANIZATION. THE ORGANIZATIONS CHNA WAS COMPLETED USING A DATA AND P ARTNERSHIP DRIVEN APPROACH TO INFORM ITS DEVELOPMENT. AS PART OF THIS PROCESS, DOYLESTOWN HOSPITAL CONTRACTED WITH PUBLIC HEALTH MANAGEMENT CORPORATIONS ("PHMC") RESEARCH & EVALUAT ION GROUP ("REG"), TO COLLECT AND ANALYZE DATA, AS WELL AS ENGAGE THE COMMUNITY RESIDENTS AND KEY STAKEHOLDERS SERVING THE COMMUNITY. MULTIPLE DATA SOURCES AND A VARIETY OF DATA CO LLECTION METHODS WERE USED TO COMPREHENSIVELY CHARACTERIZE THE POPULATIONS AND INFORM UNDE RSTANDING OF COMMUNITY HEALTH NEEDS. DATA SOURCES INCLUDED: - THE 2018 SOUTHEASTERN PENNSY LVANIA HOUSEHOLD HEALTH SURVEY ("SEPA HHS"), THE R&E GROUP DEVELOPED AND HAS FIELDED THE S EPA HHS FOR THE PAST 35 YEARS. THE 2018 SEPA HHS WAS ADMINISTERED TO 7,501 HOUSEHOLDS, USI NG A RANDOM-DIGIT DIAL PHONE SURVEY METHOD, ACROSS MONTGOMERY, CHESTER, DELAWARE, PHILADEL PHIA, AND BUCKS COUNTIES. THE SEPA HHS PROVIDES A UNIQUE AND COMPREHENSIVE SOURCE OF HEALT H-RELATED DATA, SOLELY FOCUSED ON THE SEPA REGION. ADDITIONALLY, THE SEPA HHS OFFERS UNIQU E INSIGHTS INTO THE LOCAL HEALTH AND SOCIAL SERVICES ISSUES AND LANDSCAPES, AND INCLUDES Q UESTIONS UNAVAILABLE FROM OTHER SOURCES. IT IS THE PRINCIPAL DATA SOURCE FOR THE ORGANIZAT IONS CHNA REPORT. IN-DEPTH SURVEY METHODOLOGY AND ACCOMPANYING DOCUMENTATION CAN BE FOUND AT HTTP://WWW.CHDBDATA.ORG. - 2018 UNITED STATES CENSUS DATA ESTIMATES PROVIDED BY CLARITA S POP-FACTS PREMIER PROVIDED A PICTURE OF THE SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTIC S OF DOYLESTOWN HOSPITAL'S SERVICE AREA. CENSUS-BASED DEMOGRAPHIC DATA ARE DERIVED FROM 20 18 CLARITAS POP-FACTS PREMIER AND PROCESSED BY PHMC. CLARITAS POP-FACTS PREMIER IS A PROPR IETARY DATABASE COMPRISED OF DEMOGRAPHIC DATA ADAPTED FROM THE U.S. CENSUS, AMERICAN COMMU NITY SURVEY (ACS) AND OTHER KNOWN AND HIGHLY UTILIZED DATA SOURCES, SUCH AS RESIDENTIAL DA TA FROM THE U.S. POSTAL SERVICE, UTILITY COMPANIES AND MARKETING FIRMS. - VITAL STATISTICS DATA FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH DETAILS TRENDS IN LEADING CAUSES OF DEATH , CANCER INCIDENCE, AND BIRTH OUTCOMES. VITAL STATISTICS IN SEPA ARE FOR THE ENTIRE REGION AND DOES NOT EXCLUDE DOYLESTOWN SERVICE AREA ZIP CODES. - COMMUNITY FORUM DATA FROM KEY C OMMUNITY MEMBERS AND CONSTITUENTS WAS ALSO COLLECTED FROM STAKEHOLDERS IN THE DOYLESTOWN H OSPITAL SERVICE AREA. DOYLESTOWN HOSPITAL STAFF IDENTIFIED A LIST OF POTENTIAL PARTICIPANT S BASED ON THEIR KNOWLEDGE AND INVOLVEMENT IN THE COMMUNITY. THEMATIC AND DESCRIPTIVE ANAL YSIS OF DATA ELUCIDATED ADDITIONAL, UNIQUE HEALTH-RELATED BARRIERS, NEEDS, RESOURCES, AND STRENGTHS OF PROMINENT POPULATION SUBGROUPS FOR EXAMPLE, OTHERWISE LIMITED IN SCOPE OR UNA BLE TO BE CAPTURED BY BROADBAND, QUANTITATIVE MEANS. - THE CHNA ALSO INCORPORATES BROAD ME ASURES RELATED TO HEALTH AND W

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 5	ELL-BEING, INCLUDING HEALTHY PEOPLE 2020 GOALS, AS A COMPARATOR FOR FINDINGS FROM SECONDAR Y DATA ANALYSES, AND TO ASSIST WITH PRIORITIZATION OF HEALTH NEEDS IN THE COMMUNITY.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 6B	DOYLESTOWN HOSPITAL ENGAGED PUBLIC HEALTH MANAGEMENT CORPORATION ("PHMC") TO HELP CONDUCT ITS 2016 CHNA. PHMC IS A 501(C)(3) NON-PROFIT CORPORATION FOUNDED IN 1972. PHMC SERVES AS A FACILITATOR, DEVELOPER, INTERMEDIARY, MANAGER, ADVOCATE, INNOVATOR, AND RESEARCHER IN THE FIELD OF PUBLIC HEALTH. THE RESEARCH & EVALUATION GROUP (R&E GROUP) AT PHMC HAS EXTENSIVE EXPERIENCE WORKING IN APPLIED RESEARCH AND EVALUATION OF HEALTH SERVICES, PUBLIC HEALTH, SOCIAL SERVICES, AND EDUCATION SYSTEMS IN THE SOUTHEASTERN PENNSYLVANIA REGION. WITH MORE THAN 50 SUCCESSFULLY COMPLETED CHNAS SINCE 2013, R&E GROUP BRINGS A WEALTH OF EXPERTISE AND CONTENT KNOWLEDGE TO THE CHNA PROCESS. R&E GROUP DEVELOPS CHNAS IN PARTNERSHIP WITH OUR CLIENTS, USING A NUMBER OF DATA-ORIENTED APPROACHES, TO BEST INTEGRATE SECONDARY AND PRIMARY DATA IN ORDER TO DESCRIBE THE MOST PRESSING HEALTH-RELATED NEEDS OF HOSPITALS SERVICE POPULATIONS. THE ORGANIZATION LEVERAGES DATA TO PRODUCE ACTIONABLE CHNAS THAT DETAIL THE HEALTH-RELATED CHARACTERISTICS, REAL WORLD IMPLICATIONS, AND COMMUNITY HEALTH NEEDS OF HOSPITALS COMMUNITIES.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 7	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATIONS CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED WITHIN THE SYSTEM'S WEBSITE: WWW.DOYLESTOWNHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-BENEFIT

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 10	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATIONS IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED WITHIN THE SYSTEM'S WEBSITE: WWW.DOYLESTOWNHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-BENEFIT

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 11	BASED ON OUR HOSPITALS STRENGTHS AND THE OUTCOMES OF THE CHNA, IT HAS PRIORITIZED FIVE KEY AREAS FOR INTERVENTION DURING THE NEXT THREE-YEAR PERIOD (FY 2019-2021): 1. HEALTH BEHAVIORS 2. MENTAL HEALTH 3. SCREENINGS 4. OLDER ADULT HEALTH 5. ACCESS TO CARE PRIORITIZING COMMUNITY HEALTH NEEDS ---------- WHILE THE OVERALL HEALTH INDICATORS COMPARED FAVORABLY WITH LOCAL AND REGIONAL NORMS, AND THE NATIONAL HEALTHY PEOPLE 2020 GOALS, THE ISSUES IDENTIFIED ABOVE WERE MENTIONED IN THE ASSESSMENT AS POTENTIAL AREAS FOR INTERVENTION AND IMPROVEMENT. ADDITIONALLY, SPECIFIC DEMOGRAPHICAL COMMUNITY FORUMS WERE HELD IN CONJUNCTION WITH THE ASSESSMENT TO IDENTIFY PRIORITY HEALTH CONCERNS FOR PEDIATRIC, GENERAL, AND SENIOR POPULATIONS. ON-GOING COMMUNITY FORUMS WILL INCREASE THE COMMUNITY PARTNERSHIPS TO STRATEGICALLY HONE IN ON KEY HEALTH OBJECTIVES TO INCREASE EFFECTIVENESS AND OUTCOMES. A SYSTEM-WIDE STRATEGIC PLANNING PROCESS TOOK PLACE IN JUNE 2013, WHICH IDENTIFIED KEY STRATEGIC DRIVERS TOWARD THE GOAL OF REMAINING RELEVANT AND INDISPENSABLE TO OUR COMMUNITY AND THE MARKETPLACE. THE FOLLOWING CHNA IMPLEMENTATION PLAN IS DESIGNED TO WORK IN CONJUNCTION WITH THE STRATEGIC PLAN TO MEET IDENTIFIED GAPS IN OUR COMMUNITY. AS OF JULY 2019, DOYLESTOWN HOSPITAL ADOPTED A REALLOCATION OF RESOURCES THAT CREATED A UNIFIED APPROACH IN ADDRESSING THE COMMUNITY HEALTH NEEDS ASSESSMENT. THROUGH THIS REALLOCATION PROCESS, A UNIFIED DEPARTMENT; STRATEGIC INNOVATIONS AND OUTREACH WAS DEVELOPED TO EXECUTIVE ALL LEVELS OF THE COMMUNITY HEALTH NEEDS IN A DIRECTED FOCUS TO CREATE CONSISTENCY AND EFFICIENCY THROUGHOUT THE HEALTH SYSTEM. THROUGH THIS TEAM, COLLABORATION AMONG HEALTH SYSTEM SERVICE PROVIDERS WILL BE COORDINATED TO DRIVE COMMUNITY HEALTH CHANGE. OVER THE COURSE OVER THE NEXT THREE YEARS, THE FIVE KEY FOCUS AREAS LISTED ABOVE WHICH WERE IDENTIFIED IN THE 2019 CHNA WILL BE CORE FOCUS AREAS FOR THE HEALTH SYSTEM. PLEASE REFER TO THE ORGANIZATIONS IMPLEMENTATION STRATEGY WHICH IS MADE WIDELY AVAILABLE ON ITS WEBSITE FOR AN IN-DEPTH DESCRIPTION OF THE METHODS, GOALS AND PLANS IN PLACE TO ADDRESS THE NEEDS IDENTIFIED WITHIN THE ORGANIZATIONS MOST RECENTLY CONDUCTED CHNA. THERE WERE SOME ADDITIONAL UNMET NEEDS MENTIONED IN THE CHNA THAT WE WILL NOT ADDRESS DIRECTLY, BECAUSE THEY ARE ALREADY BEING ADDRESSED BY OTHER HEALTH CARE PROVIDERS, GOVERNMENT SERVICES AND/OR OTHER LOCAL HEALTH SERVICE AGENCIES. SOME OF THESE UNMET NEEDS ARE ALSO BEYOND THE MISSION AND POTENTIAL FOR DIRECT IMPACT BY THE HOSPITAL.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE: WWW.DOYLESTOWNHEALTH.ORG/PATIENTS-AND-VISTORS/PATIENT-RESOURCES/BILLING-AN D-FINANCE. WITHIN THAT PAGE, SELECT "FINANICAL ASSISTANCE PROGRAM", WHICH CAN BE FOUND ON THE LEFT HAND SIDE OF THE PAGE.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE ROAD DOYLESTOWN, PA 18901	23-1903158	501(C)(3)	5,500				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
BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP 41 UNIVERSITY DRIVE SUITE 300 NEWTOWN, PA 18940	23-2862339	501(C)(3)	20,000				PROGRAM SUPPORT
BUCKS COUNTY CHAMBER OF COMMERCE 252 SWAMP ROAD DOYLESTOWN, PA 18901	23-2657403	501(C)(3)	35,500				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
BUCKS COUNTY CHILDREN'S MUSEUM 500 UNION SQUARE DRIVE NEW HOPE, PA 18938	03-0600738	501(C)(3)	15,000				PROGRAM SUPPORT
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	40,000				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
CANCER SUPPORT COMMUNITY OF PHILADELPHIA 4100 CHAMOUNIX DRIVE WEST FAIRMOUNT PHILADELPHIA, PA 19131	23-2657403	501(C)(3)	33,442				PROGRAM SUPPORT

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**		
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**		
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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 nonfixed 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	IN ACCORDANCE WITH FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2018 FORM W-2 AND FORM 1099-MISC; IF APPLICABLE.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES L. BREXLER, FACHE, $328,869; SCOTT S. LEVY, M.D., $1,213,888; RICHARD D. LANG, $570,400; BARBARA A. HEBEL, $433,776 AND CATHLEEN Q. STEWART, $214,437. THE DEFERRED COMPENSATION AMOUNT INCLUDED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS 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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES L. BREXLER, FACHE, $212,546; SCOTT S. LEVY, M.D., $109,260; RICHARD D. LANG, $95,499 AND LAURA K. WORTMAN, $4,827.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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.

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. ADDITIONALLY, THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES L. BREXLER, FACHE, $328,869; SCOTT S. LEVY, M.D., $833,701; RICHARD D. LANG, $342,001; BARBARA A. HEBEL, $72,058 AND CATHLEEN Q. STEWART, $181,030.

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				
JAMES L BREXLER FACHE DIRECTOR - PRESIDENT & CEO	(i)	786,028	96,000	428,336	222,033	28,941	1,561,338	328,869
	(ii)	0	0	0	0	0	0	0
SCOTT S LEVY MD DIRECTOR - VP & CMO	(i)	601,501	0	1,235,556	117,506	22,894	1,977,457	833,701
	(ii)	0	0	0	0	0	0	0
MARY ELLEN PELLETIER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	282,477	7,950	54,160	8,655	23,985	377,227	0
ELEANOR WILSON RN MSN MHA DIRECTOR - VP & COO	(i)	476,900	0	22,826	9,619	11,878	521,223	0
	(ii)	0	0	0	0	0	0	0
DANIEL L UPTON VP & CHIEF FINANCIAL OFFICER	(i)	447,820	12,123	24,068	9,625	21,167	514,803	0
	(ii)	0	0	0	0	0	0	0
RICHARD D LANG VP & CHIEF INFORMATION OFFICER	(i)	344,632	0	591,205	104,974	1,158	1,041,969	342,001
	(ii)	0	0	0	0	0	0	0
BARBARA A HEBEL VP & CHIEF HUMAN RES. OFFICER	(i)	327,023	0	454,454	6,661	17,685	805,823	72,058
	(ii)	0	0	0	0	0	0	0
JOHN B REISS JD VP & GENERAL COUNSEL	(i)	445,833	9,647	22,727	9,625	1,147	488,979	0
	(ii)	0	0	0	0	0	0	0
SHERI PUTNAM VP STRAT INIATIVES & INTEGRAT	(i)	297,845	0	21,270	7,432	19,868	346,415	0
	(ii)	0	0	0	0	0	0	0
LAURA K WORTMAN VP & CHIEF DEVELOPMENT OFFICER	(i)	240,564	0	18,735	13,345	18,382	291,026	0
	(ii)	0	0	0	0	0	0	0
PATRICIA A STOVER RN CHIEF NURSING OFFICER	(i)	253,350	0	1,592	7,428	7,480	269,850	0
	(ii)	0	0	0	0	0	0	0
MATTHEW F COSTELLO SENIOR EXEC DIR HOSPITAL OPS	(i)	285,058	0	665	7,905	26,341	319,969	0
	(ii)	0	0	0	0	0	0	0
MARIA SANTANGELO EXEC DIR - PINE RUN COMMUNITY	(i)	114,834	3,230	418	2,525	3,918	124,925	0
	(ii)	0	0	0	0	0	0	0
KENNETH COBURN MD DRPH FACP PRESIDENT/CEO - HQP	(i)	199,652	0	0	5,360	350	205,362	0
	(ii)	0	0	0	0	0	0	0
STEVEN DAY JR DIRECTOR - RISK SERVICES	(i)	223,108	0	472	6,181	23,237	252,998	0
	(ii)	0	0	0	0	0	0	0
ANTHONY J PACK PA PHYSICIAN ASSISTANT	(i)	198,572	0	384	7,084	23,831	229,871	0
	(ii)	0	0	0	0	0	0	0
JAMES NELSON MEDICAL DIRECTOR - CASE MGMT	(i)	192,480	0	1,188	5,969	19,557	219,194	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH SEEBER CHIEF ACCOUNTING OFFICER	(i)	187,165	0	727	6,729	18,270	212,891	0
	(ii)	0	0	0	0	0	0	0
KENNETH GERACE BS LP CCP CHIEF PERFUSIONIST	(i)	166,618	0	331	5,841	23,464	196,254	0
	(ii)	0	0	0	0	0	0	0
CATHLEEN Q STEWART FORMER KEY EMPLOYEE	(i)	0	0	273,313	0	0	273,313	181,030
	(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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

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	261333EG9	04-01-2013	29,047,755	SEE SCHEDULE K, PART VI		X		X		X
B	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726		04-01-2013	60,400,000	SEE SCHEDULE K, PART VI		X		X		X
C	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726	261333FB9	10-13-2016	57,117,007	SEE SCHEDULE K, PART VI		X		X		X
D	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726	261333FB9	10-13-2016	14,469,823	SEE SCHEDULE K, PART VI		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	29,047,755	60,400,000	57,117,017	14,469,823
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	1,607,734	0
6	Proceeds in refunding escrows	28,463,938	60,085,565	6,020,198	0
7	Issuance costs from proceeds	531,900	314,435	729,515	195,409
8	Credit enhancement from proceeds	50,312	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	48,759,559	0
11	Other spent proceeds	1,605	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2013	2016	2016

		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		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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
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.	0 %				0 %			
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		PNC BANK		0		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	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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 I; COLUMN F THE PROCEEDS OF 2013 SERIES A AND SERIES B TAX-EXEMPT BOND ISSUANCE WERE USED TO REFUND ALL OF THE OUTSTANDING 1998A AND 2008B BONDS. CERTAIN PROCEEDS OF THE BONDS WILL ALSO GO TOWARD CAPITAL IMPROVEMENTS FOR THE HOSPITAL. THE PROCEEDS OF 2016 SERIES A AND SERIES B TAX-EXEMPT BOND ISSUANCE WERE USED TO REFUND ALL OF THE OUTSTANDING 2008A BONDS AND A PARKING GARAGE MORTGAGE. CERTAIN PROCEEDS OF THE BONDS WILL ALSO GO TOWARD CAPITAL IMPROVEMENTS FOR THE HOSPITAL. SCHEDULE K, PART IV; QUESTION 2 THE REBATE COMPUTATION FOR THE 2013 SERIES A AND SERIES B TAX-EXEMPT BOND ISSUANCES WAS LAST PERFORMED ON AUGUST 21, 2018. THE REBATE COMPUTATION FOR THE 2016 SERIES A AND SERIES B TAX-EXEMPT BOND ISSUANCES WAS LAST PERFORMED ON JANUARY 2, 2019.

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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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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	32,166	EMPLOYEE		No
(2) KRISTIN MOYER	FAMILY MEMBER OF DIRECTOR	72,238	EMPLOYEE		No
(3) JILL A STROVER	FAMILY MEMBER OF OFFICER	96,869	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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ========== DOYLESTOWN HEALTH SYSTEM ("SYSTEM") ORIGINATED WITH THE VILLAGE IMPR OVEMENT ASSOCIATION OF DOYLESTOWN ("THE VIA"), FOUNDED IN 1895 WITH THE HEALTH AND BEAUTY OF THE DOYLESTOWN COMMUNITY ITS PRIMARY CONCERNS. THE VIA ESTABLISHED A VISITING NURSE SER VICE IN 1916, AND OPENED THE FIRST DOYLESTOWN EMERGENCY AND MATERNITY HOSPITAL IN 1923. TH E ORIGINAL 8-BED HOSPITAL WAS EXPANDED TO 14 BEDS AND REPLACED WITH A NEW 25-BED FACILITY IN 1939 THAT WAS SUBSEQUENTLY EXPANDED TO 129 BEDS. THE HOSPITAL MOVED TO ITS CURRENT LOCA TION IN 1975 AND OCCUPIES 62 ACRES AND 611,000 SQUARE FEET OF BUILDINGS. IT IS LICENSED FO R 232 BEDS. IN 1986, A CORPORATE RESTRUCTURING ESTABLISHED DOYLESTOWN HOSPITAL AS A SUBSID IARY CORPORATION OF THE NEWLY-CREATED DOYLESTOWN HEALTH FOUNDATION, BOTH GOVERNED BY THE V IA. SEVERAL OTHER ENTITIES WERE ADDED OVER THE YEARS WITH DOYLESTOWN HOSPITAL REMAINING TH E FLAGSHIP OF THE SYSTEM. COLLECTIVELY, THE SYSTEM IS COMPRISED OF THE FOLLOWING: DOYLESTO WN HOSPITAL, WHICH INCLUDES: - PINE RUN RETIREMENT COMMUNITY - PINE RUN HEALTH CENTER - PI NE RUN LAKEVIEW PERSONAL CARE - DOYLESTOWN HOSPITAL HOME HEALTH CARE - DOYLESTOWN HOSPITAL HOSPICE - DOYLESTOWN HOSPITAL SURGERY CENTER AND OUTPATIENT TESTING FACILITIES AT THE HEA LTH AND WELLNESS CENTER - HEALTH CONNECTIONS BY DOYLESTOWN HOSPITAL HEALTHCARE CONCIERGE S ERVICES AT THE WARMINSTER SHOPRITE - CHILDRENS VILLAGE EARLY CHILDHOOD EDUCATION PROGRAM - CB CARES, IN PARTNERSHIP WITH THE CENTRAL BUCKS SCHOOL DISTRICT TODAY, WE GATHER ALL ELEM ENTS OF OUR HEALTH SYSTEM TO EXPAND BEYOND EPISODIC CARE TO COMMUNITY HEALTH AND A CONTINU UM OF COORDINATED CARE, FROM BIRTH TO END-OF-LIFE. IN PARTNERSHIP WITH OVER 425 PHYSICIANS ON OUR MEDICAL STAFF, THE SYSTEM HAS EARNED NATIONAL RECOGNITION FOR THE DELIVERY OF HIGH -QUALITY, COMPLEX HEALTH CARE WHILE PROMOTING WELLNESS IN THE COMMUNITIES WE SERVE. DOYLES TOWN HEALTH FOUNDATION ---------- THE DOYLESTOWN HEALTH FOUNDATION SERVE S AS THE FUNDRAISING ARM OF THE SYSTEM. ITS GOVERNING BODY INCLUDES LEADERS FROM THE VIA, THE COMMUNITY, AND THE HEALTH SYSTEM. THE SYSTEM PROMOTES WELLNESS AND TREATS ILLNESS THRO UGH CONNECTIVITY WITH ALL PARTS OF THE COMPREHENSIVE HEALTH SYSTEM. MEMBERS OF THE EXECUTI VE COMMITTEE OF THE FOUNDATIONS BOARD OF DIRECTORS CONSTITUTE, APPOINT AND ELECT THE MEMBE RS OF THE HOSPITAL BOARD OF DIRECTORS. EACH MEMBER OF THE SYSTEM (WITH EXCEPTION OF DOYLES TOWN HEALTH & WELLNESS CENTER, INC.) ARE PENNSYLVANIA NONPROFIT CORPORATIONS WHICH HAVE BE EN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM THE PAYMENT OF FEDERAL INC OME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, AS AMENDED, BY REASON OF BEIN G AN ORGANIZATION DESCRIBED IN SECTION 501(C)3 IN THE CODE. EACH ORGANIZATION WITHIN THE S YSTEM HAS ITS OWN BOARD OF DIRECTORS WHICH IS RESPONSIBLE FOR ESTABLISHING POLICIES AND PL ANNING FOR THE UNIT. DOYLESTOWN HOSPITAL ---------- AS THE FLAGSHIP OF THE SYSTEM , DOYLESTOWN HOSPITAL HAS THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LONGEST HISTORY AND MOST DIVERSE COMPONENTS TO MEET ITS MISSION TO CONTINUOUSLY IMPROVE TH E QUALITY OF LIFE AND PROACTIVELY ADVOCATE FOR THE HEALTH AND WELLBEING OF THE INDIVIDUALS WE SERVE. AS A VALUES-BASED ORGANIZATION, DOYLESTOWN HOSPITAL MAKES A PUBLIC COMMITMENT T O SEVEN CORE SERVICE VALUES: 1) WE SERVE ALL MEMBERS OF THE COMMUNITY; 2) WE STRIVE FOR EX CELLENCE IN OUR SERVICES AND PROGRAMS; 3) WE RESPECT THE DIGNITY OF EVERY MEMBER OF THE CO MMUNITY; 4) WE PROVIDE VALUE THROUGH HIGH-QUALITY, LOW-COST SERVICES; 5) WE SEEK INNOVATIO N AND INTEGRATION FOR CONTINUOUS IMPROVEMENT; 6) WE ARE COMPASSIONATE; AND 7) WE ARE COMMI TTED TO THE HEALTH AND WELLNESS EDUCATION OF OUR COMMUNITY. THE HOSPITAL HOLDS BOARD MEMBE RS, A MEDICAL STAFF OF 435 PHYSICIANS IN 50 SPECIALTIES, 2,200 ASSOCIATES AND NEARLY 1,000 VOLUNTEERS ACCOUNTABLE FOR INCORPORATING THESE VALUES INTO POLICIES, BEHAVIORS, CLINICAL PRACTICES AND MANAGEMENT DECISIONS. DOYLESTOWN HOSPITAL HAS EARNED NATIONAL RECOGNITION FO R QUALITY AND PATIENT EXPERIENCE FOR OVERALL PERFORMANCE AS WELL AS A VARIETY OF SERVICES. DOYLESTOWN HOSPITAL WAS NAMED ONE OF THE 56 "TOP HOSPITALS" IN THE U.S. BY THE LEAPFROG G ROUP. THE HOSPITAL WAS AMONG THE "100 BEST" IN THE NATION FOR HEART AND ORTHOPEDIC CARE, A CCORDING TO BECKERS HOSPITAL REVIEW. AREAS OF CLINICAL EMPHASIS AND QUALITY RECOGNITION IN CLUDE CARDIOVASCULAR SERVICES, EMERGENCY MEDICINE, ONCOLOGY, MATERNAL-CHILD HEALTH, ORTHOP EDICS, INTERVENTIONAL RADIOLOGY, GASTROENTEROLOGY, UROLOGY, STROKE INTERVENTION, GENERAL S URGERY AND ENDOVASCULAR SURGERY. THE HOSPITAL CONTAINS SEVERAL DEDICATED UNITS, INCLUDING THE RICHARD A. REIF HEART INSTITUTE, VIA MATERNITY CENTER, ORTHOPEDIC INSTITUTE, CANCER IN STITUTE AND DELLA-PENNA PEDIATRIC CENTER. THE EMERGENCY DEPARTMENT, EXPANDED IN 2010, TREA TS MORE THAN 44,000 PATIENTS ANNUALLY AND HOUSES THE WOODALL CHEST PAIN CENTER AND THE CER TIFIED PRIMARY STROKE CENTER. OUTPATIENT IMAGING AND LABORATORY SERVICES ARE AVAILABLE ON THE HOSPITAL CAMPUS AND THE HEALTH & WELLNESS CENTER. A PARTNERSHIP WITH THE COWHEY FAMILY SHOPRITE IN WARMINSTER PROVIDES CONSUMER HEALTHCARE INFORMATION AND EDUCATION. ACCESS TO WORLD-CLASS TREATMENTS THROUGH BOTH INPATIENT AND OUTPATIENT MEDICAL RESEARCH AND CLINICAL TRIALS IS AVAILABLE FOR A VARIETY OF CONDITIONS. DOYLESTOWN HOSPITAL ENHANCES THE SERVICE S IT OFFERS IN THE COMMUNITY THROUGH SEVERAL PARTNERSHIPS FOR SPECIALTY CARE, INCLUDING TH E SIDNEY KIMMEL CANCER NETWORK, PENN RADIATION THERAPY, CHILDRENS HOSPITAL OF PHILADELPHIA FOR NEO-NATAL INTENSIVE CARE, AND TEMPLE HEALTH FOR AIR TRANSPORT. THE DOYLESTOWN HEALTHC ARE PARTNERSHIP IS A CLINICALLY- AND FINANCIALLY-INTEGRATED NETWORK OF CARE. THIS JOINT VE NTURE WITH MORE THAN 275 PHYSICIANS, THE HOSPITAL AND OTHER CARE PROVIDERS ENGAGE IN VALUE -BASED CONTRACTING AND IS A PARTICIPANT IN THE COMMUNITY CARE COLLABORATIVE OF PA AND NJ, AN ACCOUNTABLE CARE ORGANIZATION. PINE RUN COMMUNITY ---------- DOYLESTOWN HOSPITA L ACQUIRED THE PINE RUN COMMUN

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ITY IN 1992 TO ENHANCE ITS COMMITMENT TO THE OLDER POPULATION. PINE RUN COMMUNITY OFFERS A CONTINUUM OF SERVICES AT ITS FACILITIES WHICH INCLUDES 296 INDEPENDENT LIVING UNITS (THE VILLAGE) ON 42 ACRES OF LAND IN DOYLESTOWN TOWNSHIP; A 107-BED SKILLED NURSING FACILITY AN D 40-BED PERSONAL CARE FACILITY (THE HEALTH CENTER), AND A 107-BED PERSONAL CARE FACILITY (LAKEVIEW), LOCATED ON A SEPARATE, 7.5 ACRE CAMPUS NEAR THE HOSPITAL. 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, LI BRARY, AND OTHER AMENITIES. MAINTENANCE, SECURITY, HOUSEKEEPING, UTILITIES, DINING, RECREA TIONAL, CULTURAL, TRANSPORTATION AND FITNESS SERVICES ARE PROVIDED FOR THE VILLAGERS. THE HEALTH CENTER, LOCATED ON THE SAME CAMPUS AS THE VILLAGE, PROVIDES TRANSITIONAL CARE FOR S HORT-STAY NURSING AND REHABILITATION RESIDENTS, WITH SKILLED NURSING CARE AND COMPREHENSIV E THERAPY PROGRAMS; A PERSONAL CARE ALZHEIMERS/DEMENTIA PROGRAM FOR THOSE WITH IMPAIRED ME MORY; LONG-TERM CARE FOR RESIDENTS REQUIRING ON-GOING CUSTODIAL CARE; SHORT-TERM RESPITE C ARE TO ALLOW HOME-BASED CARE GIVERS TO TAKE A VACATION OR TRIP; AND HOSPICE CARE FOR END-O F- 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 ACCOMMODATION S IN PRIVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMIN G 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	DOYLESTOWN HOSPITAL VISITING NURSE/HOSPICE ---------- THE ORIGINAL HEALTH SERVICE OF THE SYSTEM, VISITING NURSE/HOSPICE IS A CRITICAL COMPONENT IN T HE CONTINUUM OF CARE, FROM BIRTH TO END OF LIFE. THE DOYLESTOWN HOSPITAL HOME HEALTH TEAM IS COMPRISED OF SKILLED PROFESSIONALS IN NURSING, PHYSICAL THERAPY, SPEECH THERAPY, OCCUPA TIONAL THERAPY, MEDICAL SOCIAL WORK AND NUTRITIONAL CONSULTATIONS, WORKING TOGETHER TO DEL IVER HIGH QUALITY HOME CARE SERVICES. THE HOSPICE TEAM OFFERS HIGH QUALITY CARE DESIGNED T O PROVIDE SENSITIVITY AND SUPPORT FOR PEOPLE WHO ARE TERMINALLY ILL. OUR GOAL IS TO ENABLE INDIVIDUALS TO LIVE AS FULLY AND COMFORTABLY AS POSSIBLE AT HOME OR IN A HOME-LIKE SETTIN G SUCH AS A CARE FACILITY. WE ARE COMMITTED TO PROVIDING EXCELLENCE IN EVERY ASPECT OF CAR E TO THOSE WHO PLACE THEIR TRUST IN US. THE HOSPICE PHILOSOPHY BELIEVES THAT THROUGH APPRO PRIATE CARE, PATIENTS AND FAMILIES WILL BE FREE TO ATTAIN A DEGREE OF PHYSICAL, MENTAL AND SPIRITUAL PREPARATION FOR DEATH THAT IS COMFORTING TO THEM. DOYLESTOWN HOSPITAL SURGERY C ENTER ---------- THE DOYLESTOWN HOSPITAL SURGERY CENTER, LOCATED A T THE HEALTH & WELLNESS CENTER IN WARRINGTON, IS A FULLY-EQUIPPED, MULTI-SPECIALTY, SAME-D AY SURGERY FACILITY. THERE ARE FOUR STATE-OF-THE-ART OPERATING ROOMS AND A TREATMENT ROOM FOR LESS INVASIVE PROCEDURES. VIA AFFILIATES (DBA DOYLESTOWN HEALTH PHYSICIANS) ---------- ---------- THE MAJORITY OF PHYSICIANS ON THE DOYLESTOWN HOSPI TAL MEDICAL STAFF ARE INDEPENDENT PRACTITIONERS. DOYLESTOWN HEALTH PHYSICIANS IS A SUBSIDI ARY OF THE FOUNDATION THAT EMPLOYS PHYSICIANS FOR NECESSARY COMMUNITY-BASED SERVICES THAT MIGHT NOT OTHERWISE BE AVAILABLE OR INCLUDED IN THE MISSION OF OTHER SYSTEM ENTITIES. DOYL ESTOWN HEALTH PHYSICIANS INCLUDE SEVERAL PRIMARY CARE PRACTICES, GENERAL SURGEONS, CARDIOL OGISTS, NEUROLOGISTS AND UROLOGISTS. COMMUNITY BENEFIT ACTIVITIES ========== ==== THE SYSTEM IS DEVOTED TO THE COMMUNITY IT SERVES, AND IT SPONSORS AND COORDINATES MAN Y CHARITABLE ACTIVITIES, WHICH, DESCRIBED IN THE NARRATIVE BELOW, IDENTIFIES WHAT IS DONE DAILY BY THE HEALTH SYSTEMS ASSOCIATES AND VOLUNTEERS. COMMUNITY OUTREACH & BENEFIT ACTIVI TIES ---------- 1) AMERICAN RED CROSS DONATION: THE HOSPITAL PROVIDES SPACE ON A MONTHLY BASIS FOR A BLOOD DONATION PROGRAM CONDUCTED BY THE AMERICAN R ED CROSS THAT BENEFITS PATIENTS AND THE COMMUNITY. 2) BUCKS COUNTY CHILDRENS MUSEUM: THE S YSTEM CONTINUES TO OFFER A VARIETY OF CHILD-FRIENDLY EDUCATIONAL PROGRAMS AT THE MUSEUM, I NCLUDING PRESENTATIONS ON DENTAL HEALTH, SUMMER SAFETY, THE FIVE SENSES AND MORE. THE SYST EMS EXHIBIT, "HOSPITAL," OPENED IN MAY 2015 AND CONTINUES TO ATTRACT AREA FAMILIES TO EXPE RIENCE 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 HEA LTH IMPROVEMENT PARTNERSHIP (B

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHIP) 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 DEPARTMEN T OF HEALTH. BCHIP ADDRESSES: MATERNAL AND CHILD HEALTH ISSUES, MENTAL HEALTH CONCERNS, CO ORDINATION OF HEALTH PROMOTION AND PREVENTION (NOTABLY TOBACCO AND CARDIOVASCULAR RISK RED UCTION), SUPPORTS CHIP ENROLLMENT, DOMESTIC VIOLENCE PREVENTION AND PROVIDES ADULT HEALTH AND DENTAL CLINICS FOR UNDERSERVED POPULATIONS. 4) CB CARES: BOTH THE DOYLESTOWN HOSPITAL AND THE DOYLESTOWN HEALTH FOUNDATION SUPPORT THE TEAM WITH BOARD MEMBERS WHO PROVIDE LEADE RSHIP, FUNDRAISING AND HUMAN RESOURCE SKILLS. 5) CBTV: THE SYSTEM AND CENTRAL BUCKS SCHOOL S CONTINUE THEIR PARTNERSHIP PRODUCING HEALTH MATTERS, AN EDUCATIONAL PROGRAM FEATURING EX PERT GUESTS FROM THE SYSTEM, THE SCHOOL DISTRICT AND THE COMMUNITY. THE SHOW BRINGS TO LIG HT TIMELY TOPICS OF INTEREST TO LOCAL FAMILIES, AND IS PRODUCED AND FILMED BY STUDENTS STU DYING BROADCASTING AT CB SOUTH HIGH SCHOOL, WHO ALSO ACT AS CO-HOSTS AND HELP DEVELOP QUES TIONS 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 D AY CARE, WELCOMES CHILDREN FROM LOW-INCOME FAMILIES IN THE AREA THAT ARE ELIGIBLE FOR CHIL D-CARE SUBSIDIES. 7) ANN SILVERMAN COMMUNITY HEALTH CLINIC: THE MISSION OF THE CLINIC IS T O PROVIDE NO COST MEDICAL CARE, DENTAL CARE AND SOCIAL SERVICES TO LOW-INCOME (250% OF POV ERTY OR BELOW), UNINSURED MEMBERS OF OUR COMMUNITY. THE CLINIC SERVES ALL AGES AND PROVIDE S CARE FOR THE ENTIRE FAMILY THROUGH THE UTILIZATION OF MORE THAN 230 PROFESSIONAL, MEDICA L, MENTAL HEALTH, DENTAL AND SOCIAL SERVICE VOLUNTEERS AND A SMALL PAID STAFF. THE HOSPITA L PROVIDED THE CLINIC WITH OFFICES AND EXAM ROOMS AT A NOMINAL CHARGE. THE FOUNDATION ASSI STED IN SOME OF THE HEALTH NEEDS OF THE PATIENTS THAT GO BEYOND THE RESOURCES OF THE CLINI C WITH A CONTRIBUTION. OTHER DONATIONS INCLUDE MEDICAL LAB TESTING, AS WELL AS SENIOR MANA GEMENTS TIME CONTRIBUTING TO THE CLINICS BOARD. 8) COMMUNITY EDUCATION CALENDAR: DOYLESTOW N HOSPITAL PUBLISHED A QUARTERLY CALENDAR AND EDUCATIONAL NEWSLETTERS, WHICH ARE DISTRIBUT ED TO 336,000 HOUSEHOLDS. THESE CALENDARS AND EDUCATIONAL NEWSLETTERS LISTS COMMUNICATIONS RELATED TO HEALTH EDUCATION PROGRAMS AND CLASSES. ADVERTISEMENTS ARE IN LOCAL NEWSPAPERS WHICH INFORM THE COMMUNITY MEMBERS ABOUT UPCOMING HEALTH EDUCATION CLASSES, PHYSICIAN LECT URES, SUPPORT GROUPS AND OTHER HEALTH EDUCATION ACTIVITIES. IN ADDITION, DOYLESTOWN HOSPIT AL PUBLISHES A REGULAR BLOG, TWITTER AND FACEBOOK POSTS ON A VARIETY OF TOPICS. 9) DOYLEST OWN HEALTH CONNECTIONS: THIS IS A COLLABORATIVE PROGRAM BETWEEN THE SYSTEM AND COMMUNITY P ARTNERS, SUCH AS THE COWHEY FAMILY (SHOPRITE OF WARMINSTER) HEALTH CONNECTIONS IS AN IN-ST ORE HEALTH RESOURCE CENTER CREATED TO BENEFIT THE COMMUNITY. THIS CONVENIENT LOCATION MAKE S HEALTH INFORMATION ACCESSIBL

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	19) COMMUNITY BUSINESS SPONSORSHIPS: THROUGHOUT THE YEAR, DOYLESTOWN HOSPITAL MADE CASH DO NATIONS TO ASSIST LOCAL ORGANIZATIONS PROVIDE PROGRAMS AND ACTIVITIES THAT IMPROVE AND/OR ENHANCE THE OVERALL QUALITY OF LIFE FOR THE GREATER CENTRAL BUCKS COMMUNITY. WE BELIEVE TH AT ONE WAY TO KEEP COMMUNITY MEMBERS SAFE, HEALTHY AND VIBRANT IS BY SUPPORTING THE NUMERO US 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. 20) VISITING NURSE PROGRAM FREE SUPPORT: THE VISITING NURSES MADE VISITS TO FAMILIES WITHOUT I NSURANCE. CLINICS WERE HELD AT THE CENTER SQUARE TOWERS, YORKTOWNE MANOR AND BUCKINGHAM SP RINGS, WHICH ARE ALL SENIOR LIVING COMPLEXES. 21) HOSPICE PROGRAMS: MAILINGS AND TELEPHONE CONTACT TO OTHER COMMUNITY SERVICE ORGANIZATIONS, SUCH AS BEELONG ADULT DAY SERVICES, BAY ADA 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 LIFEHOSP ICE PROGRAMS. 22) LIBRARY SERVICES AT DOYLESTOWN HOSPITAL: THE HOSPITAL HAS AN EXTENSIVE L IBRARY THAT IS OPEN TO USERS FROM THE COMMUNITY, INCLUDING MEDICAL STAFF, ASSOCIATES AND V OLUNTEERS OF THE HOSPITAL. PHYSICIANS THAT HAVE PRIVILEGES AT THE HOSPITAL AS WELL AS HONO RARY/EMERITUS MEDICAL STAFF MAKE UP THE LARGEST GROUP OF USERS. 23) A.D.A.M. HEALTH ENCYLO PEDIA: 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 A ND COVERS OVER 1,500 MEDICAL TOPICS. THE SITE HAS REFERENCE INDEX AND INTERACTIVE TOOLS. 2 4) 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 WOMAN'S PLACE." EDUC ATIONAL PROGRAMS ---------- 1) CANCER SURVIVOR DAY: THIS EVENT WAS HELD BY DOYLE STOWN HOSPITAL FOR ALL CANCER SURVIVORS AND THEIR FAMILY AND FRIENDS. IT WAS INTENDED TO P ROVIDE PYSCHOLOGICAL SUPPORT AND A NETWORKING EXPERIENCE WITH OTHER SURVIVORS AND CONNECT SURVIVORS WITH COMMUNITY RESOURCES. OVER 220 PEOPLE ATTENDED THE EVENT. VOLUNTEER HOURS IN CLUDED PHYSICIANS, NURSING, CLERICAL STAFF ATTENDING. 2) LIFESTYLE LECTURES: THIS WAS A SE RIES OF INFORMAL EDUCATIONAL LECTURES OFFERED TO THE COMMUNITY BY MEMBERS OF THE MEDICAL S TAFF. THE HOSPITAL COORDINATED THE PROGRAM, WHICH HELPED OVER 2,000 COMMUNITY MEMBERS. 3) DRIVER SAFETY PROGRAM: THIS WAS A COOPERATIVE PROGRAM WITH AARP THAT FOLLOWS THEIR RULES F OR PARTICIPATION. WE PROVIDE ROOM FOR 151 PARTICIPANTS AND 12 CLASSES. 4) COMMUNITY LECTUR ES: THE HOSPITAL PROVIDED SPEAKERS FOR VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS. PRESENT ERS FOR EVENTS UTILIZED BOTH STAFF AND PHYSICIANS. THESE PROGRAMS IMPROVED THE COMMUNITY'S HEALTH AND QUALITY OF LIFE THROUGH EDUCATION. 5) BREAST CANCER SUPPORT GROUP: PROVIDED OP PORTUNITIES FOR EDUCATIONAL AN

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MATERNITY AND PARENTING ACTIVITIES ---------- 1) BABY WELL: THIS P ROGRAM EDUCATED 196 PARENTS ON HOW TO CARE FOR THEIR NEWBORN. 2) HEALTHY BEGINNINGS PROGRA M: 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 SUB STANCE ABUSE PROBLEMS. THERE IS A PHYSICIAN, A SOCIAL WORKER AND A DIETICIAN, AS WELL AS T WO NURSES WHO RUN THE PROGRAM. 3) BREASTFEEDING EDUCATION: THIS PROGRAM PROVIDES AN INCREA SED UNDERSTANDING OF THE BENEFITS OF BREASTFEEDING, WHICH LEADS TO IMPROVED NUTRITION/HEAL TH OF INFANTS. THESE MEETINGS WERE HELD THROUGHOUT THE YEAR. 4) CHILDBIRTH CLASSES: A PROG RAM TEACHING THE HOW-TOS OF CHILDBIRTH SERVED THROUGH 24 COURSES SERIES EVERY DAY OF THE W EEK EXCEPT FRIDAY. 5) CHILD DEVELOPMENT: THIS PROGRAM WAS IN COOPERATION WITH THE CENTRAL BUCKS SCHOOL DISTRICT. HIGH SCHOOL STUDENTS TOURED THE LDRP UNIT. THEY VIEWED AND DISCUSSE D FAMILY'S ADMISSION FROM BIRTHING ROOM TO POSTPARTUM ROOM TO THE NURSERY. DISCUSSIONS WER E HELD ON NEWBORNS AND BASIC DEVELOPMENT, INCLUDING ICN & TYPES OF INFANTS ADMITTED AT DOY LESTOWN HOSPITAL. 6) GRAND PARENTING CLASSES: THIS PROGRAM PREPARED GRANDPARENTS-TO-BE ON HOW TO BE SUPPORT THEIR CHILDREN AS THEY START THEIR OWN FAMILY. 7) PRENATAL REFRESHER CLA SSES: THIS PROGRAM REFRESHED NEARLY 10 PARENTS-TO-BE, WHO ALREADY HAVE DELIEVERED OTHER CH ILDREN, ON THE CHILDBIRTH EXPERIENCE. 8) SIBLING EDUCATION CLASSES: A PROGRAM DESIGNED TO LESSEN A CHILD'S FEELINGS OF ANXIETY AND JEALOUSY. SCHOOL AGE ACTIVITIES ---------- ---- 1) PARENTING AND BABYSITTING EDUCATION: THIS IS A COOPERATIVE PROGRAM WITH CHILD, HOM E AND COMMUNITY INFORMATION, WHICH THE HOSPITAL PROVIDED FOR THE EDUCATIONAL COURSE. 2) SC HOOL DISTRICT PROGRAMS: DOYLESTOWN HOSPITAL WORKS WITH CENTRAL BUCKS HIGH SCHOOLS TO WELCO ME TOPPS AND WORK-BASED LEARNING SPECIAL NEEDS STUDENTS TO EXPERIENCE JOBS WITHIN THE HOSP ITAL'S DINING SERVICES. THE GOAL IS TO PREPARE THE STUDENTS FOR EMPLOYMENT ONCE OUT OF SCH OOL. 3) TEDDY BEAR CLINICS: CHILDREN IN THE COMMUNITY WERE EXPOSED TO THE EMERGENCY DEPART MENT AND AMBULANCE IN A FUN ENVIRONMENT. THE EXPERIENCE TAUGHT THEM TO NOT BE FRIGHTENED I N THE EVENT THEY MAY NEED EMERGENCY SERVICES. 4) GIRL SCOUTS: THE HOSPITAL PROVIDED MEETIN G SPACE FOR 2 GIRL SCOUT TROOPS. 5) BUCKS COUNTY DOWN SYNDROME: SPACE WAS PROVIDED FOR MON THLY MEETINGS AT CHILDREN'S VILLAGE FOR THE BUCKS COUNTY DOWN SYNDROME GROUP. 6) FOCUS ON MOTHERHOOD: FAMILY HOME AND COMMUNITY CHILDBIRTH CLASSES FOR TEEN PARENTS MEET AT C.V. EVE RY MONDAY EVENING TO PREPARE FOR CHILDBIRTH. INSTRUCTION IS ALSO PROVIDED FOR INFANT CARE, HEALTH & NUTRITIONAL AND LIFE SKILLS. 7) BEREAVEMENT GROUP MEETINGS: SPACE IS PROVIDED MO NTHLY FOR THESE MEETINGS AT C.V. LEADERSHIP ACTIVITIES ---------- THE HOSPITAL PRESIDENT/CEO DEVOTED $30,000

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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, CHRIST'S HOME, DELAWARE VALLEY UNIVERSITY, SHRINERS AND BUCKS COUNTY BOYS CLUB. THE VICE-P RESIDENT 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 AL LIANCE. 1) LUNG CANCER PREVENTION - GREAT AMERICAN SMOKEOUT: THIS PROGRAM PROVIDES INFORMA TION ON THE PREVENTION OF LUNG CANCER AND THE DAMAGE SMOKING HAS ON YOUR HEALTH. INFORMATI ON WAS PROVIDED THROUGH BROCHURES, WEB ASSISTED PROGRAMS WERE INTRODUCED AND TOLL FREE RES OURCES WERE ALSO PROVIDED. 2) CANCER SURVIVOR DAY: THE SYSTEM'S CANCER INSTITUTE HOSTED A SPECIAL PROGRAM IN HONOR OF NATIONAL CANCER SURVIVORS DAY TO CELEBRATE SURVIVORSHIP AND TH OSE WHO HAVE SUPPORTED THEM ALONG THE WAY. DR. DON THOMAS, ASTRONAUT AND AUTHOR OF ORBIT O F DISCOVERY, PRESENTED THE PROGRAM. "OVERCOMING OBSTACLES AND REACHING FOR THE STARS." THE EVENT WAS FREE AND OPEN TO THE PUBLIC. 3) I CAN COPE: THIS PROGRAM WAS AN EDUCATIONAL SER IES THAT ADDRESSED TOPICS SUCH AS CANCER AND TREATMENT, MANAGING SIDE EFFECT, EMOTIONAL CO NCERNS, FATIGUE AND ENERGY CONSERVATION AND PROPER NUTRITION. DOYLESTOWN HOSPITAL'S MANAGE RS ALSO CONTRIBUTE THEIR LEADERSHIP AND EXPERTISE TO A VARIETY OF COMMUNITY BOARDS, AGENCI ES, AND PROJECTS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: - 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. QUALIT Y CHILD CARE COALITION - BUCKS CO. MH/MR ADVISORY BOARD - BOYS SCOUTS OF AMERICA - BUCKS C OUNTY HOUSING GROUP - BUCKS CO. HEALTH IMPROVEMENT PARTNERSHIP - CB CHAMBER OF COMMERCE - CENTRAL BUCKS MINISTERIUM - CB CHRISTIAN WOMEN'S CLUB - CHILD, HOME AND COMMUNITY, INC. - CENTRAL BUCKS FAMILY YMCA - CB CARES - COMMUNITY OUTREACH CENTER - DELAWARE VALLEY COLLEGE SENIOR EDUCATION - DOYLESTOWN ATHLETIC ASSOCIATION - DOYLESTOWN BUSINESS & COMMUNITY ALLI ANCE - DVHC BOARD AND COMMITTEES - FAMILY CAREGIVERS OF SENIORS - FRIENDS OF PEACE VALLEY NATURE CENTER - GWYNEDD MERCY ADVISORY COMMITTEE - HEALTH AND HOUSING TASK FORCE - HERITAG E CONSERVANCY - LENAPE VALLEY SHRINER'S CLUB - LITERACY ACADEMY OF BC IU - MARCH OF DIMES - MIDDLE BUCKS INSTITUTE OF TECH. ADVISORY - PROFESSIONALS WORKING WITH SENIORS - SPRINGFI ELD 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 ROTATION S, AND/OR PRECEPTORSHIPS: - AR

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CADIA UNIVERSITY - BLOOMSBURG UNIVERSITY - BUCKS COUNTY COMMUNITY COLLEGE - CHAMBERLAIN CO LLEGE OF NURSING - DREXEL UNIVERSITY/HAHNEMANN COLLEGE - EASTERN MENNONITE COLLEGE - GWYNE DD MERCY UNIVERSITY - HARCUM COLLEGE - ITHACA COLLEGE - LAKE ERIE COLLEGE OF OSTEOPATHIC M EDICINE - LASALLE UNIVERSITY - MCPHS UNIVERSITY - MONTGOMERY COUNTY COMMUNITY COLLEGE - PE NN STATE UNIVERSITY - PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - ROBERT MORRIS UNIVERS ITY - SALUS UNIVERSITY - SOUTH CAROLINA COLLEGE OF PHARMACY - STARR TECHNICAL INSTITUTE - ST FRANCIS UNIVERSITY - SUNY DELHI - TEMPLE UNIVERSITY - THOMAS JEFFERSON UNIVERSITY - UNI VERSITY 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 N URSING LEVELS, PHARMACY, RADIOLOGIC TECHNOLOGY, CARDIAC SERVICES AND EXERCISE PHYSIOLOGY. ALL PATIENT CARE AREAS WERE UTILIZED IN THE EDUCATION OF THESE STUDENTS. PRE-MED VOLUNTEER PROGRAM: THIS PROGRAM HAS BEEN DEVELOPED BY THE HOSPITAL MEDICAL STAFF AND VOLUNTEER DEPA RTMENT. IT IS A TEN-WEEK PROGRAM STARTING IN LATE MAY. IT IS SUPERVISED BY THE HOSPITAL'S DIRECTOR OF VOLUNTEER SERVICES AND IS COORDINATED WITH A SPECIAL SEMINAR PROGRAM CONDUCTED BY THE DOYLESTOWN HOSPITAL'S MEDICAL STAFF TO INTRODUCE THE STUDENTS TO SELECTED PHASES O F A MEDICAL CAREER. STUDENTS PARTICIPATING IN THE PROGRAM ARE EXPECTED TO GIVE THE HOSPITA L 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 EXPERIE NCE TO ACQUAINT THEM WITH A TOTAL COMMUNITY HOSPITAL PICTURE. THIS PROGRAM BRINGS INTO FOC US THE WORK AND RESPONSIBILITY OF THE PHYSICIAN IN A MODERN HOSPITAL COMPLEX.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OUTSIDE GROUP ROOM USAGE ---------- THE HOSPITAL PROVIDES FREE SPACE FOR MEE TINGS TO THE FOLLOWING OUTSIDE GROUPS WITH A CHARITABLE MISSION: - ANN SILVERMAN FAMILY HE ALTH 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 & IMMUNIZATI ONS ---------- THE HOSPITAL CONDUCTS HEALTH SCREENS AND SUPPORTED I MMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS. 1) HEALTH SCREENINGS: VARIOUS INDIVIDUALS BENE FITED FROM HEALTH SCREENS. THESE ACTIVITIES IMPROVES THE HEALTH OF THE COMMUNITY IN GENERA L, SPECIFIC GROUPS OF PEOPLE, HELPS CONTAIN HEALTHCARE COSTS AND/OR IMPROVES THE QUALITY O F LIFE FOR ALL MEMBERS OF OUR COMMUNITY. 2) SKIN CANCER SCREENING: THIS PROGRAM SCREENED P ATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL. 3) PROSTATE CANCER SCREENINGS: THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF. 4) LUNG CANC ER SCREENINGS: THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF. 5) CANCER RISK SCREENINGS: THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURISNG AND CLERICAL STAFF. 6) FALL RISK SCREENINGS: THIS PROGRAM SCREENED PATIENTS WITH V OLUNTEER MEDICAL, NURSING AND CLERICAL STAFF. 7) INFLUENZA IMMUNIZATIONS: DOYLESTOWN HOSPI TAL PROVIDED A COMMUNITY FLU SHOT CLINIC. VACCINES WERE PROVIDED BY THE BUCKS COUNTY HEALT H DEPARTMENT. SUPPORT GROUP & SELF-HELP PROGRAMS ---------- SUPPOR T GROUPS ARE OFFERED AT NO CHARGE TO THE COMMUNITY, AND A MEMBER OF THE HOSPITAL STAFF LEA DS MANY. THE FOLLOWING IS A LIST OF THE GROUPS THAT HELD REGULAR MEETINGS AT THE HOSPITAL: - ALATEEN - ALCOHOLICS ANONYMOUS - ALZHEIMER'S DISEASE - ARTHRITIS - AUGUSTINE FELLOWSHIP - AUTISM - BETTER BREATHERS CLUB - BLINDNESS - BREAST CANCER - BUILDING THE FAMILY - CADU CEUS - DIABETES - DOWN'S SYNDROME INTEREST - EATING DISORDERS ANONYMOUS - FIBROMYALGIA - G AMBLERS ANONYMOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - INSULIN PUMP - LOW VISION - LYME DIS EASE - LYMPHEDEMA - MULTIPLE SCLEROSIS - NTM (NONTUBERCULOUS MYCOBACTERIUM) - NURSING MOTH ERS - OVEREATERS ANONYMOUS - PARKINSON'S DISEASE - PREGNANCY LOSS - PROSTATE CANCER - PULM ONARY HYPERTENSION - SCLERODERMA - STROKE VOLUNTEER PROGRAMS ---------- DOYLESTOWN HOSPITAL ENJOYS THE GENEROUS CONTRIBUTION OF TIME AND TALENT FROM COMMUNITY VOLUNTEERS, S TARTING AT THE MIMIMUM AGE OF 15. VOLUNTEER OPPORTUNITIES BENEFIT THE COMMUNITY BY PROVIDI NG, FOR MANY COMMUNITY MEMBERS, A PLACE TO GO OR A WAY TO FEEL NEEDED, THUS PREVENTING A V ARIETY OF SOCIAL PROBLEMS. THE VOLUNTEER PROGRAM ALLOWS SOME MEMBERS OF THE COMMUNITY TO H ELP OTHERS, NOT THROUGH THEIR DOLLARS BUT THROUGH THEIR DONATED TIME. IN ADDITION, THE HOS PITAL IS A PLACE FOR COMMUNITY MEMBERS TO REACH OUT TO HELP FRIENDS AND NEIGHBORS OR TO FU LFILL COURT-MANDATED COMMUNITY

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SERVICE OBLIGATIONS AS VOLUNTEERS. VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SU PPORT IN THE FOLLOWING SERVICE CATEGORIES: - ADDRESSING AND COLLATING - CANCER INSTITUTE - CHILDREN'S VILLAGE - DIETARY MENU - EMERGENCY DEPARTMENT - GIFT SHOP/CART - HOSPITALITY C ART - HOSPICE - INFORMATION DESKS - MAIL OR MESSENGER - PASTORAL CARE - ANIMAL ASSISTED TH ERAPY - RADIOLOGY INFORMATION DESK - SNACK BAR - SURGERY WAITING AREA - PATIENT TRANSPORT - INTERVENTIONAL RADIOLOGY - CARDIAC REHAB - PULMONARY REHAB - MEDICAL RESEARCH - VIA MATE RNITY CENTER - "NO ONE DIES ALONE" PROGRAM BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTION AL OPPORTUNITIES FOR COMMUNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE VIA'S MISSI ON TO EXCELLENT LOCAL HEALTHCARE, SALARIES WERE BUDGETED FOR RECRUITMENT, ORIENTATION, MAN AGEMENT, RETENTION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHOP, AND THROUGHOUT THE PATIENT SERVICES AREAS. FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS ---------- ---------- DOYLESTOWN HOSPITAL AND THE PINE RUN COMMUNITY PROVIDES F REE MEDICAL CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FINANCIAL ASSISTANCE POLI CY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS THAT MEET THE HOSPITAL'S FINANCIAL ASSI STANCE CRITERIA ARE ALSO CONSIDERED FINANCIAL ASSISTANCE. ADDENDUM: DOYLESTOWN HOSPITAL ST ATE OF PROGRAM AND SERVICES ========== - ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICE (EAP & CRISIS SERVICES) - CARDIAC AN D NEUROLOGICAL SERVICES (DIAGNOSTIC CARDIAC CATHETERIZATION, NON-INVASIVE DIAGNOSTIC TESTI NG SERVICES, INTERVENTIONAL CARDIOLOGY PROCEDURES AND EPS STUDIES: PACEMAKERS, DEVICE IMPL ANTATION, ABLATION) - CARDIOVASCULAR SURGERY (CABG, VALVE REPLACEMENTS/REPAIRS) - CRITICAL CARE UNITS (MED/SURG CRITICAL CARE, CARDIOVASCULAR CRITICAL CARE) - DIABETES EDUCATION (I NPATIENT AND OUTPATIENT): NUTRITION EDUCATION AND COUNSELING - EMERGENCY SERVICES (CRISIS INTERVENTION, OBSERVATION/HOLDING UNIT, SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM, DOME STIC VIOLENCE) - ENDOSCOPY (GASTROENTEROLOGY, PULMONOLOGY) - ENTEROSTOMAL THERAPY (INPATIE NT AND OUTPATIENT, NURSING HOME CONSULTATION, WOUND MANAGEMENT AND CONTINENCE CARE) - FOOD AND NUTRITION SERVICES (WEIGHT MANAGEMENT CLASSES: ADULTS AND CHILDREN, NUTRITIONAL ASSES SMENT AND COUNSELING AND PATIENT MEAL SERVICES) - GENERAL MEDICINE (ALLERGIC DISEASES, CAR DIOLOGY, DERMATOLOGY, ENDOCRINOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, INFECTIOUS DISEASE , INTERNAL MEDICINE, HEMATOLOGY, OBSTETRICS & GYNECOLOGY, NEPHROLOGY, NEUROLOGY, ONCOLOGY, PATHOLOGY, PEDIATRICS, PHYSICAL MEDICINE/REHABILITATION, PSYCHIATRY, PULMONARY AND RHEUMA TOLOGY) - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY (PICC - PERIPHERALLY INSERTED CENT RAL CATHETER) - LABORATORY SERVICES (AUTODONATION, BLOOD BANK, CHEMISTRY, CYTOLOGY, HEMATO LOGY, HISTOLOGY/PATHOLOGY, MIC

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ROBIOLOGY, URINALYSIS) - MAGNETIC RESONANCE IMAGING (MRI) - MATERNITY SERVICES (ANTENATAL TESTING, BABY BRACELETS: MATERNAL/INFANT VISITING NURSE, LABOR AND DELIVERY, MATERNAL/CHIL D CARE, NEONATOLOGY, PRENATAL TESTING, POST-PARTUM CARE, PREPARED CHILDBIRTH EDUCATION, SP ECIAL CARE NURSERY (LEVEL II) AND WELL BABY NURSERY) - MEDICAL RESEARCH (CLINICAL TRIALS) - ONCOLOGY (INPATIENT AND OUTPATIENT AND OUTPATIENT INFUSION SERVICES) - PASTORAL CARE SER VICES (LAY CHAPLAIN) - PHARMACY - RADIOLOGY SERVICES (CT SCANNER, PET/CT SCANNER, DIAGNOST IC RADIOLOGY, INVASIVE AND SPECIAL PROCEDURES, NUCLEAR MEDICINE AND ULTRASOUND) - REHABILI TATION 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) - RESPIRATOR Y SERVICES (PULMONARY FUNCTION TESTING AND PULMONARY REHAB) - CASE MANAGEMENT/SOCIAL SERVI CES (PSYCHOSOCIAL ASSESSMENTS, COUNSELING, COMPLEX DISCHARGE PLANNING, CRISIS INTERVENTION , FINANCIAL COUNSELING, ADOPTION OPTIONS COUNSELING, PATIENT AND FAMILY EDUCATION, INFORMA TION AND REFERRAL) - SURGICAL SERVICES (INPATIENT AND OUTPATIENT, ACUPUNCTURE, COSMETIC DE NTISTRY, GENERAL NERVE BLOCKS, OB/GYN, OPHTHALMOLOGY, ORAL/MAXILLOFACIAL, ORTHOPEDICS, OTO LARYNGOLOGY, PEDIATRIC DENTISTRY, PLASTIC SURGERY, POST-ANESTHESIA CARE UNIT, PRE-ADMISSIO N TESTING, SAME DAY SURGERY (NERVE BLOCKS), UROLOGY, VASCULAR) - TELEMETRY/PROGRESSIVE CAR E - VISITING NURSE/HOME CARE (ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICE S, NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, SOCIAL SERVICES, HOME HEALTH AIDES, BABY BRACELETS (MATERNAL/INFANT VISITING NURSE), COMPREHENSIVE HOSPICE PROGR AM) - WOMEN'S DIAGNOSTIC CENTER (BONE DENSITOMETRY, MAMMOGRAPHY, STEREOTACTIC BREAST BIOPS Y)

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CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	THE FOUNDATION GOVERNS DOYLESTOWN HOSPITAL AND THE FOUNDATION IS GOVERNED BY THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN. THEREFORE, THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN HAS THE ULTIMATE AUTHORITY AND RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

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CORE FORM, PART VI, SECTION B; QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. 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 CERTIFIED PUBLIC ACCOUNTING ("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.

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CORE FORM, PART VI, SECTION B; QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. 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 CHIEF ACCOUNTING OFFICER AND REVIEWED ON A YEARLY BASIS WITH THE CHIEF COMPLIANCE OFFICER.

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CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS TH E TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. ALL ORGANIZATIONS ARE AFFILIATES WITHIN THE SYST EM. THE FOUNDATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTE E"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOW S WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENI OR MANAGEMENT, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIE F FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHI CH 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 B ASIS 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 RECE IVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SEC TION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEME NT TEAM, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIEF FINA NCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABL E PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPR OVED 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 "APPROPRIAT E 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 DETE RMINATION. 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 APPROP RIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FR OM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTE M EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPAR ABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOS PITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUM ENTED 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 COM MITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT P

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CORE FORM, PART VI, SECTION B; QUESTION 15	ERSONNEL, INCLUDING BUT NOT LIMITED TO THE INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFIC ER 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 & CHIE F 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 COMPARAB LE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUA TIONS AND PERFORMANCE FEEDBACK MEETINGS.

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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.

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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.

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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.

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CORE FORM, PART VII, SECTION A, COLUMNS A & B	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. 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 INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

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Return Reference	Explanation
CORE FORM, PART X; LINES 27 - 29	EFFECTIVE JULY 1, 2018, THE CORPORATION ADOPTED ASU 2016-14, PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. THIS STANDARD MAKES CERTAIN IMPROVEMENTS TO THE CURRENT REPORTING REQUIREMENTS FOR NOT-FOR-PROFIT ENTITIES INCLUDING: (1) THE PRESENTATION FOR TWO CLASSES OF NET ASSETS AT THE END OF THE PERIOD, RATHER THAN THE PREVIOUSLY REQUIRED THREE CLASSES, AS WELL AS THE ANNUAL CHANGE IN EACH OF THE TWO CLASSES; (2)INFORMATION ABOUT LIQUIDITY AND THE AVAILABILITY OF RESOURCES; AND (3) ADDRESSES THE LACK OF CONSISTENCY WITH EXPENSES AND INVESTMENT RETURN. THE CORPORATIONS FINANCIAL STATEMENTS HAVE BEEN ADJUSTED TO REFLECT THE NEW REQUIREMENTS. THE STANDARD HAS BEEN APPLIED RETROSPECTIVELY TO ALL YEARS PRESENTED, EXCEPT FOR FUNCTIONAL EXPENSES WHICH IS ONLY PRESENTED FOR 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE: - CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS ($4,302,452); - ACCRUED RETIREMENT COSTS ($499,223); - OTHER CHANGES IN ACCRUED RETIREMENT BENEFITS ($6,374,450); - DECREASE IN INTEREST IN DONOR RESTRICTED NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION ($3,904,710); AND - CUMULATIVE ADJUSTMENT UPON ADOPTION OF ASU 2014-09 ($5,229,300).

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN DOYLESTOWN HEALTH SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. 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, 2019 AND JUNE 30, 2018; RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. AN UNMODIFIED 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, 2019 AND JUNE 30, 2018; RESPECTIVELY. AN UNMODIFIED 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACTED SERVICES TOTAL FEES:15299837

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES TOTAL FEES:10387402

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICES TOTAL FEES:7834720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:4738524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROCESSING FEES TOTAL FEES:1326348

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:1010716

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION FEES TOTAL FEES:611798

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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) Section 512(b)(13) controlled entity? No
(1)DOYLESTOWN HEALTH FOUNDATION 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368196	FUNDRAISING	PA	501(C)(3)	509(A)(1)	VIAD		No
(2)VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368200	HEALTHCARE	PA	501(C)(3)	509(A)(1)	NA		No
(3)VIA AFFILIATES DBA DH PHYSICIANS 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368197	HEALTHCARE	PA	501(C)(3)	509(A)(3)	DHF		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-3022645	INACTIVE	PA	NA	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

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 SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. 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.