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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

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 HEALTH FOUNDATION

% 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

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 ▶

D Employer identification number

23-2368196

E Telephone number

(215) 345-2242

G Gross receipts \$ 10,879,338

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ DOYLESTOWNHEALTHFOUNDATION.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile PA

Part I Summary

Activities & Governance

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

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)

21

4 Number of independent voting members of the governing body (Part VI, line 1b)

17

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

50

7a Total unrelated business revenue from Part VIII, column (C), line 12

8

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

21,252,050

9 Program service revenue (Part VIII, line 2g)

307,935

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

2,240,765

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

32,726

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

23,833,476

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

848,241

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,358,923

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

2,207,164

19 Revenue less expenses Subtract line 18 from line 12

21,626,312

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

85,284,053

21 Total liabilities (Part X, line 26)

383,090

22 Net assets or fund balances Subtract line 21 from line 20

84,900,963

Beginning of Current Year

End of Year

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

Signature of officer

2020-07-13

Date

DANIEL L 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

| | | | | |
|---------------------|---------|------------------------|------------------------------------|-----------------------|
| 4a | (Code) | (Expenses \$ 5,091,747 | including grants of \$ 3,651,606) | (Revenue \$ 256,353) |
| 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 ▶ | 5,091,747 |
|-----------|---|-----------|

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 22 | |
| 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 | 0 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | Yes |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | | | 4a | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | Yes |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | 1 |
| 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 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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 | |
| 7b | 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? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | 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? | Yes | |
| 16b | 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? | 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 | | | |
| (1) JOAN PARLEE CHAIR - DIRECTOR | 8 0 19 0 | X | | X | | | | 0 | 0 | 0 |
| (2) JEAN LEISTER VICE CHAIR - DIRECTOR | 6 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (3) GEORGIA FORD SECRETARY - DIRECTOR | 6 0 3 0 | X | | X | | | | 0 | 0 | 0 |
| (4) BARBARA KIEFFER TREASURER - DIRECTOR | 6 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (5) KAREN SIMON ASST SEC/ASST TREASURER - DIR | 5 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (6) WILLIAM BOGER CPA DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (7) JAMES L BREXLER FACHE DIRECTOR - PRESIDENT & CEO | 55 0 0 0 | X | | X | | | | 0 | 1,310,364 | 250,974 |
| (8) BEVERLY COLLIER-CAMPBELL DIRECTOR | 3 0 6 0 | X | | | | | | 0 | 0 | 0 |
| (9) LOUIS DELLA PENNA DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (10) BRENDA FOLEY MD DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (11) JOYCE HANSON DIRECTOR | 3 0 17 0 | X | | | | | | 0 | 0 | 0 |
| (12) WILLIAM LIESER DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (13) WILLIAM MARSHALL DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (14) LINDA MCILHINNEY DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (15) JOANNE MURRAY ESQ DIRECTOR | 3 0 3 0 | X | | | | | | 0 | 0 | 0 |
| (16) BARBARA ANN PRICE DIRECTOR | 3 0 9 0 | X | | | | | | 0 | 0 | 0 |
| (17) CORY H SCHROEDER DIRECTOR | 3 0 12 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) PAUL SPIRO MD DIRECTOR | 3 0 2 0 | X | | | | | | 0 | 2,450 | 0 |
| (19) ANNETTE SZYGIEL DIRECTOR | 3 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (20) DANIEL L UPTON DIRECTOR - VP & CFO | 55 0 0 0 | X | | X | | | | 0 | 484,011 | 30,792 |
| (21) LAURA K WORTMAN DIRECTOR - VP & CHIEF DEV OFF | 55 0 0 0 | X | | X | | | | 0 | 259,299 | 31,727 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 2,056,124 | 313,493 |

| | | | |
|----------|--|----------|-----|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | No |

Section B. Independent Contractors

| | | | |
|----------|---|--------------------------------|---------------------|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | |
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 | | |

| | | | | | | | |
|--|--|----------------------|---|----------------------------------|---|-----------|---------|
| Form 990 (2018) | | Page 9 | | | | | |
| Part VIII | | Statement of Revenue | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | |
| | | (A) | (B) | (C) | (D) | | |
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 91,823 | | | | |
| | d Related organizations | 1d | 230,500 | | | | |
| | e Government grants (contributions) | 1e | 1,000,000 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,934,031 | | | | |
| | g Noncash contributions included in lines 1a - 1f \$ | | 1,215,220 | | | | |
| | h Total. Add lines 1a-1f ▶ | | 8,256,354 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a PROGRAM RELATED REVENUE | | 900099 | 256,353 | 256,353 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | 9 Total. Add lines 2a-2f ▶ | | 256,353 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 2,267,674 | | 8 | 2,267,666 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | 0 | | | | |
| | 5 Royalties ▶ | | 0 | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | 0 | 0 | | | |
| | d Net rental income or (loss) ▶ | | 0 | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | | | |
| | b Less cost or other basis and sales expenses | | 28,636 | | | | |
| | c Gain or (loss) | | -28,636 | | | | |
| | d Net gain or (loss) ▶ | | -28,636 | | | | -28,636 |
| | 8a Gross income from fundraising events (not including \$ 91,823 of contributions reported on line 1c) See Part IV, line 18 a | | 33,752 | | | | |
| | b Less direct expenses b | | 33,752 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | 65,205 | | | | |
| | b Less direct expenses b | | 31,369 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | 33,836 | | | | 33,836 |
| | 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 | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | 0 | | | | | |
| 12 Total revenue. See Instructions ▶ | | 10,785,581 | 256,353 | 8 | 2,272,866 | | |

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 3,561,710 | 3,561,710 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 89,896 | 89,896 | | |
| 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. | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 0 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 0 | | | |
| 9 Other employee benefits. | 0 | | | |
| 10 Payroll taxes. | 0 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 0 | | | |
| c Accounting. | 2,400 | 2,069 | 331 | |
| d Lobbying. | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 127,362 | 109,786 | 17,576 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 42,551 | | 42,551 | |
| 12 Advertising and promotion. | 0 | | | |
| 13 Office expenses. | 59,668 | 51,434 | 8,234 | |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 11,627 | 10,022 | 1,605 | |
| 17 Travel. | 0 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 0 | | | |
| 20 Interest. | 0 | | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 5,312 | 4,579 | 733 | |
| 23 Insurance. | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a ALLOCATION OF PERSONNEL COSTS | 874,590 | 753,896 | 120,694 | |
| b SPECIAL FUNCTIONS EXPENSES | 400,414 | 345,157 | 55,257 | |
| c RECOGNITION & STEWARDSHIP | 87,830 | 75,709 | 12,121 | |
| d DUES & SUBSCRIPTIONS | 17,150 | 14,783 | 2,367 | |
| e All other expenses | 84,346 | 72,706 | 11,640 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 5,364,856 | 5,091,747 | 273,109 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck 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 | 3,500,017 | 1 | 2,316,659 |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 16,529,014 | 3 | 14,259,483 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 339,282 | | |
| | b Less: accumulated depreciation | 10b 322,233 | 14,180 | 10c 17,049 |
| | 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 | 44,703,916 | 13 | 53,962,784 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 20,536,926 | 15 | 25,786,639 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 85,284,053 | 16 | 96,342,614 | |
| Liabilities | 17 Accounts payable and accrued expenses | 179,957 | 17 | 4,379,652 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 203,133 | 25 | 1,365,401 |
| | 26 Total liabilities. Add lines 17 through 25 | 383,090 | 26 | 5,745,053 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 52,435,930 | 27 | 62,037,238 |
| | 28 Temporarily restricted net assets | 32,465,033 | 28 | 28,560,323 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 84,900,963 | 33 | 90,597,561 | |
| 34 Total liabilities and net assets/fund balances | 85,284,053 | 34 | 96,342,614 | |

Part XI Reconciliation of Net AssetsCheck 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 | 10,785,581 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,364,856 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 5,420,725 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 84,900,963 |
| 5 | Net unrealized gains (losses) on investments | 5 | 220,252 |
| 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 | 55,621 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 90,597,561 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | No | |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 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 | | |

Additional Data

Software ID:
Software Version:
EIN: 23-2368196
Name: DOYLESTOWN HEALTH FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

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

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 HEALTH FOUNDATION

Employer identification number

23-2368196

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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 ") | 2,362,020 | 1,296,528 | 3,205,884 | 11,242,050 | 6,006,354 | 24,112,836 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 2,362,020 | 1,296,528 | 3,205,884 | 11,242,050 | 6,006,354 | 24,112,836 |
| 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) | | | | | | 3,203,573 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 20,909,263 |

| 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 | 2,362,020 | 1,296,528 | 3,205,884 | 11,242,050 | 6,006,354 | 24,112,836 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,941,398 | 1,920,911 | 1,248,340 | 1,683,968 | 2,267,674 | 9,062,291 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 33,175,127 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,880,293 |
| 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 ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|--|--------------------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 63.027 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 61.943 % |
| 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. ► <input checked="" type="checkbox"/> | |
| 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. ► <input type="checkbox"/> | |
| 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. ► <input type="checkbox"/> | |
| 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. ► <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/> | |

Part 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? <i>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.</i> | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | 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)? <i>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.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 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))? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 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? | | | |
| b | A family member of a person described in (a) above? | | 11a | |
| 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 | | 11b | |
| | | | 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 | | | Yes | No |
|--|---|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 | 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 | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| 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 | <div><input type="checkbox"/></div> 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. | | | |

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 |
|-------------------------------------|

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| UNUSUAL GRANTS | <p>THE ORGANIZATION RECEIVED TWO CONTRIBUTIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2018 IN THE AMOUNTS OF \$5,000,000 AND \$5,010,000, RESPECTIVELY. ADDITIONALLY, THE ORGANIZATION RECEIVED A CONTRIBUTION DURING THE FISCAL YEAR ENDED JUNE 30, 2019 IN THE AMOUNT OF \$2,250,000. THESE CONTRIBUTIONS ARE BEING CLASSIFIED AS UNUSUAL GRANTS AND EXCLUDED FROM BOTH THE NUMERATOR AND DENOMINATOR IN THE PUBLIC SUPPORT PERCENTAGE CALCULATION. THESE CONTRIBUTIONS ARE UNUSUAL IN NATURE BECAUSE, ACCORDING TO FORM 990, SCHEDULE A INSTRUCTIONS AND IN ACCORDANCE WITH TREASURY REGULATIONS 1.509(A)-3(C)(4) - THEY WERE ATTRACTED BECAUSE OF THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION, - THEY WERE UNUSUAL AND UNEXPECTED BECAUSE OF THE AMOUNT (NO OTHER INDIVIDUALS CONTRIBUTED ANY AMOUNT SIMILAR TO THIS AMOUNT IN THE FIVE YEAR PERIOD), AND - THEY ARE LARGE ENOUGH THAT THEY WOULD SIGNIFICANTLY DECREASE THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE.</p> |

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 HEALTH FOUNDATION

Employer identification number
23-2368196

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|----|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a | 11,778,288 | 11,467,950 | 10,827,583 | 11,571,998 | 11,861,059 |
| b | | | | | |
| c | 42,981 | 310,338 | 640,367 | -744,415 | -289,061 |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | 11,821,269 | 11,778,288 | 11,467,950 | 10,827,583 | 11,571,998 |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 100 000 %

The percentages 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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 339,282 | 322,233 | 17,049 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 17,049 |

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)EQUITY MUTUAL FUNDS | 32,996,328 | F |
| (2)PARTNERS | 225,000 | F |
| (3)PERPETUAL TRUSTS | 11,821,240 | F |
| (4)INVESTMENTS | 283,873 | F |
| (5)USE | 1,180,227 | F |
| (6)LIMITED USE | 7,426,511 | F |
| (7)TAX-EXEMPT ORGANIZATION | 29,605 | F |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | 53,962,784 | |

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) DUE FROM AFFILIATES | 25,596,707 |
| (2) OTHER RECEIVABLES | 189,932 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 25,786,639 |

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 |
| DUE TO AFFILIATED ENTITIES | 1,252,522 |
| OTHER LIABILITIES | 112,879 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 1,365,401 |

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 | |
| | |
| | |
| | |
| | |
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| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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Additional Data

Software ID:
Software Version:
EIN: 23-2368196
Name: DOYLESTOWN HEALTH FOUNDATION

Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| SCHEDULE D, PART V, QUESTION 4 | ENDOWMENT FUNDS ARE MADE UP OF TRUST ACCOUNTS AT VARIOUS FINANCIAL INSTITUTIONS IT IS INTENDED THAT INCOME RECEIVED FROM ELEVEN OF THESE ACCOUNTS WILL BE USED AS UNRESTRICTED INCOME TO SUPPORT THE MISSION OF THE ORGANIZATION, AND INCOME FROM THREE OF THESE ACCOUNTS WILL BE USED FOR DONOR-DESIGNATED PROGRAMS |

Supplemental Information

| Return Reference | Explanation |
|--------------------|--|
| SCHEDULE D, PART X | <p>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 ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE SYSTEM'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2019 THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS</p> |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Employer identification number
23-2368196

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| Total ▶ | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|------------------------------------|--------------|----------------------------|--|
| | | GOLF OUTING (event type) | (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 125,575 | | | 125,575 |
| | 2 Less Contributions | 91,823 | | | 91,823 |
| | 3 Gross income (line 1 minus line 2) | 33,752 | | | 33,752 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 23,074 | | | 23,074 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 10,678 | | | 10,678 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 33,752 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|--|---|
| Revenue | 1 Gross revenue | | | 65,205 | 65,205 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | 29,000 | 29,000 |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | 2,369 | 2,369 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | 31,369 |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | 33,836 |

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

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

b If "No," explain _____

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

b If "Yes," explain _____

| | | | |
|---|---|------------|-----------|
| 11 Does the organization conduct gaming activities with nonmembers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 13 Indicate the percentage of gaming activity conducted in | | | |
| a The organization's facility | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: right;">%</td></tr></table> | 13a | % |
| 13a | % | | |
| b An outside facility | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13b</td><td style="width: 100px; text-align: right;">100 000 %</td></tr></table> | 13b | 100 000 % |
| 13b | 100 000 % | | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and recordsName ► WILLIAM KRAUSEAddress ► 595 WEST STATE STREET
DOYLESTOWN, PA 18901**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?☐ **Yes** ☒ **No****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager informationName ► JEANNE SZYSZKOGaming manager compensation ► \$ 0Description of services provided ► MANAGES DAY TO DAY ACTIVITY OF RAFFLES☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?☐ **Yes** ☒ **No****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
DOYLESTOWN HEALTH FOUNDATION

Employer identification number
23-2368196

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) DOYLESTOWN HOSPITAL 595 W STATE STREET DOYLESTOWN, PA 18901 | 23-1352174 | 501(C)(3) | 3,561,710 | | | | PROGRAM SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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) NURSING SCHOLARSHIPS | 34 | 49,396 | | | |
| (2) TEEN VOLUNTEER SCHOLARSHIPS | 15 | 24,000 | | | |
| (3) OTHER SCHOLARSHIPS | 8 | 16,500 | | | |
| (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 CENTERS AND OTHER INFORMATION INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS THE SCHOLARSHIP COORDINATING COMMITTEE AT DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AWARDS SCHOLARSHIP OPPORTUNITIES APPLICANTS ARE INVITED TO APPLY FOR ANY SCHOLARSHIPS FOR WHICH THEY QUALIFY |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization DOYLESTOWN HEALTH FOUNDATION | Employer identification number 23-2368196 |
|--|--|--|

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 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 | |

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.

[illegible]

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 INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES L BREXLER, FACHE, \$328,869 THE DEFERRED COMPENSATION AMOUNT INCLUDED IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THESE AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES L BREXLER, FACHE, \$212,546 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 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 |

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE J, PART II, COLUMN F | THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 ADDITIONALLY, THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES L BREXLER, FACHE, \$328,869 |



SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► 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 HEALTH FOUNDATION

Employer identification number
23-2368196

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | X | 2 | 30,000 | FMV |
| 2 Art—Historical treasures . . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | X | 8 | 1,185,220 | FMV |
| 10 Securities—Closely held stock . | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous . . | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential . . | | | | |
| 16 Real estate—Commercial . . | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|----------------------------------|---|
| SCHEDULE M, PART I, QUESTION 32A | THE ORGANIZATION UTILIZES THE SERVICES OF AN OUTSIDE INDEPENDENT ORGANIZATION TO SELL CERTAIN NON-CASH PROPERTY RECEIVED AS CONTRIBUTIONS |

| | | | |
|--|--|--|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493196020350 |
| SCHEDULE O (Form 990 or 990-EZ) | 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 <u>www.irs.gov/Form990</u> for the latest information. | | OMB No 1545-0047 |
| | | | 2018 |
| Department of the Treasury | | | Open to Public Inspection |
| Name of the organization DOYLESTOWN HEALTH FOUNDATION | | Employer identification number 23-2368196 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>BACKGROUND ===== DOYLESTOWN HEALTH SYSTEM ("SYSTEM") ORIGINATED WITH THE VILLAGE IMPROVEMENT 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 SERVICE IN 1916, AND OPENED THE FIRST DOYLESTOWN EMERGENCY AND MATERNITY HOSPITAL IN 1923 THE 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 LOCATION IN 1975 AND OCCUPIES 62 ACRES AND 611,000 SQUARE FEET OF BUILDINGS IT IS LICENSED FOR 232 BEDS IN 1986, A CORPORATE RESTRUCTURING ESTABLISHED DOYLESTOWN HOSPITAL AS A SUBSIDIARY CORPORATION OF THE NEWLY-CREATED DOYLESTOWN HEALTH FOUNDATION, BOTH GOVERNED BY THE VIA SEVERAL OTHER ENTITIES WERE ADDED OVER THE YEARS WITH DOYLESTOWN HOSPITAL REMAINING THE FLAGSHIP OF THE SYSTEM COLLECTIVELY, THE SYSTEM IS COMPRISED OF THE FOLLOWING DOYLESTOWN HOSPITAL, WHICH INCLUDES - PINE RUN RETIREMENT COMMUNITY - PINE RUN HEALTH CENTER - PINE RUN LAKEVIEW PERSONAL CARE - DOYLESTOWN HOSPITAL HOME HEALTH CARE - DOYLESTOWN HOSPITAL HOSPICE - DOYLESTOWN HOSPITAL SURGERY CENTER AND OUTPATIENT TESTING FACILITIES AT THE HEALTH AND WELLNESS CENTER - HEALTH CONNECTIONS BY DOYLESTOWN HOSPITAL HEALTHCARE CONCIERGE SERVICES AT THE WARMINSTER SHOPRITE - CHILDRENS VILLAGE EARLY CHILDHOOD EDUCATION PROGRAM - CB CARES, IN PARTNERSHIP WITH THE CENTRAL BUCKS SCHOOL DISTRICT TODAY, WE GATHER ALL ELEMENTS OF OUR HEALTH SYSTEM TO EXPAND BEYOND EPISODIC CARE TO COMMUNITY HEALTH AND A CONTINUUM OF COORDINATED CARE, FROM BIRTH TO END-OF-LIFE IN PARTNERSHIP WITH OVER 425 PHYSICIANS ON OUR MEDICAL STAFF, THE SYSTEM HAS EARNED NATIONAL RECOGNITION FOR THE DELIVERY OF HIGH-QUALITY, COMPLEX HEALTH CARE WHILE PROMOTING WELLNESS IN THE COMMUNITIES WE SERVE DOYLESTOWN HEALTH FOUNDATION -----</p> <p>----- THE DOYLESTOWN HEALTH FOUNDATION SERVES 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 THROUGH CONNECTIVITY WITH ALL PARTS OF THE COMPREHENSIVE HEALTH SYSTEM MEMBERS OF THE EXECUTIVE COMMITTEE OF THE FOUNDATIONS BOARD OF DIRECTORS CONSTITUTE, APPOINT AND ELECT THE MEMBERS OF THE HOSPITAL BOARD OF DIRECTORS EACH MEMBER OF THE SYSTEM (WITH EXCEPTION OF DOYLESTOWN HEALTH & WELLNESS CENTER, INC) ARE PENNSYLVANIA NONPROFIT CORPORATIONS WHICH HAVE BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, AS AMENDED, BY REASON OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)3 IN THE CODE EACH ORGANIZATION WITHIN THE SYSTEM HAS ITS OWN BOARD OF DIRECTORS WHICH IS RESPONSIBLE FOR ESTABLISHING POLICIES AND PLANNING FOR THE UNIT DOYLESTOWN HOSPITAL ----- AS THE FLAGSHIP OF THE SYSTEM, DOYLESTOWN HOSPITAL HAS THE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>LONGEST HISTORY AND MOST DIVERSE COMPONENTS TO MEET ITS MISSION TO CONTINUOUSLY IMPROVE THE 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 TO SEVEN CORE SERVICE VALUES 1) WE SERVE ALL MEMBERS OF THE COMMUNITY, 2) WE STRIVE FOR EXCELLENCE IN OUR SERVICES AND PROGRAMS, 3) WE RESPECT THE DIGNITY OF EVERY MEMBER OF THE COMMUNITY, 4) WE PROVIDE VALUE THROUGH HIGH-QUALITY, LOW-COST SERVICES, 5) WE SEEK INNOVATION AND INTEGRATION FOR CONTINUOUS IMPROVEMENT, 6) WE ARE COMPASSIONATE, AND 7) WE ARE COMMITTED TO THE HEALTH AND WELLNESS EDUCATION OF OUR COMMUNITY THE HOSPITAL HOLDS BOARD MEMBERS, 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 FOR 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 GROUP THE HOSPITAL WAS AMONG THE "100 BEST" IN THE NATION FOR HEART AND ORTHOPEDIC CARE, ACCORDING TO BECKERS HOSPITAL REVIEW AREAS OF CLINICAL EMPHASIS AND QUALITY RECOGNITION INCLUDE CARDIOVASCULAR SERVICES, EMERGENCY MEDICINE, ONCOLOGY, MATERNAL-CHILD HEALTH, ORTHOPEDICS, INTERVENTIONAL RADIOLOGY, GASTROENTEROLOGY, UROLOGY, STROKE INTERVENTION, GENERAL SURGERY AND ENDOVASCULAR SURGERY THE HOSPITAL CONTAINS SEVERAL DEDICATED UNITS, INCLUDING THE RICHARD A. REIF HEART INSTITUTE, VIA MATERNITY CENTER, ORTHOPEDIC INSTITUTE, CANCER INSTITUTE AND DELLA-PENNA PEDIATRIC CENTER THE EMERGENCY DEPARTMENT, EXPANDED IN 2010, TREATS MORE THAN 44,000 PATIENTS ANNUALLY AND HOUSES THE WOODALL CHEST PAIN CENTER AND THE CERTIFIED 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 IT OFFERS IN THE COMMUNITY THROUGH SEVERAL PARTNERSHIPS FOR SPECIALTY CARE, INCLUDING THE SIDNEY KIMMEL CANCER NETWORK, PENN RADIATION THERAPY, CHILDRENS HOSPITAL OF PHILADELPHIA FOR NEO-NATAL INTENSIVE CARE, AND TEMPLE HEALTH FOR AIR TRANSPORT THE DOYLESTOWN HEALTHCARE PARTNERSHIP IS A CLINICALLY- AND FINANCIALLY-INTEGRATED NETWORK OF CARE THIS JOINT VENTURE 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 HOSPITAL ACQUIRED THE PINE RUN COMMUNITY</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>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 AND 40-BED PERSONAL CARE FACILITY (THE HEALTH CENTER), AND A 107-BED PERSONAL CARE FACILITY (LAKEVIEW), LOCATED ON A SEPARATE, 7.5 ACRE CAMPUS 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, LIBRARY, AND OTHER AMENITIES MAINTENANCE, SECURITY, HOUSEKEEPING, UTILITIES, DINING, RECREATIONAL, CULTURAL, TRANSPORTATION AND FITNESS SERVICES ARE PROVIDED FOR THE VILLAGERS THE HEALTH CENTER, LOCATED ON THE SAME CAMPUS AS THE VILLAGE, PROVIDES TRANSITIONAL CARE FOR SHORT-STAY NURSING AND REHABILITATION RESIDENTS, WITH SKILLED NURSING CARE AND COMPREHENSIVE THERAPY PROGRAMS, A PERSONAL CARE ALZHEIMERS/DEMENTIA PROGRAM FOR THOSE WITH IMPAIRED MEMORY, LONG-TERM CARE FOR RESIDENTS REQUIRING ON-GOING CUSTODIAL CARE, SHORT-TERM RESPITE CARE TO ALLOW HOME-BASED CARE GIVERS TO TAKE A VACATION OR TRIP, AND HOSPICE CARE FOR END-OF-LIFE CARE LAKEVIEW, A PERSONAL CARE FACILITY, WAS PURCHASED BY DOYLESTOWN HOSPITAL IN 1998 AND ADDED TO THE PINE RUN FAMILY OF FACILITIES IT OFFERS PERSONAL CARE ACCOMMODATIONS IN PRIVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMING FOR THOSE WITH MEMORY IMPAIRMENT THIS PERSONAL CARE RESIDENCE IS THREE AND A HALF (3.5) MILES FROM THE PINE RUN VILLAGE, AND TWO BLOCKS FROM THE MAIN HOSPITAL</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>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 DEPARTMENT OF HEALTH BCHIP ADDRESSES MATERNAL AND CHILD HEALTH ISSUES, MENTAL HEALTH CONCERNS, COORDINATION OF HEALTH PROMOTION AND PREVENTION (NOTABLY TOBACCO AND CARDIOVASCULAR RISK REDUCTION), SUPPORTS CHIP ENROLLMENT, DOMESTIC VIOLENCE PREVENTION AND PROVIDES ADULT HEALTH AND DENTAL CLINICS FOR UNDERSERVED POPULATIONS 4) CB CARES BOTH THE DOYLESTOWN HOSPITAL AND THE DOYLESTOWN HEALTH FOUNDATION SUPPORT THE TEAM WITH BOARD MEMBERS WHO PROVIDE LEADERSHIP, FUNDRAISING AND HUMAN RESOURCE SKILLS 5) CBTV THE SYSTEM AND CENTRAL BUCKS SCHOOLS CONTINUE THEIR PARTNERSHIP PRODUCING HEALTH MATTERS, AN EDUCATIONAL PROGRAM FEATURING EXPERT GUESTS FROM THE SYSTEM, THE SCHOOL DISTRICT AND THE COMMUNITY THE SHOW BRINGS TO LIGHT TIMELY TOPICS OF INTEREST TO LOCAL FAMILIES, AND IS PRODUCED AND FILMED BY STUDENTS STUDYING BROADCASTING AT CB SOUTH HIGH SCHOOL, WHO ALSO ACT AS CO-HOSTS AND HELP DEVELOP QUESTIONS FOR THE PANEL OF GUESTS RECENT TOPICS INCLUDE CHILDHOOD OBESITY, CONCUSSION, SLEEP AND TEEN DEPRESSION 6) CHILDRENS VILLAGE DAY CARE SUBSIDIES CHILDRENS VILLAGE, ON-SITE DAY CARE, WELCOMES CHILDREN FROM LOW-INCOME FAMILIES IN THE AREA THAT ARE ELIGIBLE FOR CHILD-CARE SUBSIDIES 7) ANN SILVERMAN COMMUNITY HEALTH CLINIC THE MISSION OF THE CLINIC IS TO PROVIDE NO COST MEDICAL CARE, DENTAL CARE AND SOCIAL SERVICES TO LOW-INCOME (250% OF POVERTY OR BELOW), UNINSURED MEMBERS OF OUR COMMUNITY THE CLINIC SERVES ALL AGES AND PROVIDES CARE FOR THE ENTIRE FAMILY THROUGH THE UTILIZATION OF MORE THAN 230 PROFESSIONAL, MEDICAL, MENTAL HEALTH, DENTAL AND SOCIAL SERVICE VOLUNTEERS AND A SMALL PAID STAFF THE HOSPITAL PROVIDED THE CLINIC WITH OFFICES AND EXAM ROOMS AT A NOMINAL CHARGE THE FOUNDATION ASSISTED IN SOME OF THE HEALTH NEEDS OF THE PATIENTS THAT GO BEYOND THE RESOURCES OF THE CLINIC WITH A CONTRIBUTION OTHER DONATIONS INCLUDE MEDICAL LAB TESTING, AS WELL AS SENIOR MANAGEMENTS TIME CONTRIBUTING TO THE CLINICS BOARD 8) COMMUNITY EDUCATION CALENDAR DOYLESTOWN HOSPITAL PUBLISHED A QUARTERLY CALENDAR AND EDUCATIONAL NEWSLETTERS, WHICH ARE DISTRIBUTED 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 LECTURES, SUPPORT GROUPS AND OTHER HEALTH EDUCATION ACTIVITIES IN ADDITION, DOYLESTOWN HOSPITAL PUBLISHES A REGULAR BLOG, TWITTER AND FACEBOOK POSTS ON A VARIETY OF TOPICS 9) DOYLESTOWN HEALTH CONNECTIONS THIS IS A COLLABORATIVE PROGRAM BETWEEN THE SYSTEM AND COMMUNITY PARTNERS, SUCH AS THE COWHEY FAMILY (SHOPRITE OF WARMINSTER) HEALTH CONNECTIONS IS AN IN-STORE HEALTH RESOURCE CENTER CREATED TO BENEFIT THE COMMUNITY THIS CONVENIENT LOCATION MAKES HEALTH INFORMATION ACCESSIBLE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>E AND PERSONAL FOR THE PREVENTION OF ILLNESS, AND HELPS RESIDENTS FIND THE APPROPRIATE CARE WHEN THE NEED ARISES THE GOAL OF HEALTH CONNECTIONS IS TO MOTIVATE THE COMMUNITY TO ADOPT HEALTHIER LIFESTYLES 10) MEDICAID APPLICATION PREPARATION FOR ALL UNINSURED PATIENTS DOYLESTOWN HOSPITAL OFFERS ALL UNINSURED PATIENTS THE OPTION OF FILING A MEDICAID APPLICATION HRSI IS THE HOSPITALS VENDOR AND THEY HELP OUR PATIENTS THROUGH THE PROCESS THE HOSPITAL IS CHARGED \$475/APPLICATION, IF THE APPLICANT OBTAINS ELIGIBILITY 11) LENAPE VALLEY HEALTH FOUNDATION THIS ORGANIZATION PROVIDES PSYCHIATRIC COVERAGE AND CLINICAL SUPERVISION FOR UNIT PATIENTS AND PSYCHIATRIC CONSULTATION SERVICES IN THE HOSPITALS EMERGENCY DEPARTMENT 12) FOUNDATION FUND RAISING PROGRAM THE FOUNDATION'S FUND RAISING PROGRAM REQUESTED UNRESTRICTED GIFTS FOR THIS FISCAL YEAR THAT WOULD ENABLE DOYLESTOWN HOSPITAL TO CONTINUE ITS MISSION OF A RESPONSIVE, HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES GIFTS BENEFITED MANY DEPARTMENTS OF THE HOSPITAL, ESPECIALLY THE HEART INSTITUTE, HOSPICE AND THE CANCER CENTER SPECIAL EVENTS INCLUDED A SILENT AUCTION TO BENEFIT THE CANCER AND HOSPICE PROGRAMS, A HEART BRUNCH, AND A GOLF OUTING THE PLANNED GIVING PROGRAM WAS SUCCESSFUL, INCLUDING THE GROWTH OF THE CHARITABLE GIFT ANNUITY PROGRAM 13) HOSPICE PROGRAM SUPPORT THE HOSPICE PROGRAM PROVIDED CAREGIVERS FOR RESPITE CARE IN THE HOMES OF TERMINALLY ILL PATIENTS, AND CONTACTED BEREAVED PEOPLE OVER THE PHONE THROUGHOUT THE YEAR AFTER THE DEATH OF A LOVED ONE 14) BEREAVEMENT SUPPORT THE BEREAVEMENT SUPPORT PROGRAM PROVIDED SUPPORT FOR BEREAVED AND HOSPICE FAMILIES THERE ARE VARIOUS TYPES OF BEREAVEMENT SUPPORT GROUPS THAT TAKE PLACE MONTHLY IN ORDER TO MEET THE NEEDS OF ALL TYPES OF LOSSES THESE PROGRAMS ARE OFFERED ALL YEAR ROUND AND HAVE A CHAPLAIN AND OTHER PROFESSIONAL STAFF IN ATTENDANCE 15) "HOW TO COPE" PROGRAMS THERE WERE EVENTS HELD AT VARIOUS CHURCHES AND ORGANIZATIONS TO DISCUSS TOPICS OF COPING WITH THE LOSS OF A LOVED ONE AT THE HOLIDAYS, "WHO AM I NOW HAVING CONVERSATIONS BEFORE THE CRISIS 16) PULSE LINE A PHONE LINE THAT IS DEDICATED FOR COMMUNITY INFORMATION, REGISTRATION AND REFERRAL HOSPITAL STAFF SCREENED APPLICANTS AND REFERRED PATIENTS WITH PRIMARY CARE AND SPECIALIST PHYSICIANS THEY ALSO REFERRED ELIGIBLE PATIENTS TO THE FREE CLINIC OF DOYLESTOWN 17) DOYLESTOWN CLINICAL NETWORK (DCN) THE DCN FACILITATES SEAMLESS TRANSFER OF CLINICAL INFORMATION PROVIDER-TO-PROVIDER TO IMPROVE THE QUALITY OF CARE FOR MEMBERS OF THE DOYLESTOWN COMMUNITY 18) SCHOLARSHIP ASSISTANCE SCHOLARSHIPS ARE SUPPORTED BY THE FOUNDATION THROUGH RESTRICTED GIFTS THESE SCHOLARSHIPS, ARE AWARDED TO MEN AND WOMEN PURSUING NURSING, ALLIED HEALTH, PARAMEDIC, AND OTHER TRAINING</p> |

990 Schedule O, Supplemental Information

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

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>D EMOTIONAL SUPPORT FOR BREAST CANCER SURVIVORS AND THEIR FAMILIES ADDITIONAL PROGRAMS SP ONORED BY THE HOSPITAL FOR CANCER SUPPORT WERE FOUR CANCER EDUCATIONAL PROGRAMS (PSYCHOLO GICAL SUPPORT PROGRAM, BREAST CANCER AND EMOTIONAL SUPPORT PROGRAM, NUTRITION PROGRAM AND "BASKET BINGO" 6) MAN TO MAN PROSTATE CANCER SUPPORT GROUP EDUCATION THIS MONTHLY PROGRA M ADDRESSES ISSUES AND THE STRUGGLES THAT FACE PROSTATE CANCER SURVIVORS AND THEIR FAMILIE S 7) LOOK GOOD, FEEL BETTER THIS PROGRAM PROVIDED SUPPORT AND RESOURCES FOR CANCER PATIE NTS UNDERGOING CHEMOTHERAPY 8) NUTRITION PRESENTATIONS PROGRAMS WERE HELD THROUGHOUT THE YEAR TO PROVIDE EDUCATION ON NUTRITION TO PROMOTE OPTIMAL HEALTH AND DIABETES AWARENESS LOCATIONS INCLUDED SEVERAL CHURCHES, SENIOR COMMUNITIES, TWO HIGH SCHOOLS AND VARIOUS WOM EN'S AND MEN'S GROUPS, MENU EVALUATION FOR YORKTOWN MANOR, HEALTH FAIR DISPLAYS FOR YMCA A ND MANY LOCAL ELEMENTARY SCHOOLS 9) STROKE SUPPORT GROUP THIS MONTHLY PROGRAM ADDRESSES ISSUES AND THE STRUGGLES THAT FACE STROKE SURVIVORS AND THEIR FAMILIES 10) JOINT REPLACEM ENT - PREOP EDUCATION THIS PROGRAM IS PRESENTED 9 TIMES THROUGH THE YEAR THIS LECTURE AD DRESSES ISSUES AND CONCERNS AS WELL AS WHAT TO EXPECT BOTH PRE & POST OP AND DISCHARGE OF A JOINT REPLACEMENT 11) WALK WITH A DOC THESE MONTHLY PROGRAMS HAVE BEEN POPULAR EVER SI NCE, WITH COMMUNITY MEMBERS BENEFITING FROM SHORT HEALTH LECTURES BY VARIOUS PHYSICIANS FO LLOWED BY AN ENERGIZING WALK AROUND THE DOYLESTOWN HOSPITAL CAMPUS WALKS CONTINUE YEAR-RO UND, WITH SPECIAL EVENTS IN JANUARY AND FEBRUARY (AMERICAN HEART MONTH) THE PROGRAMS HELP MOTIVATE INDIVIDUALS TO CONTINUE EXERCISE FOR BETTER HEALTH 12) INTEGRATIVE PROGRAMS IN TEGRATIVE THERAPIES, LIKE ACUPUNCTURE, IN CONJUNCTION WITH TRADITIONAL MEDICINE IN THE TRE ATMENT OF CANCER, IMPROVE PATIENTS' OVERALL PHYSICAL AND EMOTIONAL WELL BEING AND CAN HELP THEM MANAGE THE SIDE EFFECTS OF CANCER TREATMENT THESE SERVICES ARE PROVIDED BY A LICENS ED AND CERTIFIED THERAPIST 13) STUDENT INTERNSHIP SUMMER PROGRAM THIS PROGRAM WITH STUDE NTS OF THE GWYNEDD MERCY CARDIOVASCULAR TECHNOLOGY PROGRAM, BUCKS AND MONTGOMERY COUNTY CO MMUNITY COLLEGES NURSING PROGRAM AND KETTERING COLLEGE ECHO PROGRAM AND OTHER LOCAL SCHOOL PROGRAM THE STUDENTS SPEND 2 WEEKS OBSERVING PROCEDURES IN CARDIAC SERVICES, ECHO AND TH E CATH LAB TO HELP THEM DECIDE WHERE THEY WOULD LIKE TO FOCUS THEIR EDUCATION AND CAREER THE HOSPITAL ALSO HAS 3 STUDENTS FROM TEMPLE UNIVERSITY IN THE PHYSICAL THERAPY DEPARTMENT OF REHAB COMPLETE THEIR EDUCATIONAL REQUIREMENTS THROUGH OBSERVATION 14) STUDENT INTERNS HIP RADIOLOGY PROGRAM 8 STUDENTS FROM BUCKS & MONTGOMERY COUNTY COMMUNITY COLLEGE'S RADIO LOGIC TECHNOLOGY PROGRAM, ATTEND THE HOSPITAL'S DEPARTMENT OF RADIOLOGY ON A ROTATION BASI S STUDENTS LEARN CLINICAL SKILLS THAT ARE IMPORTANT TO THEIR EDUCATIONAL PROCESS RADIOGR APHERS AT THE HOSPITAL SERVE AS CLINICAL INSTRUCTORS FOR THE STUDENTS ON A ONE TO ONE RATI O 15) ALLIED HEALTH REGISTERE</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>D CARDIOVASCULAR INVASIVE SPECIALIST ("RCIS") COLLEGE INTERN PROGRAM STUDENTS WORK WITH A DOYLESTOWN HOSPITAL CARDIAC REHAB ASSOCIATE, DEVELOPING THEIR SKILLS SUCH AS READING PHYSICIAN REPORTS, COLLECTING INFORMATION FOR FIRST VISIT PATIENTS, ASSESSING SKILLS, DOCUMENTING MEDS, EXERCISE EVALUATIONS, EVALUATING OUTCOMES AND DISCHARGING PATIENTS FOR THE STUDENT COLLEGE TRAINING, THIS IS A MANDATORY CLINICAL EXPERIENCE PROGRAM 16) SMOKING CESSATION PROGRAM PROGRAMS WERE HELD USING CDC RESOURCES "CLEARING THE AIR" 50 INDIVIDUALS WERE GIVEN HELP IN QUITTING THE HABIT SMOKING 17) PEDIATRIC OUTREACH PROGRAM PROGRAMS WERE HELD THROUGHOUT THE COMMUNITY TO EDUCATE CENTRAL BUCKS NURSING STUDENTS, DOYLESTOWN STUDENTS FROM PRE-KINDERGARTEN THROUGH THE SECOND GRADE AND THE LOCAL BROWN TROOP BADGE PROGRAM THESE TOPICS PROVIDED INFORMATION RANGING FROM CHILDREN'S NUTRITION, CHILDHOOD OBESITY, PROTECTING YOURSELF FROM THE SUN, SUMMER SAFETY AS WELL AS FIRST AID, HOUSEHOLD SAFETY AND POISON PREVENTION, DENTAL HEALTH, HAND HYGIENE AND DRUG OVERDOSE PROGRAMS 18) PINE RUN INTERN PROGRAM THIS INTERNSHIP PROGRAM HAS 60 STUDENTS FROM TEMPLE UNIVERSITY THESE STUDENTS ARE THERAPEUTIC RECREATION MAJORS AND ARE HERE TO OBSERVE AND BE EDUCATED ON THIS FIELD OF STUDY WORKING AT THE PINE RUN COMMUNITY 19) PINE RUN PROGRAMS PINE RUN SPONSORS NUMEROUS COMMUNITY LECTURES IN ITS "DOC TALES" SERIES THESE FREE PHYSICIAN LECTURES HAVE EXPLORED TOPICS INCLUDING BREAST CANCER AWARENESS, BLOOD PRESSURE CONTROL, DISEASES OF THE CHEST, MEMORY WORKSHOPS AND COMMON EYE PROBLEMS PINE RUN HOLDS AN ANNUAL ART SHOW IN THE SPRING AND THE ANNUAL FALL FESTIVAL BRINGS FAMILIES AND COMMUNITY MEMBERS TO THE PINE RUN CAMPUS FOR A VARIETY OF FAMILY-FRIENDLY SEASONAL ACTIVITIES</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>MATERNITY AND PARENTING ACTIVITIES ----- 1) BABY WELL THIS PROGRAM EDUCATED 196 PARENTS ON HOW TO CARE FOR THEIR NEWBORN 2) HEALTHY BEGINNINGS PROGRAM THIS IS A PROGRAM TO BRING PRENATAL HEALTH TO THE UNDERSERVED IN THE COMMUNITY THIS IS MOSTLY THE ONES WITHOUT THE ABILITY TO PAY OR THOSE WHO HAVE NOT YET ENROLLED OR WHO ARE ENROLLED IN MEDICAID MUCH OF OUR PROGRAM DEALS WITH HIGH RISK PATIENTS AND THOSE WITH SUBSTANCE ABUSE PROBLEMS THERE IS A PHYSICIAN, A SOCIAL WORKER AND A DIETICIAN, AS WELL AS TWO NURSES WHO RUN THE PROGRAM 3) BREASTFEEDING EDUCATION THIS PROGRAM PROVIDES AN INCREASED UNDERSTANDING OF THE BENEFITS OF BREASTFEEDING, WHICH LEADS TO IMPROVED NUTRITION/HEALTH OF INFANTS THESE MEETINGS WERE HELD THROUGHOUT THE YEAR 4) CHILDBIRTH CLASSES A PROGRAM TEACHING THE HOW-TO'S OF CHILDBIRTH SERVED THROUGH 24 COURSES SERIES EVERY DAY OF THE WEEK 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 DISCUSSED FAMILY'S ADMISSION FROM BIRTHING ROOM TO POSTPARTUM ROOM TO THE NURSERY DISCUSSIONS WERE HELD ON NEWBORNS AND BASIC DEVELOPMENT, INCLUDING ICD & TYPES OF INFANTS ADMITTED AT DOYLESTOWN 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 CLASSES THIS PROGRAM REFRESHED NEARLY 10 PARENTS-TO-BE, WHO ALREADY HAVE DELIVERED OTHER CHILDREN, 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, HOME AND COMMUNITY INFORMATION, WHICH THE HOSPITAL PROVIDED FOR THE EDUCATIONAL COURSE 2) SCHOOL DISTRICT PROGRAMS DOYLESTOWN HOSPITAL WORKS WITH CENTRAL BUCKS HIGH SCHOOLS TO WELCOME TOPPS AND WORK-BASED LEARNING SPECIAL NEEDS STUDENTS TO EXPERIENCE JOBS WITHIN THE HOSPITAL'S DINING SERVICES THE GOAL IS TO PREPARE THE STUDENTS FOR EMPLOYMENT ONCE OUT OF SCHOOL 3) TEDDY BEAR CLINICS CHILDREN IN THE COMMUNITY WERE EXPOSED TO THE EMERGENCY DEPARTMENT AND AMBULANCE IN A FUN ENVIRONMENT THE EXPERIENCE TAUGHT THEM TO NOT BE FRIGHTENED IN THE EVENT THEY MAY NEED EMERGENCY SERVICES 4) GIRL SCOUTS THE HOSPITAL PROVIDED MEETING SPACE FOR 2 GIRL SCOUT TROOPS 5) BUCKS COUNTY DOWN SYNDROME SPACE WAS PROVIDED FOR MONTHLY 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. EVERY 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 MONTHLY FOR THESE MEETINGS AT C.V. LEADERSHIP ACTIVITIES ----- THE HOSPITAL PRESIDENT/CEO DEVOTED \$30,000</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>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-PRESIDENT OF DEVELOPMENT WAS ALSO INVOLVED IN CONTRIBUTING TIME TO ACTIVITIES THAT BENEFIT THE COMMUNITY INCLUDING ANN SILVERMAN COMMUNITY HEALTH CLINIC, CB CARES, THE AMERICAN RED CROSS, THE CENTRAL BUCKS CHAMBER OF COMMERCE AND THE DOYLESTOWN BUSINESS AND COMMUNITY ALLIANCE 1) LUNG CANCER PREVENTION - GREAT AMERICAN SMOKEOUT THIS PROGRAM PROVIDES INFORMATION ON THE PREVENTION OF LUNG CANCER AND THE DAMAGE SMOKING HAS ON YOUR HEALTH INFORMATION WAS PROVIDED THROUGH BROCHURES, WEB ASSISTED PROGRAMS WERE INTRODUCED AND TOLL FREE RESOURCES WERE ALSO PROVIDED 2) CANCER SURVIVOR DAY THE SYSTEM'S CANCER INSTITUTE HOSTED A SPECIAL PROGRAM IN HONOR OF NATIONAL CANCER SURVIVORS DAY TO CELEBRATE SURVIVORSHIP AND THOSE WHO HAVE SUPPORTED THEM ALONG THE WAY DR DON THOMAS, ASTRONAUT AND AUTHOR OF ORBIT OF DISCOVERY, PRESENTED THE PROGRAM "OVERCOMING OBSTACLES AND REACHING FOR THE STARS" THE EVENT WAS FREE AND OPEN TO THE PUBLIC 3) I CAN COPE THIS PROGRAM WAS AN EDUCATIONAL SERIES THAT ADDRESSED TOPICS SUCH AS CANCER AND TREATMENT, MANAGING SIDE EFFECT, EMOTIONAL CONCERNS, FATIGUE AND ENERGY CONSERVATION AND PROPER NUTRITION DOYLESTOWN HOSPITAL'S MANAGERS ALSO CONTRIBUTE THEIR LEADERSHIP AND EXPERTISE TO A VARIETY OF COMMUNITY BOARDS, AGENCIES, 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 DECONTAMINATION TASK FORCE - BUCKS CO QUALITY CHILD CARE COALITION - BUCKS CO MH/MR ADVISORY BOARD - BOYS SCOUTS OF AMERICA - BUCKS COUNTY HOUSING GROUP - BUCKS CO HEALTH IMPROVEMENT PARTNERSHIP - CB CHAMBER OF COMMERCE - CENTRAL BUCKS MINISTERIUM - CB CHRISTIAN WOMEN'S CLUB - CHILD, HOME AND COMMUNITY, INC - CENTRAL BUCKS FAMILY YMCA - CB CARES - COMMUNITY OUTREACH CENTER - DELAWARE VALLEY COLLEGE SENIOR EDUCATION - DOYLESTOWN ATHLETIC ASSOCIATION - DOYLESTOWN BUSINESS & COMMUNITY ALLIANCE - DVHC BOARD AND COMMITTEES - FAMILY CAREGIVERS OF SENIORS - FRIENDS OF PEACE VALLEY NATURE CENTER - GWYNEDD MERCY ADVISORY COMMITTEE - HEALTH AND HOUSING TASK FORCE - HERITAGE CONSERVANCY - LENAPE VALLEY SHRINER'S CLUB - LITERACY ACADEMY OF BUCKS - MARCH OF DIMES - MIDDLE BUCKS INSTITUTE OF TECHNOLOGY ADVISORY - PROFESSIONALS WORKING WITH SENIORS - SPRINGFIELD TOWNSHIP (SUPERVISOR/PLANNING) TEACHING PROGRAMS ----- DOYLESTOWN HOSPITAL SUPPORTS MEDICAL, NURSING, ALLIED HEALTH, AND HOSPITAL MANAGEMENT PROGRAMS THE FOLLOWING IS A LIST OF SCHOOLS THAT SENT STUDENTS TO THE HOSPITAL FOR PRACTICUMS, CLINICAL ROTATIONS, AND/OR PRECEPTORSHIPS - AR</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>CADIA UNIVERSITY - BLOOMSBURG UNIVERSITY - BUCKS COUNTY COMMUNITY COLLEGE - CHAMBERLAIN COLLEGE OF NURSING - DREXEL UNIVERSITY/HAHNEMANN COLLEGE - EASTERN MENNONITE COLLEGE - GWYNE DD MERCY UNIVERSITY - HARCUM COLLEGE - ITHACA COLLEGE - LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE - LASALLE UNIVERSITY - MCPHS UNIVERSITY - MONTGOMERY COUNTY COMMUNITY COLLEGE - PENN STATE UNIVERSITY - PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - ROBERT MORRIS UNIVERSITY - SALUS UNIVERSITY - SOUTH CAROLINA COLLEGE OF PHARMACY - STARR TECHNICAL INSTITUTE - ST FRANCIS UNIVERSITY - SUNY DELHI - TEMPLE UNIVERSITY - THOMAS JEFFERSON UNIVERSITY - UNIVERSITY OF DELAWARE - UNIVERSITY OF PENNSYLVANIA - UNIVERSITY OF THE SCIENCES - UNIVERSITY OF ST FRANCIS - UPPER BUCKS TECHNICAL INSTITUTE - WIDENER UNIVERSITY DOYLESTOWN HOSPITAL SERVED AS A CLINICAL ROTATION SITE FOR MEDICINE, PHYSICIAN ASSISTANT, ENTRY AND ADVANCED NURSING LEVELS, PHARMACY, RADIOLOGIC TECHNOLOGY, CARDIAC SERVICES AND EXERCISE PHYSIOLOGY ALL PATIENT CARE AREAS WERE UTILIZED IN THE EDUCATION OF THESE STUDENTS PRE-MED VOLUNTEER PROGRAM THIS PROGRAM HAS BEEN DEVELOPED BY THE HOSPITAL MEDICAL STAFF AND VOLUNTEER DEPARTMENT IT IS A TEN-WEEK PROGRAM STARTING IN LATE MAY IT IS SUPERVISED BY THE HOSPITAL'S DIRECTOR OF VOLUNTEER SERVICES AND IS COORDINATED WITH A SPECIAL SEMINAR PROGRAM CONDUCTED BY THE DOYLESTOWN HOSPITAL'S MEDICAL STAFF TO INTRODUCE THE STUDENTS TO SELECTED PHASES OF A MEDICAL CAREER STUDENTS PARTICIPATING IN THE PROGRAM ARE EXPECTED TO GIVE THE HOSPITAL A MINIMUM OF 100 HOURS OF VOLUNTEER TIME IN VARIOUS PATIENT RELATED SERVICES DURING THE COURSE THE AIM OF THE PROGRAM IS TO GIVE PRE-MEDICAL STUDENTS FIRST-HAND HOSPITAL EXPERIENCE TO ACQUAINT THEM WITH A TOTAL COMMUNITY HOSPITAL PICTURE THIS PROGRAM BRINGS INTO FOCUS THE WORK AND RESPONSIBILITY OF THE PHYSICIAN IN A MODERN HOSPITAL COMPLEX</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>OUTSIDE GROUP ROOM USAGE ----- THE HOSPITAL PROVIDES FREE SPACE FOR MEETINGS TO THE FOLLOWING OUTSIDE GROUPS WITH A CHARITABLE MISSION - ANN SILVERMAN FAMILY HEALTH COMMUNITY CLINIC - BUCKS COUNTY AUTISM SUPPORT COALITION - BUCKS COUNTY INTERMEDIATE UNIT - BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP - BUCKS COUNTY MEDICAL SOCIETY - LENAPE VALLEY FOUNDATION - NATIONAL ALLIANCE FOR THE MENTALLY ILL HEALTH SCREENINGS & IMMUNIZATIONS ----- THE HOSPITAL CONDUCTS HEALTH SCREENS AND SUPPORTED IMMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS 1) HEALTH SCREENINGS VARIOUS INDIVIDUALS BENEFIT FROM HEALTH SCREENS THESE ACTIVITIES IMPROVES THE HEALTH OF THE COMMUNITY IN GENERAL, SPECIFIC GROUPS OF PEOPLE, HELPS CONTAIN HEALTHCARE COSTS AND/OR IMPROVES THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY 2) SKIN CANCER SCREENING THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL 3) PROSTATE CANCER SCREENINGS THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF 4) LUNG CANCER SCREENINGS THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF 5) CANCER RISK SCREENINGS THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF 6) FALL RISK SCREENINGS THIS PROGRAM SCREENED PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF 7) INFLUENZA IMMUNIZATIONS DOYLESTOWN HOSPITAL PROVIDED A COMMUNITY FLU SHOT CLINIC VACCINES WERE PROVIDED BY THE BUCKS COUNTY HEALTH DEPARTMENT SUPPORT GROUP & SELF-HELP PROGRAMS ----- SUPPORT GROUPS ARE OFFERED AT NO CHARGE TO THE COMMUNITY, AND A MEMBER OF THE HOSPITAL STAFF LEADS MANY 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 - CADUCEUS - DIABETES - DOWN'S SYNDROME INTEREST - EATING DISORDERS ANONYMOUS - FIBROMYALGIA - GAMBLERS ANONYMOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - INSULIN PUMP - LOW VISION - LYME DISEASE - LYMPHEDEMA - MULTIPLE SCLEROSIS - NTM (NONTUBERCULOUS MYCOBACTERIUM) - NURSING MOTHERS - OVEREATERS ANONYMOUS - PARKINSON'S DISEASE - PREGNANCY LOSS - PROSTATE CANCER - PULMONARY HYPERTENSION - SCLERODERMA - STROKE VOLUNTEER PROGRAMS ----- DOYLESTOWN HOSPITAL ENJOYS THE GENEROUS CONTRIBUTION OF TIME AND TALENT FROM COMMUNITY VOLUNTEERS, STARTING AT THE MINIMUM AGE OF 15 VOLUNTEER OPPORTUNITIES BENEFIT THE COMMUNITY BY PROVIDING, FOR MANY COMMUNITY MEMBERS, A PLACE TO GO OR A WAY TO FEEL NEEDED, THUS PREVENTING A VARIETY OF SOCIAL PROBLEMS THE VOLUNTEER PROGRAM ALLOWS SOME MEMBERS OF THE COMMUNITY TO HELP OTHERS, NOT THROUGH THEIR DOLLARS BUT THROUGH THEIR DONATED TIME IN ADDITION, THE HOSPITAL IS A PLACE FOR COMMUNITY MEMBERS TO REACH OUT TO HELP FRIENDS AND NEIGHBORS OR TO FULFILL COURT-MANDATED COMMUNITY</p> |

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| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>SERVICE OBLIGATIONS AS VOLUNTEERS VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SUPPORT IN THE FOLLOWING SERVICE CATEGORIES - ADDRESSING AND COLLATING - CANCER INSTITUTE - CHILDREN'S VILLAGE - DIETARY MENU - EMERGENCY DEPARTMENT - GIFT SHOP/CART - HOSPITALITY CART - HOSPICE - INFORMATION DESKS - MAIL OR MESSENGER - PASTORAL CARE - ANIMAL ASSISTED THERAPY - RADIOLOGY INFORMATION DESK - SNACK BAR - SURGERY WAITING AREA - PATIENT TRANSPORT - INTERVENTIONAL RADIOLOGY - CARDIAC REHAB - PULMONARY REHAB - MEDICAL RESEARCH - VIA MATERNITY CENTER - "NO ONE DIES ALONE" PROGRAM BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTIONAL OPPORTUNITIES FOR COMMUNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE HOSPITAL'S MISSION TO EXCELLENT LOCAL HEALTHCARE, SALARIES WERE BUDGETED FOR RECRUITMENT, ORIENTATION, MANAGEMENT, RETENTION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHOP, AND THROUGHOUT THE PATIENT SERVICES AREAS FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS -----</p> <p>-- DOYLESTOWN HOSPITAL AND THE PINE RUN COMMUNITY PROVIDES FREE MEDICAL CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS THAT MEET THE HOSPITAL'S FINANCIAL ASSISTANCE CRITERIA ARE ALSO CONSIDERED FINANCIAL ASSISTANCE ADDENDUM DOYLESTOWN HOSPITAL STATE OF PROGRAM AND SERVICES -----</p> <p>ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICE (EAP & CRISIS SERVICES) - CARDIAC AND NEUROLOGICAL SERVICES (DIAGNOSTIC CARDIAC CATHETERIZATION, NON-INVASIVE DIAGNOSTIC TESTING SERVICES, INTERVENTIONAL CARDIOLOGY PROCEDURES AND EPS STUDIES PACEMAKERS, DEVICE IMPLANTATION, ABLATION) - CARDIOVASCULAR SURGERY (CABG, VALVE REPLACEMENTS/REPAIRS) - CRITICAL CARE UNITS (MED/SURG CRITICAL CARE, CARDIOVASCULAR CRITICAL CARE) - DIABETES EDUCATION (INPATIENT AND OUTPATIENT) NUTRITION EDUCATION AND COUNSELING - EMERGENCY SERVICES (CRISIS INTERVENTION, OBSERVATION/HOLDING UNIT, SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM, DOMESTIC VIOLENCE) - ENDOSCOPY (GASTROENTEROLOGY, PULMONOLOGY) - ENTEROSTOMAL THERAPY (INPATIENT AND OUTPATIENT, NURSING HOME CONSULTATION, WOUND MANAGEMENT AND CONTINENCE CARE) - FOOD AND NUTRITION SERVICES (WEIGHT MANAGEMENT CLASSES ADULTS AND CHILDREN, NUTRITIONAL ASSESSMENT AND COUNSELING AND PATIENT MEAL SERVICES) - GENERAL MEDICINE (ALLERGIC DISEASES, CARDIOLOGY, DERMATOLOGY, ENDOCRINOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, HEMATOLOGY, OBSTETRICS & GYNECOLOGY, NEPHROLOGY, NEUROLOGY, ONCOLOGY, PATHOLOGY, PEDIATRICS, PHYSICAL MEDICINE/REHABILITATION, PSYCHIATRY, PULMONARY AND RHEUMATOLOGY) - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY (PICC - PERIPHERALLY INSERTED CENTRAL CATHETER) - LABORATORY SERVICES (AUTODONATION, BLOOD BANK, CHEMISTRY, CYTOLOGY, HEMATOLOGY, HISTOLOGY/PATHOLOGY, MIC</p> |

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| Return Reference | Explanation |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>ROBIOLOGY, URINALYSIS) - MAGNETIC RESONANCE IMAGING (MRI) - MATERNITY SERVICES (ANTENATAL TESTING, BABY BRACELETS MATERNAL/INFANT VISITING NURSE, LABOR AND DELIVERY, MATERNAL/CHILD CARE, NEONATOLOGY, PRENATAL TESTING, POST-PARTUM CARE, PREPARED CHILDBIRTH EDUCATION, SPECIAL CARE NURSERY (LEVEL II) AND WELL BABY NURSERY) - MEDICAL RESEARCH (CLINICAL TRIALS) - ONCOLOGY (INPATIENT AND OUTPATIENT AND OUTPATIENT INFUSION SERVICES) - PASTORAL CARE SERVICES (LAY CHAPLAIN) - PHARMACY - RADIOLOGY SERVICES (CT SCANNER, PET/CT SCANNER, DIAGNOSTIC RADIOLOGY, INVASIVE AND SPECIAL PROCEDURES, NUCLEAR MEDICINE AND ULTRASOUND) - REHABILITATION SERVICES (INPATIENT AND OUTPATIENT, BRAIN INJURY, CARDIAC REHABILITATION, COGNITIVE REMEDIATION, ELECTROMYOGRAPHY, LYMPHEDEMA THERAPY, HAND THERAPY, NERVE CONDUCTION STUDIES, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY AND SWALLOWING TEST) - RESPIRATORY SERVICES (PULMONARY FUNCTION TESTING AND PULMONARY REHAB) - CASE MANAGEMENT/SOCIAL SERVICES (PSYCHOSOCIAL ASSESSMENTS, COUNSELING, COMPLEX DISCHARGE PLANNING, CRISIS INTERVENTION, FINANCIAL COUNSELING, ADOPTION OPTIONS COUNSELING, PATIENT AND FAMILY EDUCATION, INFORMATION AND REFERRAL) - SURGICAL SERVICES (INPATIENT AND OUTPATIENT, ACUPUNCTURE, COSMETIC DENTISTRY, GENERAL NERVE BLOCKS, OB/GYN, OPHTHALMOLOGY, ORAL/MAXILLOFACIAL, ORTHOPEDICS, OTOLARYNGOLOGY, PEDIATRIC DENTISTRY, PLASTIC SURGERY, POST-ANESTHESIA CARE UNIT, PRE-ADMISSION TESTING, SAME DAY SURGERY (NERVE BLOCKS), UROLOGY, VASCULAR) - TELEMETRY/PROGRESSIVE CARE - VISITING NURSE/HOME CARE (ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES, NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, SOCIAL SERVICES, HOME HEALTH AIDES, BABY BRACELETS (MATERNAL/INFANT VISITING NURSE), COMPREHENSIVE HOSPICE PROGRAM) - WOMEN'S DIAGNOSTIC CENTER (BONE DENSITOMETRY, MAMMOGRAPHY, STEREOTACTIC BREAST BIOPSY)</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7 | 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| CORE FORM, PART VI, SECTION B, QUESTION 11B | <p>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 HOSPITAL'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL 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 FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS OF DOYLESTOWN HOSPITAL, THIS ORGANIZATION'S BOARD OF DIRECTORS AND FILING WITH THE IRS</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART VI, SECTION B, QUESTION 15 | <p>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 THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMP ENSATION DIRECTLY FROM THIS ORGANIZATION RATHER, CERTAIN PERSONNEL ARE EMPLOYED BY DOYLES TOWN HOSPITAL, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIE F FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION TH E FOUNDATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") T HE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MAN AGEMENT, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIEF FINA NCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS A ND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASO NABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION AND SYSTEM TO RECEIVE TH E REBUTTABLE ASSUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4 958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEA M, INCLUDING THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRES UMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED I N ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPO SED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE C OMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQU ATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINAT ION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEP ENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXEC UTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE G EOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS , # OF LICENSED BEDS AND NET P</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| CORE FORM, PART VI, SECTION B, QUESTION 15 | <p>ATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT & CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT & CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| CORE FORM, PART VII, SECTION A, COLUMN 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 |

990 Schedule O, Supplemental Information

| 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 CORPORATION'S 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 OR FUND BALANCES INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS - \$9,920,170, - CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS (DONOR RESTRICTED) - \$42,981, - CHANGE IN FAIR VALUE OF CHARITABLE GIFT ANNUITIES (DONOR RESTRICTED) - \$13,640, AND - NET ASSETS RELEASED FROM RESTRICTIONS (DONOR RESTRICTED) - (\$9,921,170) |

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 DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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 HEALTH FOUNDATION

Employer identification number
23-2368196

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1)DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-1352174 | HEALTHCARE | PA | 501(C)(3) | HOSPITAL | DHF | Yes | |
| (2)VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368200 | HEALTHCARE | PA | 501(C)(3) | 509(A)(1) | NA | | No |
| (3)VIA AFFILIATES DBA DH PHYSICIANS 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368197 | SUPPORT | PA | 501(C)(3) | 509(A)(3) | DHF | Yes | |
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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) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA 189012554 23-3022645 | INACTIVE | PA | DHF | C CORP | 0 | 0 | 100 000 % | Yes | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|---------------|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d Yes | |
| e Loans or loan guarantees by related organization(s) | 1e Yes | |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| 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 Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------|----------------------------------|------------------------|--|
| (1)VILLAGE ASSOCIATION OF DOYLESTOWN | C | 230,500 | COST |
| | | | |
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|--------------------|--|
| SCHEDULE R, PART V | THE ORGANIZATION IS 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 DOYLESTOWN HOSPITAL ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED |

