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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Doing Business As

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

City or town, state or country, and ZIP + 4
CARLISLE, PA 17013

D Employer identification number
23-1352161

E Telephone number
(717) 960-9009

G Gross receipts $ 63,502,617

F Name and address of principal officer
REBECCA H RALEY
274 WILSON STREET
CARLISLE, PA 17013

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CAHWF ORG

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

L Year of formation 2001

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE IMPROVED HEALTH AND WELLNESS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	35
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,028,979	1,079,965
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283,926	1,033,750
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,788	116,661
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,627,693	2,230,376
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,184,322	2,160,783
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	599,001	676,206
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶955		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	495,899	505,386
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,279,222	3,342,375
	19 Revenue less expenses Subtract line 18 from line 12	-1,651,529	-1,111,999

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	64,777,886	73,024,595
	21 Total liabilities (Part X, line 26)	2,056,714	1,991,071
	22 Net assets or fund balances Subtract line 21 from line 20	62,721,172	71,033,524

Part II Signature Block

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

Sign Here

****** | 2011-11-08
Signature of officer | Date

REBECCA H RALEY INTERIM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DOUGLAS L BERMAN	Preparer's signature: DOUGLAS L BERMAN	Date: 2011-11-08	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ PARENTEBEARD LLC				Firm's EIN ▶
Firm's address ▶ SUITE 200 221 W PHILADELPHIA ST YORK, PA 174012993				Phone no ▶ (717) 846-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE CARLISLE AREA HEALTH & WELLNESS FOUNDATION IDENTIFIES AND ADDRESSES HEALTH CARE NEEDS AND POLICIES, PROMOTES RESPONSIBLE HEALTH PRACTICES, AND ENHANCES ACCESS TO AND DELIVERY OF HEALTH SERVICES

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,658,646 including grants of $ 2,160,783) (Revenue $ 0)

THE CARLISLE AREA HEALTH & WELLNESS FOUNDATION (CAHWF) PROVIDES FUNDING FOR GRANTS AND INITIATIVES THAT SEEK TO IMPROVE INDIVIDUALS' HEALTH STATUS AND COMMUNITY HEALTH CAPACITY THE FOUNDATION'S CENTRAL PURPOSE IS TO PROVIDE SUPPORT TO PROGRAMS ALIGNING WITH THE FIVE BOARD-ADOPTED FOCUS AREAS TOWARD THAT GOAL IN 2010-11 THE TOTAL GIVING TO RESPONSIVE GRANTS WAS $2,160,783 AND RELATED PERCENTAGES FOR THE FOCUS AREAS WERE PRIMARY CARE-42%, ORAL HEALTH-24%, BEHAVIORAL HEALTH-14%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-11% AND ALLIED HEALTHCARE EDUCATION-7% HEALTHY PEOPLE AND CHRONIC DISEASE GRANTS EACH RECEIVED 1% OF FUNDS GRANTS WERE PROVIDED TO 33 NONPROFIT ORGANIZATIONS ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING CAHWF DEVELOPS INITIATIVES TO PROACTIVELY ADDRESS ISSUES THE TOTAL FUNDING FOR 2010-11 OF $75,144 SUPPORTED SUCH EFFORTS AS WELLNESS AT WORK, POSTPARTUM ADJUSTMENT SUPPORT GROUP AND TRAINING, SAFE ROUTES TO SCHOOL, AND WORKPLACE DIABETES THE FIVE PROGRAMS AT THE SADLER HEALTH CENTER ARE SO CRITICAL TO THE FOUNDATION'S MISSION AND THE COMMUNITY'S BASIC HEALTHCARE NEEDS THAT IN TOTAL THEY RECEIVE APPROXIMATELY 62% OF GRANT FUNDS THE SERVICES OFFERED THROUGH THIS COMMUNITY HEALTH CENTER INCLUDE TRADITIONAL MEDICAL AND DENTAL CARE, HEALTHY RX, WHICH HAS SECURED OVER $15 MILLION IN FREE PRESCRIPTIONS IN JUST OVER FIVE YEARS, TOBACCO CESSATION, WITH A HIGHLY SUCCESSFUL 55% QUIT RATE, AND NURSE FAMILY PARTNERSHIP, A NATIONALLY RESPECTED EVIDENCE-BASED PROGRAM IN THE STATEMENT OF FUNCTIONAL EXPENSES, CAHWF REPORTS THAT 80% OF ITS FUNDS SUPPORTED PROGRAM SERVICES IN 2010-11 ON AVERAGE A GRANT LEVERAGES OVER $3 00 FROM OTHER RESOURCES FOR EVERY $1 00 THE FOUNDATION INVESTS SERVICES THAT GO ABOVE AND BEYOND THOSE OF MANY FOUNDATIONS INCLUDE FREE, OR AT LITTLE COST, TRAINING ON OUTCOME EVALUATION AND OTHER CAPACITY BUILDING AND NONPROFIT EFFORTS ADDITIONALLY CAHWF LEADS OR SUPPORTS MUCH COLLABORATION SUCH AS CARLISLE REGIONAL ADVOCATES FOR NUTRITION AND ACTIVITY AND THE CUMBERLAND COUNTY PARTNERSHIP FOR A HEALTHY COMMUNITY

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,658,646

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 instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *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		No
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		No
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, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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, and program service activities outside the United States? *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 assistance to any organization or entity located outside the U S ? *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 assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	18		
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**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

HAROLD S FRAKER JR
274 WILSON STREET
CARLISLE, PA 17013
(717) 960-9009

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, and 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) JACQUELINE POWELL CHAIRPERSON	4 00	X		X				0	0	0
(2) THOMAS E COOLIDGE VICE CHAIRPERSON	4 00	X		X				0	0	0
(3) PAUL D GEHRIS SECRETARY	4 00	X		X				0	0	0
(4) DEB KELLY TREASURER	4 00	X		X				0	0	0
(5) MARY FRANCES CARSON TRUSTEE	2 00	X						0	0	0
(6) ROGER CHAPPELKA TRUSTEE	2 00	X						0	0	0
(7) JOHN W FRIEND TRUSTEE	2 00	X						0	0	0
(8) JEFFREY S GAYMAN TRUSTEE	4 00	X						0	0	0
(9) SHERRY HOOVER TRUSTEE	4 00	X						0	0	0
(10) NORM JONES TRUSTEE	2 00	X						0	0	0
(11) JOSEPH A LAYMEN JR TRUSTEE	4 00	X						0	0	0
(12) JOHN MCCLELLAN TRUSTEE	2 00	X						0	0	0
(13) W CRAIG MCLEAN TRUSTEE	2 00	X						0	0	0
(14) SUSAN OTWAY TRUSTEE	4 00	X						0	0	0
(15) MORGAN PLANT TRUSTEE	2 00	X						0	0	0
(16) LARRY S RANKIN MD TRUSTEE	2 00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) DAVE ROSE TRUSTEE	2 00	X						0	0	0
(18) JUNE L SCHOMAKER TRUSTEE	2 00	X						0	0	0
(19) TERRY URICH TRUSTEE	4 00	X						0	0	0
(20) CAROL WILLIAMS TRUSTEE	4 00	X						0	0	0
(21) STEPHANIE WILLIAMS TRUSTEE	2 00	X						0	0	0
(22) STEPHEN WINN TRUSTEE	2 00	X						0	0	0
(23) MARY E MCMANUS THROUGH 63011 EXECUTIVE DIRECTOR	40 00			X				97,207	0	16,318
(24) HAROLD S FRAKER JR DIRECTOR OF FINANCE	40 00			X				66,496	0	13,711
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								163,703	0	30,029

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *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**		No
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

(A) Name and business address	(B) Description of services	(C) Compensation
HERSHEY TRUST COMPANY ONE WEST CHOCOLATE AVENUE SUITE 20 HERSHEY, PA 17033	INVESTMENT MANAGEMENT SERVICES	117,083

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,079,965				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	1,079,965			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	982,901			982,901
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 61,323,090				
	b	Less cost or other basis and sales expenses: 61,138,783 / 133,458				
	c	Gain or (loss): 184,307 / -133,458				
	d	Net gain or (loss) ▶	50,849			50,849
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	PENSION REFUND 900099	75,077			75,077
	b	FEES REVENUE 900099	22,292			22,292
	c	INSURANCE REFUND 900099	17,026			17,026
	d	All other revenue	2,266			2,266
	e	**Total.** Add lines 11a–11d ▶	116,661			
	12	**Total revenue.** See Instructions ▶	2,230,376	0	0	1,150,411

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,160,783	2,160,783		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	199,867	96,513	103,112	242
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	363,078	169,047	193,580	451
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,005	10,063	9,917	25
9 Other employee benefits	53,627	33,134	20,442	51
10 Payroll taxes	39,629	18,103	21,473	53
a Fees for services (non-employees) Management				
b Legal	19,417		19,417	
c Accounting	17,200		17,200	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	190,943		190,943	
g Other	51,464	20,637	30,819	8
12 Advertising and promotion	1,046		1,046	
13 Office expenses	18,739	5,240	13,492	7
14 Information technology	9,436	4,814	4,613	9
15 Royalties				
16 Occupancy	41,511	18,068	23,400	43
17 Travel	7,581	1,787	5,794	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,462	5,030	432	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,916	20,587	15,275	54
23 Insurance	12,300	7,862	4,426	12
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a FOUNDATION INITIATIVES	75,144	75,144		
b EVENTS AND COMMUNITY DE	11,496	11,305	191	
c TAXES	3,791		3,791	
d TRAINING AND EDUCATION	3,107	529	2,578	
e MISCELLANEOUS	833		833	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,342,375	2,658,646	682,774	955
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		214,854	2	46,674
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,111	4	1,685
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		18,361	9	10,691
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 802,072			
	b	Less accumulated depreciation	10b 587,207	363,267	10c	214,865
	11	Investments—publicly traded securities		35,037,791	11	38,609,127
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		29,142,202	15	34,141,253
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		64,777,886	16	73,024,595
Liabilities	17	Accounts payable and accrued expenses		141,526	17	192,270
	18	Grants payable		1,894,340	18	1,780,615
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		20,848	21	18,186
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,056,714	26	1,991,071
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		33,302,769	27	36,717,982
	28	Temporarily restricted net assets		280,699	28	179,123
	29	Permanently restricted net assets		29,137,704	29	34,136,419
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,721,172	33	71,033,524
	34	Total liabilities and net assets/fund balances		64,777,886	34	73,024,595

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,230,376
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,342,375
3	Revenue less expenses Subtract line 2 from line 1	3	-1,111,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	62,721,172
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,424,351
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	71,033,524

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-1352161

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,718,028	2,201,501	1,127,570	1,028,979	1,079,965	7,156,043
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,718,028	2,201,501	1,127,570	1,028,979	1,079,965	7,156,043
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)						4,663,241
6 **Public Support.** Subtract line 5 from line 4						2,492,802

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,718,028	2,201,501	1,127,570	1,028,979	1,079,965	7,156,043
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,696,869	1,933,524	1,364,293	806,614	982,901	6,784,201
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	83,155	161,092	160,497	314,788	116,661	836,193
11 **Total support** (Add lines 7 through 10)						14,776,437

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	16 870 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	16 960 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☑

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION IS A PUBLICLY SUPPORTED FOUNDATION BASED ON THE FACTS AND CIRCUMSTANCES TEST OF TREASURY REG. 1.170A-9(F)(3), CARLISLE AREA HEALTH AND WELLNESS FOUNDATION RECEIVED PUBLIC SUPPORT ABOVE 10%. FOR THE FIVE-YEAR PERIOD ENDING JUNE 30, 2011, THE ORGANIZATION RECEIVED APPROXIMATELY 16.87% OF ITS SUPPORT FROM THE GENERAL PUBLIC. CARLISLE AREA HEALTH AND WELLNESS FOUNDATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS FROM THE GENERAL PUBLIC AND OTHER EXEMPT ORGANIZATIONS. CARLISLE AREA HEALTH AND WELLNESS FOUNDATION'S BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS WHO ARE CIVIC AND BUSINESS LEADERS AND THUS IS REPRESENTATIVE OF THE PUBLIC INTEREST. THE BOARD IS DESIGNED TO BE REPRESENTATIVE OF, AND KNOWLEDGEABLE ABOUT, THE COMMUNITY AND ITS HEALTH NEEDS.FINALLY, CARLISLE AREA HEALTH AND WELLNESS FOUNDATION HAS DEMONSTRATED ITS PUBLICLY SUPPORTED NATURE BY FULFILLING ITS PRINCIPAL CHARGE, WHICH HISTORICALLY HAS BEEN TO SUPPORT A CHARITABLE MISSION RELATED TO IMPROVING ACCESS TO AND DELIVERY OF HEALTH CARE THROUGHOUT OUR REGION. THIS MISSION ORIGINATES FROM THE FOUNDATION'S PREDECESSOR ORGANIZATION, CARLISLE HEALTH SERVICES CORPORATION (THE FORMER CARLISLE HOSPITAL), THE SALE OF WHICH ESTABLISHED TODAY'S FOUNDATION.

CARLISLE AREA HEALTH AND WELLNESS FOUNDATION IS A PUBLICLY SUPPORTED FOUNDATION BASED ON THE FACTS AND CIRCUMSTANCES TEST OF TREASURY REG. 1.170A-9 (F)(3), CARLISLE AREA HEALTH AND WELLNESS FOUNDATION RECEIVED PUBLIC SUPPORT ABOVE 10%. FOR THE FIVE-YEAR PERIOD ENDING JUNE 30, 2011, THE ORGANIZATION RECEIVED APPROXIMATELY 16.87% OF ITS SUPPORT FROM THE GENERAL PUBLIC. CARLISLE AREA HEALTH AND WELLNESS FOUNDATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS FROM THE GENERAL PUBLIC AND OTHER EXEMPT ORGANIZATIONS. CARLISLE AREA HEALTH AND WELLNESS FOUNDATION'S BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS WHO ARE CIVIC AND BUSINESS LEADERS AND THUS IS REPRESENTATIVE OF THE PUBLIC INTEREST. THE BOARD IS DESIGNED TO BE REPRESENTATIVE OF, AND KNOWLEDGEABLE ABOUT, THE COMMUNITY AND ITS HEALTH NEEDS.FINALLY, CARLISLE AREA HEALTH AND WELLNESS FOUNDATION HAS DEMONSTRATED ITS PUBLICLY SUPPORTED NATURE BY FULFILLING ITS PRINCIPAL CHARGE, WHICH HISTORICALLY HAS BEEN TO SUPPORT A CHARITABLE MISSION RELATED TO IMPROVING ACCESS TO AND DELIVERY OF HEALTH CARE THROUGHOUT OUR REGION. THIS MISSION ORIGINATES FROM THE FOUNDATION'S PREDECESSOR ORGANIZATION, CARLISLE HEALTH SERVICES CORPORATION (THE FORMER CARLISLE HOSPITAL), THE SALE OF WHICH ESTABLISHED TODAY'S FOUNDATION.

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION	23-1352161

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,022	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	288	
c Total lobbying expenditures (add lines 1a and 1b)	8,310	
d Other exempt purpose expenditures	2,650,336	
e Total exempt purpose expenditures (add lines 1c and 1d)	2,658,646	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	282,932	
g Grassroots nontaxable amount (enter 25% of line 1f)	70,733	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	355,438	303,516	284,717	282,932	1,226,603
b Lobbying ceiling amount (150% of line 2a, column(e))					1,839,905
c Total lobbying expenditures	843	4,612	4,412	8,310	18,177
d Grassroots non-taxable amount	88,860	75,879	71,179	70,733	306,651
e Grassroots ceiling amount (150% of line 2d, column (e))					459,977
f Grassroots lobbying expenditures		4,459	3,725	8,022	16,206

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-1352161

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		91,366		91,366
b Buildings		599,405	526,727	72,678
c Leasehold improvements				
d Equipment		77,921	60,480	17,441
e Other		33,380		33,380
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				214,865

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	34,136,419
(2) INVESTMENT INCOME RECEIVABLE	4,834
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	34,141,253

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,230,376
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,342,375
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,111,999
4	Net unrealized gains (losses) on investments	4	4,425,636
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,998,715
9	Total adjustments (net) Add lines 4 - 8	9	9,424,351
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,312,352

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

1	Total revenue, gains, and other support per audited financial statements			1	11,654,727
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,425,636		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,998,715		
e	Add lines **2a** through **2d**			2e	9,424,351
3	Subtract line **2e** from line **1**			3	2,230,376
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,230,376

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,342,375
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,342,375
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,342,375

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION HAS TAKEN ON A FIDUCIARY RESPONSIBILITY FOR THE FUNDS OF THE PENNSYLVANIA COALITION FOR ORAL HEALTH THE COALITION IS IN THE FORMATION PROCESS AND THE ORGANIZATION IS ACTING AS CUSTODIAN FOR THE FUNDS UNTIL THE COALITION IS SET UP WITH ITS OWN STAFFING
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING STANDARD FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED BY EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET THE STANDARD ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE MANAGEMENT HAS DETERMINED THAT THE STANDARD DOES NOT HAVE A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2009, AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUSTS 4,998,715
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUSTS 4,998,715

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-1352161

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 33

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	THE FOUNDATION USES FIVE CRITICAL MECHANISMS TO ENSURE THAT GRANT FUNDS ARE APPROPRIATELY APPLIED TO ACHIEVE DESIRED GOALS 1) GRANT APPLICATIONS IN WHICH PROSPECTIVE GRANTEES SPECIFY PROJECT GOALS, OBJECTIVES, EVALUATION STRATEGIES AND BUDGET, 2) GRANT CONTRACTS THAT CONFIRM PROJECT GOALS, OUTCOMES, EVALUATION PLANS, REPORTING REQUIREMENTS AND SITE VISIT PLANS, 3) INTERIM REPORTS PREPARED BY GRANTEES, WHICH DOCUMENT PROGRESS IN MEETING GOALS AND OBJECTIVES, 4) SITE VISITS BY FOUNDATION STAFF AND VOLUNTEERS, WHICH ALLOW FOR AN OPEN DIALOGUE BETWEEN PROGRAM AND FOUNDATION STAFF, AS WELL AS OBSERVATION OF PROGRAM ACTIVITIES WHEN APPROPRIATE AND, 5) FINAL REPORTS TO THE EXTENT POSSIBLE, REPORTING AND EVALUATION REQUIREMENTS ARE RIGHT-SIZED TO MATCH THE SIZE OF ANY GIVEN AWARD WHILE ALL AWARDS BEGIN WITH A GRANT APPLICATION AND CONTRACT, FOUNDATION MINI-GRANTS (AWARDS UNDER $2,000) OFTEN ONLY REQUIRE A FINAL REPORT GRANTS ABOVE $2,000 TYPICALLY REQUIRE A SITE VISIT, INTERIM REPORT AND FINAL REPORT MOST GRANTS ARE FUNDED FOR ONE YEAR AT A TIME MEANING THAT WITHIN ROUGHLY A YEAR'S TIME, THE FOUNDATION RECEIVES AN APPLICATION, ISSUES A GRANT CONTRACT, RECEIVES AN INTERIM REPORT AT 6-MONTHS, CONDUCTS A SITE VISIT AND RECEIVES A FINAL REPORT (WITHIN 14 MONTHS)

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352161
Name: CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARLISLE AREA HEALTHCARE AUXILIARY PO BOX 579 CARLISLE,PA 17013	23-6399312	501(C)(3)	22,500				SCHOLARSHIPS FOR POST-SECONDARY HEALTHCARE PROGRAMS
CARLISLE FAMILY YMCA 311 S WEST STREET CARLISLE,PA 17013	23-1386198	501(C)(3)	17,570				PROGRAM FOR OBESE YOUTH AND TEENS
CIVIC CLUB OF SHIPPENSBURGPO BOX 593 SHIPPENSBURG,PA 17257	23-1394564	501(C)(3)	16,000				COMMUNITY NURSE SERVICES
CARLISLE FAMILY YMCA 311 S WEST STREET CARLISLE,PA 17013	23-1386198	501(C)(3)	9,058				CUSTOMIZED WELLNESS PROGRAM FOR INDIVIDUALS
HACC FOUNDATIONONE HACC DRIVE HARRISBURG,PA 17110	23-2353614	501(C)(3)	87,000				SCHOLARSHIPS FOR POST-SECONDARY HEALTHCARE PROGRAMS
HOSPICE OF CENTRAL PA 1320 LINGLESTOWN ROAD HARRISBURG,PA 17110	23-2016895	501(C)(3)	79,600				HOSPICE SERVICES
NHSTHE STEVENS CENTER 33 STATE AVENUE CARLISLE,PA 17013	25-1878857	501(C)(3)	80,000				PSYCHIATRIC SERVICES CLINICAL TEAM
PRESBYTERIAN HOMES210 BIG SPRING ROAD NEWVILLE,PA 17241	23-2941518	501(C)(3)	12,700				COMMUNITY HEALTH AND WELLNESS COLLABORATION
SADLER HEALTH CENTER 100 N HANOVER STREET CARLISLE,PA 17013	54-2082673	501(C)(3)	1,243,475				SUPPORT FOR PROGRAMS OF LOCAL HEALTH CENTER
SUBSTANCE ABUSE SERVICES1820 LINGLESTOWN ROAD SUITE 101 HARRISBURG,PA 17110	25-1861015	501(C)(3)	77,560				SUBSTANCE ABUSE ADVOCACY AND EDUCATION
UNITED CEREBRAL PALSY OF CENTRAL PA925 LINDA LANE CAMP HILL,PA 17011	23-1433882	501(C)(3)	5,000				RESPITE CARE SCHOLARSHIPS FOR CAREGIVERS
VISITING NURSE ASSOCIATION OF CENTRAL PA3315 DERRY STREET HARRISBURG,PA 17111	23-1352571	501(C)(3)	84,650				COMMUNITY NURSE SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EMPLOYMENT SKILLS CENTER29 S HANOVER STREET CARLISLE,PA 17013	23-1995705	501(C)(3)	37,000				CERTIFIED NURSE AIDE TRAINING
YWCA CARLISLE301 G STREET CARLISLE,PA 17013	23-1429866	501(C)(3)	18,500				EDUCATION AND THERAPUTIC SERVICES FOR CANCER PATIENTS
YWCA CARLISLE301 G STREET CARLISLE,PA 17013	23-1429866	501(C)(3)	24,280				EXERCISE PROGRAM FOR OVERWEIGHT WOMEN
CENTER FOR YOUTH & COMMUNITY DEVELOPMENT227 WEST HIGH STREET GETTYSBURG,PA 17325	64-0952164	501(C)(3)	24,900				LEADERSHIP TRAINING FOR SUBSTANCE ABUSE
MARANATHA CARLISLE17 E HIGH STREET SUITE 104 CARLISLE,PA 17013	20-5164840	501(C)(3)	7,500				FINANCIAL MANAGEMENT SERVICES
PROJECT SHARE OF CARLISLE5 N ORANGE STREET SUITE 4 CARLISLE,PA 17013	27-0531231	501(C)(3)	83,000				HEALTHY FOOD FOR REGIONAL FOOD PANTRY
CUMBERLAND VALLEY RAILS TO TRAILS COUNCIL18 NORTH HANOVER STREET CARLISLE,PA 17013	23-2630981	501(C)(3)	25,000				LAND ACQUISITION FOR EXTENSION OF RAIL TRAIL
NHSTHE STEVENS CENTER 33 STATE AVENUE CARLISLE,PA 17013	25-1878857	501(C)(3)	57,000				OUTPATIENT SUBSTANCE ABUSE TREATMENT
PA MENTAL HEALTH CONSUMERS' ASSOCIATION4105 DERRY STREET HARRISBURG,PA 17111	23-2484283	501(C)(3)	6,000				TRAINING FOR MENTAL HEALTH ADVOCATES
SADLER HEALTH CENTER 100 N HANOVER STREET CARLISLE,PA 17013	54-2082673	501(C)(3)	40,000				INTEGRATED BAHAVIORAL HEALTH SPECIALIST
SADLER HEALTH CENTER 100 N HANOVER STREET CARLISLE,PA 17013	54-2082673	501(C)(3)	60,000				SUPPORT FOR DENTAL CLINIC
DOMESTIC VIOLENCE SERVICES602 N HANOVER STREET CARLISLE,PA 17013	25-1629910	501(C)(3)	9,000				FAMILY RELATIONSHIP EDUCATION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CARLISLE AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-1352161

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE AND AUDIT COMMITTEES, COPIES ARE MADE AVAILABLE TO THE BOARD AND A VERY BRIEF SUMMARY IS MADE PRIOR TO BOARD ACTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ANNUAL DISCLOSURE OF CONFLICT OF INTEREST IS COMPLETED BY BOARD, COMMITTEE MEMBERS, AND STAFF THESE STATEMENTS ARE REVIEWED AND MAINTAINED BY THE EXECUTIVE DIRECTOR AND REFERRED TO WHEN NEEDED WHEN A CONFLICT OF INTEREST COMES ABOUT, THAT INDIVIDUAL MAY PARTICIPATE IN DISCUSSION BUT DOES NOT VOTE ON MATTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE, WITH INPUT FROM OTHER TRUSTEES, EVALUATES THE EXECUTIVE DIRECTOR ("ED") BASED ON THE EVALUATION, FUNDS AVAILABLE AND THE BOARD APPROVED RANGE, A SALARY IS RECOMMENDED THE SALARY IS SET WITHIN THE RANGE AS REVIEWED EVERY 3 YEARS BY AN OUTSIDE HR CONSULTANT AND THEN BOARD ADOPTED THE COMMITTEE DISCUSSION IS DOCUMENTED ELECTRONICALLY AND PROVIDED TO THE ED AS IS THE EVALUATION THE BOARD HAS AN EXECUTIVE SESSION IN JUNE TO HEAR THE EVALUATION AND THE SALARY RECOMMENDATION THE SESSION BUT NOT THE DETAILS ARE NOTED IN THE GENERAL BOARD MINUTES THE CHAIRPERSON THEN IN WRITING OR ELECTRONICALLY CONFIRMS THE BOARD DECISION AND SUCH NOTES ARE ON FILE WITH THE ED THE BOARD APPROVES THE BUDGET EACH YEAR WITH A SET AMOUNT FOR SALARIES AND BENEFITS WITH THE STAFF'S INPUT, THE EXECUTIVE DIRECTOR PREPARES AN EVALUATION AND THEN PROVIDES A SALARY BASED ON BOTH AVAILABLE FUNDS AND PERFORMANCE OFFICER AND EMPLOYEE SALARIES ARE SET WITHIN THE RANGES AS REVIEWED EVERY 3 YEARS BY AN OUTSIDE HR CONSULTANT AND THEN BOARD ADOPTED AFTER THE BUDGET AND EVALUATION PROCESS, THE BOARD CHAIRPERSON AND TREASURER REVIEW THE SALARIES AND NOTE THAT THEY ARE IN FACT WITHIN THE APPROVED RANGES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS, IN ABBREVIATED FORM, ARE PRINTED IN AN ANNUAL REPORT WHICH IS MAILED TO INDIVIDUALS IN THE COMMUNITY, AGENCIES TO WHICH GRANTS ARE MADE, AND VOLUNTEERS AND ALSO PRINTED IN A FULL PAGE AD IN THE LOCAL NEWSPAPER

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,425,636 CHANGE IN VALUE OF PERPETUAL TRUSTS 4,998,715 TOTAL TO FORM 990, PART XI, LINE 5 9,424,351

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR