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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2010

Department of the Treasury
Internal Revenue Service

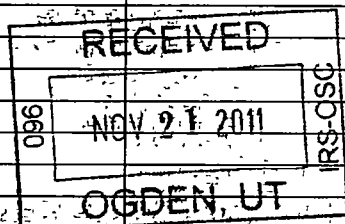
Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

| | | |
|---|--|--|
| Name of foundation NORTH PENN COMMUNITY HEALTH FOUNDATION | | A Employer identification number 23-1352175 |
| Number and street (or P O box number if mail is not delivered to street address) 2506 N. BROAD ST. | Room/suite 206 | B Telephone number 215-716-5400 |
| City or town, state, and ZIP code COLMAR, PA 18915 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 44,095,794. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| (Part I, column (d) must be on cash basis) | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 1 | Contributions, gifts, grants, etc., received | 8,991. | | | |
| 2 | Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 | Interest on savings and temporary cash investments | 1,827. | 1,827. | | STATEMENT 1 |
| 4 | Dividends and interest from securities | 1,524,480. | 1,524,480. | | STATEMENT 2 |
| 5a | Gross rents | | | | |
| b | Net rental income or (loss) | | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | -140,811. | | | |
| b | Gross sales price for all assets on line 6a | 2,343,154. | | | |
| 7 | Capital gain net income (from Part IV, line 2) | | 0. | | |
| 8 | Net short-term capital gain | | | | |
| 9 | Income modifications | | | | |
| 10a | Gross sales less returns and allowances | | | | |
| b | Less Cost of goods sold | | | | |
| c | Gross profit or (loss) | | | | |
| 11 | Other income | 329,685. | 0. | 329,658. | STATEMENT 8 |
| 12 | Total. Add lines 1 through 11 | 1,724,172. | 1,526,307. | 329,658. | |
| 13 | Compensation of officers, directors, trustees, etc | 143,245. | 7,702. | 0. | 145,641. |
| 14 | Other employee salaries and wages | 102,322. | 6,609. | 9,622. | 85,545. |
| 15 | Pension plans, employee benefits | 67,890. | 2,796. | 2,772. | 51,331. |
| 16a | Legal fees STMT 3 | 30,392. | 1,541. | 6,359. | 15,042. |
| b | Accounting fees STMT 4 | 16,750. | 0. | 1,541. | 15,209. |
| c | Other professional fees STMT 5 | 117,928. | 1,375. | 0. | 97,061. |
| 17 | Interest | 184,620. | 0. | 94,813. | 89,807. |
| 18 | Taxes STMT 6 | 33,455. | 33,455. | 0. | 0. |
| 19 | Depreciation and depletion | 376,746. | 0. | 160,221. | |
| 20 | Occupancy | 102,027. | 0. | 49,588. | 54,298. |
| 21 | Travel, conferences, and meetings | 32,412. | 0. | 0. | 32,235. |
| 22 | Printing and publications | 2,499. | 0. | 0. | 1,861. |
| 23 | Other expenses STMT 7 | 77,306. | 0. | 4,742. | 67,369. |
| 24 | Total operating and administrative expenses. Add lines 13 through 23 | 1,287,592. | 53,478. | 329,658. | 655,399. |
| 25 | Contributions, gifts, grants paid | 1,140,180. | | | 1,180,330. |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 2,427,772. | 53,478. | 329,658. | 1,835,729. |
| 27 | Subtract line 26 from line 12: | | | | |
| a | Excess of revenue over expenses and disbursements | -703,600. | | | |
| b | Net investment income (if negative, enter -0-) | | 1,472,829. | | |
| c | Adjusted net income (if negative, enter -0-) | | | 0. | |



Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

| | | Beginning of year | End of year | |
|---|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 212,176. | 45,218. | 45,218. |
| | 2 Savings and temporary cash investments | 163,737. | 104,087. | 104,087. |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 29,308. | 26,228. | 26,228. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| Liabilities | 11 Investments - land, buildings, and equipment, basis ▶ | | | |
| | Less: accumulated depreciation ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other STMT 10 | 33,259,276. | 35,014,861. | 35,014,861. |
| | 14 Land, buildings, and equipment, basis ▶ 7,603,103. | | | |
| | Less: accumulated depreciation ▶ 1,250,838. | 6,645,800. | 6,352,265. | 6,352,265. |
| | 15 Other assets (describe ▶ STATEMENT 11) | 390,608. | 2,553,135. | 2,553,135. |
| | 16 Total assets (to be completed by all filers) | 40,700,905. | 44,095,794. | 44,095,794. |
| | 17 Accounts payable and accrued expenses | 59,672. | 87,028. | |
| | 18 Grants payable | 341,050. | 300,900. | |
| Net Assets or Fund Balances | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | 4,218,504. | 4,104,408. | |
| | 22 Other liabilities (describe ▶ STATEMENT 12) | 1,197,282. | 1,094,205. | |
| | 23 Total liabilities (add lines 17 through 22) | 5,816,508. | 5,586,541. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 34,428,351. | 38,024,704. | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | 456,046. | 484,549. | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 Total net assets or fund balances | 34,884,397. | 38,509,253. | | |
| 31 Total liabilities and net assets/fund balances | 40,700,905. | 44,095,794. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 34,884,397. |
| 2 Enter amount from Part I, line 27a | 2 | -703,600. |
| 3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9 | 3 | 4,328,456. |
| 4 Add lines 1, 2, and 3 | 4 | 38,509,253. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 38,509,253. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a VARIOUS SECURITIES - DETAILS AVAILABLE AT | | | |
| b ORGANIZATION'S OFFICE | P | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b 2,343,154. | | 2,483,965. | -140,811. |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|--------------------------------------|---|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | |
| b | | | -140,811. |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|-----------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | -140,811. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | { } | 3 | N/A |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2009 | 1,482,099. | 34,249,956. | .043273 |
| 2008 | 1,786,621. | 33,688,302. | .053034 |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |

| | | |
|--|---|-------------|
| 2 Total of line 1, column (d) | 2 | .096307 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .048154 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 37,112,424. |
| 5 Multiply line 4 by line 3 | 5 | 1,787,112. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 14,728. |
| 7 Add lines 5 and 6 | 7 | 1,801,840. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 1,860,118. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|--|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | 1 | 14,728. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 14,728. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 14,728. |
| 6 Credits/Payments: | | | |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 27,385. | |
| b Exempt foreign organizations - tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 27,385. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 12,657. | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input checked="" type="checkbox"/> 12,657. Refunded <input type="checkbox"/> | 11 | 0. | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> PA | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |

N/A

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|--|----|-----|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.NPCHF.ORG</u> | 13 | X | |
| 14 | The books are in care of ► <u>RUSSELL JOHNSON, PRESIDENT, CEO</u> Telephone no. ► <u>215-716-5400</u> Located at ► <u>2506 N BROAD ST., SUITE 206, COLMAR, PA</u> ZIP+4 ► <u>18915</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | 16 | Yes | No X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|---|---|----|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | 1b | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► _____, _____, _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | N/A | 2b |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) | N/A | 3b |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | X |

Form 990-PF (2010)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 13 | | 143,245. | 6,554. | 4,250. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| JENNIFER PEDRONI 2506 N. BROAD ST., COLMAR, PA 18915 | FINANCE MGR 50.00 | 65,308. | 4,112. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

0

Form 990-PF (2010)

Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| MIDATLANTIC - 925 HARVEST DRIVE, SUITE 220, BLUE BELL, PA 19422 | CONSTRUCTION | 52,377. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|--------------------|----------|
| 1 SEE STATEMENT 14 | |
| | 641,909. |
| 2 | |
| | |
| 3 | |
| | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| | Amount |
|--|--------|
| 1 N/A | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |

Total. Add lines 1 through 3

0.

Form 990-PF (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 33,192,456. |
| b | Average of monthly cash balances | 1b | 1,902,070. |
| c | Fair market value of all other assets | 1c | 2,637,818. |
| d | Total (add lines 1a, b, and c) | 1d | 37,732,344. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 54,756. |
| 3 | Subtract line 2 from line 1d | 3 | 37,677,588. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 565,164. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 37,112,424. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,855,621. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|----|--|----|------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,855,621. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 14,728. |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 14,728. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,840,893. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 9,294. |
| 5 | Add lines 3 and 4 | 5 | 1,850,187. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,850,187. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 1,835,729. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 24,389. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,860,118. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 14,728. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,845,390. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 1,850,187. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 95,440. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 1,860,118. | | | | |
| a Applied to 2009, but not more than line 2a | | | 95,440. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 1,764,678. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 85,509. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |

Part XV Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|-------------------|
| a Paid during the year SEE STATEMENT 16 | | | | 1,180,330. |
| Total | | | ▶ 3a | 1,180,330. |
| b Approved for future payment SEE STATEMENT 16 | | | | 340,900. |
| Total | | | ▶ 3b | 340,900. |

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐

4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|---|
| 1 | MARY SPIERS TRUST C/O WELLS FARGO WEALTH MGT., ONE WEST FOURTH ST., D4000-062 WINSTON-SALEM, NC 27101 | \$ 8,691. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

Part II Noncash Property (see instructions)[illegible]

Name of organization

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION**23-1352175**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE | AMOUNT |
|--|--------|
| VARIOUS | 1,827. |
| TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A | 1,827. |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
|----------------------------------|--------------|----------------------------|----------------------|
| VARIOUS | 1,524,480. | 0. | 1,524,480. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 1,524,480. | 0. | 1,524,480. |

FORM 990-PF LEGAL FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES | 30,392. | 1,541. | 6,359. | 15,042. |
| TO FM 990-PF, PG 1, LN 16A | 30,392. | 1,541. | 6,359. | 15,042. |

FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| AUDIT | 16,750. | 0. | 1,541. | 15,209. |
| TO FORM 990-PF, PG 1, LN 16B | 16,750. | 0. | 1,541. | 15,209. |

| | | | |
|-------------|-------------------------|-----------|---|
| FORM 990-PF | OTHER PROFESSIONAL FEES | STATEMENT | 5 |
|-------------|-------------------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| CONSULTING | 117,928. | 1,375. | 0. | 97,061. |
| TO FORM 990-PF, PG 1, LN 16C | 117,928. | 1,375. | 0. | 97,061. |

| | | | |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 6 |
|-------------|-------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EXCISE TAX | 33,455. | 33,455. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 33,455. | 33,455. | 0. | 0. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 7 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| TELEPHONE & COMMUNICATIONS | 25,375. | 0. | 1,216. | 24,288. |
| OFFICE & COMPUTER SUPPLIES | 18,600. | 0. | 954. | 17,340. |
| INSURANCE | 12,089. | 0. | 2,564. | 9,525. |
| POSTAGE | 1,246. | 0. | 0. | 1,246. |
| DUES & SUBSCRIPTIONS | 10,159. | 0. | 0. | 10,159. |
| MISCELLANEOUS | 4,692. | 0. | 8. | 4,811. |
| NORTH PENN HOSPITAL RELATED EXPENSES | 5,145. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 77,306. | 0. | 4,742. | 67,369. |

| FORM 990-PF | OTHER INCOME | STATEMENT | 8 |
|---|-----------------------------|-----------|---|
| DESCRIPTION | (A) REVENUE PER BOOKS | | |
| RENTAL INCOME | 329,658. | | |
| OTHER INCOME | 27. | | |
| TOTAL TO FORM 990-PF, PART I, LINE 11, COLUMN A | 329,685. | | |

| FORM 990-PF | OTHER INCREASES IN NET ASSETS OR FUND BALANCES | STATEMENT | 9 |
|--|--|-----------|---|
| DESCRIPTION | AMOUNT | | |
| UNREALIZED GAIN ON SECURITIES | 4,241,439. | | |
| CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST | 28,503. | | |
| INTEREST RATE SWAP | 58,514. | | |
| TOTAL TO FORM 990-PF, PART III, LINE 3 | 4,328,456. | | |

| FORM 990-PF | OTHER INVESTMENTS | STATEMENT | 10 |
|---|---------------------|-------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN | FMV | 566,908. | 566,908. |
| MUTUAL FUNDS | FMV | 34,039,675. | 34,039,675. |
| ALTERNATIVE INVESTMENTS | FMV | 408,278. | 408,278. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 35,014,861. | 35,014,861. |

| FORM 990-PF | OTHER ASSETS | STATEMENT | 11 |
|--|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 191,871. | 220,374. | 220,374. |
| DUE FROM BROKER | 198,737. | 2,332,761. | 2,332,761. |
| TO FORM 990-PF, PART II, LINE 15 | 390,608. | 2,553,135. | 2,553,135. |

| FORM 990-PF | OTHER LIABILITIES | STATEMENT 12 |
|--|-------------------|--------------|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
| LIABILITIES IN RELATION TO NORTH PENN HOSPITAL | 604,545. | 566,908. |
| INTEREST RATE SWAP | 564,518. | 506,004. |
| TENANT SECURITY DEPOSITS | 18,578. | 21,293. |
| DEFERRED RENT | 9,641. | 0. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 1,197,282. | 1,094,205. |

| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | STATEMENT 13 |
|-------------|---|--------------|
|-------------|---|--------------|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|--------------------------|-------------------|------------------------------|--------------------|
| RUSSELL JOHNSON 2506 N. BROAD ST. COLMAR, PA 18915 | PRESIDENT, CEO 50.00 | 143,245. | 6,554. | 4,250. |
| R. JOHN STUBBS 2506 N. BROAD ST. COLMAR, PA 18915 | CHAIRMAN 4.00 | 0. | 0. | 0. |
| RUSSELL HENSEL 2506 N. BROAD ST. COLMAR, PA 18915 | VICE CHAIRMAN 2.00 | 0. | 0. | 0. |
| ALFREDO DE LA PENA 2506 N. BROAD ST. COLMAR, PA 18915 | TREASURER 2.00 | 0. | 0. | 0. |
| DAVID CROSSON 2506 N. BROAD ST. COLMAR, PA 18915 | SECRETARY 2.00 | 0. | 0. | 0. |
| CAROL V. ALLEN 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DOUGLAS ESCHBACH 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

| | | | | |
|--|------------------|----|----|----|
| KATHLEEN FITZGERALD 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PHILIP HUNT 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAUL POCALYKO 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SUSAN SOBEL 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| BILL STEVENS 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ELIZABETH STYER 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TERRENCE L. WALTON 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 2.00 | 0. | 0. | 0. |
| SANDI VASOLI 2506 N. BROAD ST. COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

143,245.

6,554.

4,250.

North Penn Community Health Foundation

Form 990 PF

FYE 6/30/11

Statement 14 – Part IX-A Summary of Direct Charitable Activities

The foundation, through a subsidiary company, 2506 LLC, operates a multi-tenant nonprofit center, Community Partners Center for Health and Human Services. 2506 LLC is governed by a Board of Managers appointed by the North Penn Community Health Foundation. The Board of Managers is comprised of five individuals, three of whom are tenant representatives. The foundation's office is located in the Community Partners Center along with seven other local nonprofit organizations serving the North Penn community. The Community Partners Center is designed to encourage collaboration, exploration and development of synergies to support the efforts of local nonprofits in providing the highest caliber program and services

In FYE June 30, 2011, over 36 nonprofit organizations utilized the meeting rooms free of charge. These organizations held approximately 472 meetings (an increase of 9% over the prior year) with over 8,000 people attending (an increase of 12.5% over the prior year). Meetings included educational training sessions such as the North Penn Nonprofit Academy, community meetings including the Greater North Penn Collaborative for Health and Human Services, Earned Income Tax assistance workshops, support groups, staff and board retreats, County leadership meetings, volunteer workshops, program planning meetings and more. The estimated savings to these nonprofit organizations was between \$110,000 and \$200,000 depending upon the use of the various technologies and support services available.

North Penn Community Health Foundation
Form 990-PF
Year ended June 30, 2011
Statement 15
Part XV, Supplementary Information

2b. The form in which applications should be submitted and information and materials they should include:

The North Penn Community Health Foundation's Application Form and guidelines can be found on the website at www.npchf.org under Grants Program. The foundation will strategically focus on providing grant support to our strategic partner organizations and others striving to offer high quality, high impact and cost-effective services to targeted populations.

The foundation's grant program is primarily intended to benefit low- and moderate-income people. While others may benefit from similar programs, only these groups will receive priority consideration for funding support.

Organizations seeking grant support from the foundation must demonstrate how specific problems and unmet needs manifest themselves in the Greater North Penn community and link this understanding to specific efforts the applicant intends to pursue. The applicant must specify what results (outcomes) are anticipated. Additionally, applicants are required to link their requests for grant funding to their agency's strategic and business plans. Successful applicants will demonstrate a strong connection between the foundation's areas of funding priority and their organization's strategic/business plans so that the grant request is aligned with both.

The foundation uses three different application forms depending on its relationship with the applicant. Please note the foundation does not accept applications submitted on common application forms. The forms described below are similar in nature, but require different information.

First Time Applicants – This application should be used by any organization that has not received grant support from the foundation within the past three years.

Existing Grantees – This application should be used by any organizations that have received grant support from the foundation within the past three years. Use this application when seeking a renewal grant for a currently funded program, service or project.

Strategic Partners – The foundation will provide application forms (via e-mail) to strategic partners when requested. This application is used solely by strategic partners managing one of the foundation's strategic initiatives. [Note: Strategic partners may use the "existing grantee" application to request grant support for other programs/projects].

**North Penn Community Health Foundation
Form 990-PF
Year ended June 30, 2011
Statement 15
Part XV, Supplementary Information**

Applicants must submit a program narrative that succinctly yet thoroughly describes EACH section of the application as described in the proposal outline; submit the proposal in the required outline format; limit the length of the narrative to no more than five pages (relevant supplemental information is permitted as an appendix); submit a budget, using the foundation's budget form; Submit a budget narrative explaining how program/project costs are calculated or determined; Submit program and budget narratives on white paper using 12 point font with 1" margins;

Submit all supporting documentation (see checklist included with the application); and Submit one (1) original application by mail.

Applicants seeking capacity building grants (under the priority area of Strengthening Organizational Effectiveness and Partnerships) MUST include an organizational self-assessment completed within the past twelve months (use of the Core Capacity Assessment Tool (CCAT) or other preapproved tool is required). Funding preference will be given to capacity building requests that are designed to help an organization build/sustain effective leadership/management and/or to an organization committed to developing/delivering high quality, high impact program/services that are fiscally sustainable, responsive to community needs and not duplicative of existing programs/services.

The foundation is particularly interested in promoting innovative and sustainable initiatives responsive to unmet needs that will also improve the overall quality and availability of health and human services in our community. To address selected unmet community needs, the foundation occasionally invites nonprofit organizations to work on a foundation-initiated project. There are currently seven strategic initiatives. Each initiative has a strategic partner (grantee). Through a collaborative exchange of ideas the foundation negotiates with its strategic partner organizations the priorities for achieving accomplishments and results, workplans and budgets. The foundation provides negotiated operating support to these strategic partners.

2c. Any submission deadlines:

Proposal Submission Deadlines are posted on the Foundation's website.

**North Penn Community Health Foundation
Form 990-PF
Year ended June 30, 2011
Statement 15
Part XV, Supplementary Information**

2d. Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions or other factors:

To be eligible for grants support, an organization must provide a service or program that benefits the residents of one or more of the Foundation's supported communities. These communities include the school districts of Souderton Area, North Penn and Wissahickon. Organizations do not need to be physically located in the Foundation's service community in order to be eligible to receive grant support. There are no specific criteria regarding the amount of grant funds an applicant may request or how often a proposal will be considered. However, the Foundation generally limits its support in proportion to the organizations' overall annual budget, the nature and scope of particular project and the availability of grant funds. Guidelines can be found on the foundation's web site. The foundation does not provide grant support for :

- Individuals or for-profit organizations, firms or companies;
- Disease-specific charities;
- Endowments;
- Debt reduction;
- Clinical or academic research;
- Publications unless such publications are an integral component for a specific grant initiative;
- Student projects;
- Athletic recreational clubs or alumni activities;
- Replacement of lost government-funds or supplementation of private/public insurance;
- Religious congregations; or
- Fraternal, political or civic groups.

STATEMENT # 16

Fiscal Year 2011

North Penn Community Health Foundation EIN#23-1352175

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|--|----------------------------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Non Strategic | | | | | | |
| Abington Memorial Hospital Foundation 1200 Old York Road Abington, PA 19001 <i>Matching Grant</i> \$1,000.00 2011 | 509(a)(1) | \$0.00 | \$1,000.00 | \$0.00 | \$1,000.00 | \$0.00 |
| Advanced Living Management & Development, Inc. 1290 Allentown Road Lansdale, PA 19446 <i>Board Member Retirement Honorarium</i> \$3,000.00 2011 | 509(a)(2) | \$0.00 | \$3,000.00 | \$0.00 | \$3,000.00 | \$0.00 |
| Blue Bell Elementary School 801 Symphony Lane Blue Bell, PA 19422 <i>Mile Club</i> \$500.00 2011 | 170 (b)(a)(A)(ii) - School | \$0.00 | \$500.00 | \$0.00 | \$500.00 | \$0.00 |
| Bridle Path Elementary School 200 Bridle Path Road Lansdale, PA 19446 <i>Parent Health Council</i> \$500.00 2011 | 170 (b)(a)(A)(ii) - School | \$0.00 | \$500.00 | \$0.00 | \$500.00 | \$0.00 |
| Child, Home and Community 144 Wood Street Doylestown, PA 18901 <i>Board Member Retirement Honorarium</i> \$1,000.00 2011 | 509(a)(2) | \$0.00 | \$1,000.00 | \$0.00 | \$1,000.00 | \$0.00 |
| Franconia Elementary School 366 Harleysville Pike Souderton, PA 18964 | 170 (b)(a)(A)(ii) - School | \$0.00 | \$500.00 | \$0.00 | \$500.00 | \$0.00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|----------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| <i>Walking Track</i> | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| Gilda's Club Delaware Valley, Inc. | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| 200 Kirk Road | | | | | | |
| Warminster, PA 18974 | | | | | | |
| <i>Academy Educational Stipend</i> | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Gwynedd-Mercy College | 170 | \$0 00 | \$3,000 00 | \$0 00 | \$3,000 00 | \$0 00 |
| 1325 Sumneytown Pike | (b)(a)(A)(u) - | | | | | |
| P O Box 901 | School | | | | | |
| Gwynedd Valley, PA 19437-0901 | | | | | | |
| <i>Marching Grant</i> | | | | | | |
| \$3,000 00 | | | | | | |
| 2011 | | | | | | |
| Gwynedd Square Elementary School | 170 | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 1641 Supplee Road | (b)(a)(A)(u) - | | | | | |
| Lansdale, PA 19446 | School | | | | | |
| <i>Project Outdoor Fit Design</i> | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| Health Promotion Council of Southeastern Pennsylvania, Inc. | 509(a)(1) | \$0 00 | \$100 00 | \$0 00 | \$100 00 | \$0 00 |
| 260 South Broad St | | | | | | |
| Philadelphia, PA 19102-5085 | | | | | | |
| <i>Memorial Contribution in Honor of Jim</i> | | | | | | |
| <i>Eschbach</i> | | | | | | |
| \$100 00 | | | | | | |
| 2011 | | | | | | |
| Health Promotion Council of Southeastern Pennsylvania, Inc. | 509(a)(1) | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 260 South Broad St | | | | | | |
| Philadelphia, PA 19102-5085 | | | | | | |
| <i>Volunteer Honorarium</i> | | | | | | |
| \$500 00 | | | | | | |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175 **Fiscal Year 2011**

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|--|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Indian Creek Foundation 420 Cowpath Road Souderton, PA 18964 <i>Memorial Contribution</i> \$100 00 2011 | 509(a)(2) | \$0 00 | \$100 00 | \$0 00 | \$100 00 | \$0 00 |
| Indian Creek Foundation 420 Cowpath Road Souderton, PA 18964 <i>Board Member Retirement Honorarium</i> \$1,000 00 2011 | 509(a)(2) | \$0 00 | \$1,000 00 | \$0 00 | \$1,000 00 | \$0 00 |
| North Penn Valley Boys and Girls Club 115 Washington Ave Souderton, PA 18964 <i>Academy Educational Stipend</i> \$250 00 2011 | 509(a)(2) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| Ivy Hill Foundation, Inc. P O Box 394 Perkasie, PA 18944 <i>Academy Educational Stipend</i> \$250 00 2011 | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| Keystone Opportunity Center, Inc. P O Box 64183 Souderton, PA 18964 <i>Academy Educational Stipend</i> \$250 00 2011 | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| Laurel House P O Box 764 | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|--|-----------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| North Penn Community Health Foundation Norristown, PA 19404 | | | | | | |
| Academy Educational Stipend | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Lower Salford Elementary School | 170 | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 250 Maple Avenue | (b)(a)(A)(ii) - | | | | | |
| Haileysville, PA 19438 | School | | | | | |
| Lower Salford Recess Club | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| Madlyn and Leonard Abramson Center for Jewish Life | 509(a)(2) | \$0 00 | \$2,250 00 | \$0 00 | \$2,250 00 | \$0 00 |
| 1425 Hoisham Road | | | | | | |
| North Wales, PA 19454-1320 | | | | | | |
| Matching Grant | | | | | | |
| \$2,250 00 | | | | | | |
| 2011 | | | | | | |
| Manna on Main Street | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| 514 W Main Street | | | | | | |
| Lansdale, PA 19446 | | | | | | |
| Academy Educational Stipend | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Mattison Avenue Elementary School | 170 | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 131 Rosemary Ave | (b)(a)(A)(ii) - | | | | | |
| Ambler, PA 19002 | School | | | | | |
| Indoor Recess Activities | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| North Penn Valley Boys and Girls Club, Inc. | 509(a)(2) | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 16 Susquehanna Avenue | | | | | | |
| Lansdale, PA 19446-0103 | | | | | | |
| Volunteer Honorarium | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |

STATEMENT # 16

Fiscal Year 2011

North Penn Community Health Foundation EIN#23-1352175

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| North Penn Visiting Nurse Association | 509(a)(1) | \$0 00 | \$1,000 00 | \$0 00 | \$1,000 00 | \$0 00 |
| 51 Medical Campus Drive Lansdale, PA 19446 | | | | | | |
| Board Member Retirement Honorarium | | | | | | |
| \$1,000 00 | | | | | | |
| 2011 | | | | | | |
| North Wales Home and School Association | 170(b)(1)(A)(vi) | \$500 00 | \$0 00 | \$0 00 | \$500 00 | \$0 00 |
| 201 Summit Street | | | | | | |
| North Wales, PA 19454-3298 | | | | | | |
| Student Health Council Programs | | | | | | |
| \$500 00 | | | | | | |
| 2010 | | | | | | |
| North Wales Home and School Association | 170(b)(1)(A)(vi) | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 201 Summit Street | | | | | | |
| North Wales, PA 19454-3298 | | | | | | |
| Student Health Council Programs | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| One-In-Christ Pan-African Worship Community | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| 267 Morwood Rd | | | | | | |
| Telford, PA 18969 | | | | | | |
| Academy Educational Stipend | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| The Peak Center, Inc. | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| 315 W Main Street | | | | | | |
| Lansdale, PA 19446 | | | | | | |
| Academy Educational Stipend | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Pennypack Farm Education Center for | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| Sustainable Food Systems | | | | | | |
| 685 Mann Road | | | | | | |
| Horsham, PA 19044 | | | | | | |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|----------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| <i>Academy Educational Suspend</i> | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Retired Senior Volunteer Program of Montgomery County | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| 350 Sentry Parkway, Building 640 | | | | | | |
| Suite 100 | | | | | | |
| Blue Bell, PA 19422 | | | | | | |
| <i>Academy Educational Suspend</i> | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Senior Adult Activities Center of Montgomery County | 509(a)(1) | \$0 00 | \$250 00 | \$0 00 | \$250 00 | \$0 00 |
| \$36 George Street | | | | | | |
| Norristown, PA 19401 | | | | | | |
| <i>Academy Educational Suspend</i> | | | | | | |
| \$250 00 | | | | | | |
| 2011 | | | | | | |
| Shady Grove Elementary School | 170 | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 351 West Skippack Pike | (b)(a)(A)(u) - | | | | | |
| Ambler, PA 19002 | School | | | | | |
| <i>Third Health Fair</i> | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |
| Stony Creek Elementary School | 170 | \$0 00 | \$380 00 | \$0 00 | \$380 00 | \$0 00 |
| 1721 Yost Road | (b)(a)(A)(u) - | | | | | |
| Blue Bell, PA 19422 | School | | | | | |
| <i>Stony Creek Mile Club</i> | | | | | | |
| \$380 00 | | | | | | |
| 2011 | | | | | | |
| Vernfield Elementary School | 170 | \$0 00 | \$500 00 | \$0 00 | \$500 00 | \$0 00 |
| 960 Long Mill Road | (b)(a)(A)(u) - | | | | | |
| Telford, PA 18969 | School | | | | | |
| <i>School Garden</i> | | | | | | |
| \$500 00 | | | | | | |
| 2011 | | | | | | |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175
 Fiscal Year 2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|--|---------------------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Wissahickon High School | 170 | \$0 00 | \$1,000 00 | \$0 00 | \$1,000 00 | \$0 00 |
| 521 Houston Road Ambler, PA 19002-3599 WHS Garden Expansion/Healthy Foods Banquet | (b)(a)(A)(ii) - School | | | | | |
| \$1,000 00 2011 | | | | | | |
| Wissahickon Middle School | 170 | \$0 00 | \$1,000 00 | \$0 00 | \$1,000 00 | \$0 00 |
| 500 Houston Road Ambler, PA 19002 Wissahickon Middle School Health and Physical Education Night | (b)(a)(A)(ii) - School | | | | | |
| \$1,000 00 2011 | | | | | | |
| Wissahickon School District | 170 | \$0 00 | \$200 00 | \$0 00 | \$200 00 | \$0 00 |
| 601 Knight Road Ambler, PA 19002 Academy Educational Stipend | (b)(a)(A)(ii) - School | | | | | |
| \$200 00 2011 | | | | | | |
| Total Non Strategic (36 items) | | \$500 00 | \$23,030 00 | \$0 00 | \$23,530 00 | \$0 00 |

Strategic Priorities

ACCESS Services, Inc. 509(a)(1)

500 Office Center Drive, Suite 100

Fort Washington, PA 19034-3234

In support of a collaborative effort with the

Montgomery County Housing/Homeless

Providers' Network to develop a video

about people moving from shelters to

permanent housing and to share their

stories broadly in various media markets

\$15,000 00

2010

\$15,000 00

\$0 00

\$15,000 00

\$0 00

STATEMENT # 16

Fiscal Year 2011

North Penn Community Health Foundation EIN#23-1352175

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Delaware Valley Community Health, Inc. 1412-22 Fairmount Ave Philadelphia, PA 19130 <i>In support of patient services and operations at the Norristown Regional Health Center</i> \$45,000 00 2010 | 509(a)(1) | \$22,500 00 | \$0 00 | \$0 00 | \$22,500 00 | \$0 00 |
| Delaware Valley Community Health, Inc. 1412-22 Fairmount Ave Philadelphia, PA 19130 <i>In continued support of primary, oral and health care services to low-income individuals and families at the Norristown Regional Health Center</i> \$94,000 00 2011 | 509(a)(1) | \$0 00 | \$94,000 00 | \$0 00 | \$38,500 00 | \$55,500 00 |
| Senior Adult Activity Center of the Harleysville Area 312 Alumni Ave Harleysville, PA 19438-2306 <i>In support of a collaborative project of Encore Experiences at Harleysville and Generations of Indian Valley to develop an organizational framework to support becoming high performing organizations</i> \$45,000 00 2011 | 509(a)(1) | \$0 00 | \$45,000 00 | \$0 00 | \$45,000 00 | \$0 00 |
| Family Service of Montgomery County 3125 Ridge Pike Eagleville, PA 19403 <i>In continued support of capacity building efforts to transform the agency into a performance driven organization</i> | 509(a)(1) | \$20,000 00 | \$0 00 | \$0 00 | \$20,000 00 | \$0 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175
 Fiscal Year 2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| 6/30/2011 \$80,000 00 | | | | | | |
| 2010 Family Service of Montgomery County 3125 Ridge Pike Eagleville, PA 19403 <i>In continued support of efforts to assist Family Service in becoming a high performing organization</i> \$60,000 00 2011 | 509(a)(1) | \$0 00 | \$60,000 00 | \$0 00 | \$60,000 00 | \$0 00 |
| The Food Trust One Penn Center, Suite 900 1617 John F Kennedy Blvd Philadelphia, PA 19103 <i>In continued support of the North Penn Community Nutrition Coalition</i> \$79,200 00 2010 | 509(a)(1) | \$19,800 00 | \$0 00 | \$0 00 | \$19,800 00 | \$0 00 |
| The Food Trust One Penn Center, Suite 900 1617 John F Kennedy Blvd Philadelphia, PA 19103 <i>In continued support of the Lansdale Farmer's Market</i> \$15,000 00 2010 | 509(a)(1) | \$15,000 00 | \$0 00 | \$0 00 | \$15,000 00 | \$0 00 |
| The Food Trust One Penn Center, Suite 900 1617 John F Kennedy Blvd Philadelphia, PA 19103 <i>In continued support of the North Penn Nutrition Coalition</i> \$70,000 00 2011 | 509(a)(1) | \$0 00 | \$70,000 00 | \$0 00 | \$70,000 00 | \$0 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| The Food Trust | 509(a)(1) | \$0 00 | \$10,500 00 | \$0 00 | \$10,500 00 | \$0 00 |
| One Penn Center, Suite 900 1617 John F Kennedy Blvd Philadelphia, PA 19103 <i>Resending the State Food Purchase Program to Develop Best Practices for Food Pantries</i> | | | | | | |
| \$10,500 00 | | | | | | |
| 2011 | | | | | | |
| Free Health Clinic of Montgomery County, Inc. 1775 Street Road Southampton, PA 18966 <i>In continued support of patient services and in support of a board assessment and strategic planning</i> | 509(a)(2) | \$50,000 00 | \$0 00 | \$0 00 | \$50,000 00 | \$0 00 |
| \$50,000 00 | | | | | | |
| 2010 | | | | | | |
| Greater North Penn Collaborative for Health and Human Services PO Box 66 Haileysville, PA 19438 <i>In continued support of operations \$25 000 outright and \$15 000 contingent upon submission and approval of a work plan designed to strengthen the special interest cabinets</i> | 509(a)(1) | \$40,000 00 | \$0 00 | \$0 00 | \$40,000 00 | \$0 00 |
| \$40,000 00 | | | | | | |
| 2010 | | | | | | |
| Greater North Penn Collaborative for Health and Human Services PO Box 66 Haileysville, PA 19438 <i>Fostering Collaboration Among Nonprofit Organizations and other Community Stakeholders</i> | 509(a)(1) | \$0 00 | \$69,000 00 | \$0 00 | \$23,000 00 | \$46,000 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|-----------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| \$69,000 00 | | | | | | |
| 2011 | | | | | | |
| Gwynedd-Mercy College | 170 | \$0.00 | \$25,300.00 | \$0.00 | \$25,300.00 | \$0.00 |
| 1325 Sumneytown Pike | (b)(a)(A)(ii) - | | | | | |
| P.O. Box 901 | School | | | | | |
| Gwynedd Valley, PA 19437-0901 | | | | | | |
| Gwynedd-Mercy College Adult Health | | | | | | |
| Center Increasing Access to Care through | | | | | | |
| Community Partnerships | | | | | | |
| \$25,300 00 | | | | | | |
| 2011 | | | | | | |
| Habitat for Humanity of Montgomery County, Inc. | 509(a)(1) | \$0.00 | \$21,000.00 | -\$21,000.00 | \$0.00 | \$0.00 |
| 533 Foundry Rd | | | | | | |
| West Norriton, PA 19403 | | | | | | |
| Introduce "A Brush with Kindness" into the | | | | | | |
| Ambler, North Penn and Indian Valley | | | | | | |
| Communities | | | | | | |
| \$0.00 | | | | | | |
| 2011 | | | | | | |
| Health Promotion Council of Southeastern Pennsylvania, Inc. | 509(a)(1) | \$21,250.00 | \$0.00 | \$0.00 | \$21,250.00 | \$0.00 |
| 260 South Broad St | | | | | | |
| Philadelphia, PA 19102-5085 | | | | | | |
| In continued support of the WISE SNAC | | | | | | |
| Initiative | | | | | | |
| \$85,000 00 | | | | | | |
| 2010 | | | | | | |
| Health Promotion Council of Southeastern Pennsylvania, Inc. | 509(a)(1) | \$0.00 | \$97,000.00 | \$0.00 | \$97,000.00 | \$0.00 |
| 260 South Broad St | | | | | | |
| Philadelphia, PA 19102-5085 | | | | | | |
| In continued support of the Wellness | | | | | | |
| Initiative for the School Environment | | | | | | |
| Smart Nutrition and Activity Collaborative | | | | | | |
| (WISE SNAC) | | | | | | |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175
 6/30/2011 Fiscal Year 2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| \$97,000 00 | | | | | | |
| 2011 | | | | | | |
| Health Promotion Council of Southeastern Pennsylvania, Inc. 260 South Broad St Philadelphia, PA 19102-5085 <i>Cultivating Communities Campaign</i> | 509(a)(1) | \$0 00 | \$92,000 00 | \$0 00 | \$57,000 00 | \$35,000 00 |
| \$92,000 00 | | | | | | |
| 2011 | | | | | | |
| Inter-Faith Housing Alliance PO Box 141 Ambler, PA 19002 <i>In support of board development strategic planning marketing and communication planning and to develop a plan to acquire additional transitional housing</i> | 509(a)(1) | \$22,700 00 | \$0 00 | \$0 00 | \$22,700 00 | \$0 00 |
| \$22,700 00 | | | | | | |
| 2010 | | | | | | |
| Jewish Healthcare Foundation of Pittsburgh 650 Smithfield Street, Suite 2400 Pittsburgh, PA 15222 <i>In support of continued advancement of the Pennsylvania Health Funders Collaborative (PHFC)</i> | 509(a)(1) | \$0 00 | \$7,500 00 | \$0 00 | \$7,500 00 | \$0 00 |
| \$7,500 00 | | | | | | |
| 2011 | | | | | | |
| Keystone Opportunity Center, Inc. P O Box 64183 Souderton, PA 18964 <i>In support of program/service evaluation, market assessment and development of a marketing plan</i> | 509(a)(1) | \$0 00 | \$15,000 00 | \$0 00 | \$15,000 00 | \$0 00 |
| \$15,000 00 | | | | | | |
| 2011 | | | | | | |
| Madlyn and Leonard Abramson Center for Jewish Life | 509(a)(2) | \$0 00 | \$40,000 00 | \$0 00 | \$0 00 | \$40,000 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| 1425 Horsham Road North Wales, PA 19454-1320 <i>A one to one challenge grant in support of the "Country Kitchen Pilot Program" to enhance the residents nutritional status</i> \$40,000 00 | | | | | | |
| 2011 | | | | | | |
| Montgomery County Association for the Blind, Inc. North Wales Professional Building 212 North Main Street North Wales, PA 19454-3117 <i>In support of an organizational sustainability study</i> \$30,200 00 | 509(a)(1) | \$0 00 | \$30,200 00 | \$0 00 | \$30,200 00 | \$0 00 |
| 2011 | | | | | | |
| Montgomery County Community College Foundation, Inc. 340 DeKalb Pike Blue Bell, PA 19422 <i>In continued support of prophylactic oral health services and oral health outreach and education to Head Start programs</i> \$24,300 00 | 509(a)(1) | \$24,300 00 | \$0 00 | \$0 00 | \$24,300 00 | \$0 00 |
| 2010 | | | | | | |
| Montgomery County Community College Foundation, Inc. 340 DeKalb Pike Blue Bell, PA 19422 <i>Phase VIII Eliminating Dental Caries Across the Lifespan</i> \$21,400 00 | 509(a)(1) | \$0 00 | \$21,400 00 | \$0 00 | \$0 00 | \$21,400 00 |
| 2011 | | | | | | |
| Montgomery County Foundation, Inc. 2 W Lafayette Street, Suite 120 Norristown, PA 19401 <i>A final grant in support of InfoLINK and</i> | 509(a)(1) | \$0 00 | \$80,000 00 | \$0 00 | \$80,000 00 | \$0 00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175 **Fiscal Year 2011**

6/30/2011

| Recipient and/or Purpose <i>as in transition to NJ 2-1-1</i> | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| \$80,000 00 | | | | | | |
| 2011 | | | | | | |
| Montgomery County Foundation, Inc. | | | | | | |
| 2 W Lafayette Street, Suite 120 | 509(a)(1) | \$0 00 | \$125,000 00 | \$0 00 | \$0 00 | \$125,000 00 |
| Nonistown, PA 19401 | | | | | | |
| <i>In continued support of the Montgomery</i> | | | | | | |
| <i>County Housing/Homeless Providers</i> | | | | | | |
| <i>Network</i> | | | | | | |
| \$125,000 00 | | | | | | |
| 2011 | | | | | | |
| New Life Youth and Family Services | | | | | | |
| 585 Freeman School Road | 509(a)(1) | \$0 00 | \$18,000 00 | \$0 00 | \$0 00 | \$18,000 00 |
| Schwenksville, PA 19473 | | | | | | |
| <i>New Strategic Plan</i> | | | | | | |
| \$18,000 00 | | | | | | |
| 2011 | | | | | | |
| North Penn Valley Boys and Girls Club, Inc. | | | | | | |
| 16 Susquehanna Avenue | 509(a)(2) | \$22,000 00 | \$0 00 | \$0 00 | \$22,000 00 | \$0 00 |
| Lansdale, PA 19446-0103 | | | | | | |
| <i>In continued support of the Club's</i> | | | | | | |
| <i>performance improvement initiative</i> | | | | | | |
| \$22,000 00 | | | | | | |
| 2010 | | | | | | |
| North Penn Valley Boys and Girls Club, Inc. | | | | | | |
| 16 Susquehanna Avenue | 509(a)(2) | \$0 00 | \$40,000 00 | \$0 00 | \$40,000 00 | \$0 00 |
| Lansdale, PA 19446-0103 | | | | | | |
| <i>In support of the "Vision Fulfillment</i> | | | | | | |
| <i>Campaign"</i> | | | | | | |
| \$40,000 00 | | | | | | |
| 2011 | | | | | | |

STATEMENT # 16

Fiscal Year 2011

North Penn Community Health Foundation EIN#23-1352175

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|--|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| North Penn Visiting Nurse Association 51 Medical Campus Drive Lansdale, PA 19446 <i>In continued support of clinic and community education programs serving low-income and disadvantaged populations</i> | 509(a)(1) | \$33,000.00 | \$0.00 | \$0.00 | \$33,000.00 | \$0.00 |
| \$132,000.00 2010 | | | | | | |
| North Penn Visiting Nurse Association 51 Medical Campus Drive Lansdale, PA 19446 <i>In continued support of primary and preventative health care services to low-income individuals and families</i> | 509(a)(1) | \$0.00 | \$132,000.00 | \$0.00 | \$132,000.00 | \$0.00 |
| \$132,000.00 2011 | | | | | | |
| Penn Foundation, Inc. 807 Lawn Avenue, P O Box 23 Sellersville, PA 18960 <i>In support of phase I of a collaborative initiative with Indian Creek Foundation to develop and sustain a trauma informed organizational environment at Penn Foundation and Indian Creek Foundation</i> | 509(a)(1) | \$0.00 | \$25,000.00 | \$0.00 | \$25,000.00 | \$0.00 |
| \$25,000.00 2011 | | | | | | |
| Pennypack Farm Education Center for Sustainable Food Systems 685 Mann Road Horsham, PA 19044 <i>In support of a feasibility study to assess the merits and logistics involved in developing a cooking program for</i> | 509(a)(1) | \$0.00 | \$5,000.00 | \$0.00 | \$5,000.00 | \$0.00 |

STATEMENT # 16

North Penn Community Health Foundation EIN#23-1352175

Fiscal Year 2011

6/30/2011

| Recipient and/or Purpose | Tax Status | Beginning Balance 2011 | Newly Allocated 2011 | Amended 2011 | Amount Paid 2011 | Ending Balance 2011 |
|---|------------|---------------------------|-------------------------|-----------------|---------------------|------------------------|
| Resources for Human Development, Inc. 4700 Wissahickon Avenue, Suite 126 Philadelphia, PA 19144-4248 <i>In continued support of the North Penn Housing/Homeless Network to pilot a centralized intake and referral service model</i> | 509(a)(1) | \$50,000 00 | \$0 00 | -\$52,026 00 | -\$2,026 00 | \$0 00 |
| \$22,974 00 2010 | | | | | | |
| VNA Community Services 1421 Highland Avenue Abington, PA 19001-2685 <i>In continued support of the personal navigator program</i> | 509(a)(1) | \$0 00 | \$20,000 00 | \$0 00 | \$20,000 00 | \$0 00 |
| \$20,000 00 2011 | | | | | | |
| Total Strategic Priorities (40 items) | | \$355,550 00 | \$1,215,176 00 | -\$73,026 00 | -\$1,156,800 00 | \$340,900 00 |
| Grand Totals (76 items) | | \$356,050 00 | \$1,238,206 00 | -\$73,026 00 | -\$1,180,330 00 | \$340,900 00 |

Conditional grants awarded in prior years recognized in current year
 Conditional grants awarded in current year
 Grant Funds Returned
 Total grant expense

\$15,000 00
 -\$61,000 00
 -\$52,026 00
 \$1,140,180 00

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|--|--------------------------------|
| Type or print | Name of exempt organization | Employer identification number |
| | NORTH PENN COMMUNITY HEALTH FOUNDATION | 23-1352175 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions | |
| | 2506 N. BROAD ST., NO. 206 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | COLMAR, PA 18915 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

RUSSELL JOHNSON, PRESIDENT, CEO

- The books are in the care of ► **2506 N BROAD ST., SUITE 206 - COLMAR, PA 18915**
Telephone No. ► **215-716-5400** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☐ calendar year or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

| | | |
|---|----|-------------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ 14,728. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ 27,385. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)