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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 07-01-2012 , and ending 06-30-2013

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 NO 206

Room/suite

B Telephone number (see instructions)
(215) 716-5400

City or town, state, and ZIP code
COLMAR, PA 18915

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 44,792,336

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _
(Part I, column (d) must be on cash basis.)

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	527,370			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	627	627		
	4	Dividends and interest from securities	1,531,156	1,531,156		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-30,984			
	b	Gross sales price for all assets on line 6a 1,568,182				
	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) (attach schedule)				
	11	Other income (attach schedule)	331,699	0	331,483	
	12	**Total.** Add lines 1 through 11	2,359,868	1,531,783	331,483	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	159,127	0	0	159,127
	14	Other employee salaries and wages	179,338	0	11,222	168,116
	15	Pension plans, employee benefits	85,820	0	3,047	82,774
	16a	Legal fees (attach schedule)	15,214	0	114	44,615
	b	Accounting fees (attach schedule)	18,500	0	1,741	16,759
	c	Other professional fees (attach schedule)	289,529	0	0	275,790
	17	Interest	173,632	0	93,000	80,632
	18	Taxes (attach schedule) (see instructions)	45,488	41,315	2,235	1,938
	19	Depreciation (attach schedule) and depletion	361,527	0	161,098	
	20	Occupancy	103,815	0	53,159	46,166
	21	Travel, conferences, and meetings	29,646	0	0	27,588
	22	Printing and publications	7,397	0	0	8,507
	23	Other expenses (attach schedule)	72,515	0	5,867	65,724
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,541,548	41,315	331,483	977,736
	25	Contributions, gifts, grants paid	371,948			486,118
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,913,496	41,315	331,483	1,463,854
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	446,372			
	b	**Net investment income** (if negative, enter -0-)		1,490,468		
	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 (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	55,447	60,752	60,752
	2 Savings and temporary cash investments	175,634	130,624	130,624
	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 (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	20,096	14,187	14,187
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	34,850,388	37,417,145	37,417,145
	14 Land, buildings, and equipment basis ▶ 8,365,970 Less accumulated depreciation (attach schedule) ▶ 1,982,869	6,732,221	6,383,101	6,383,101
	15 Other assets (describe ▶ _____)	205,622	786,527	786,527
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	42,039,408	44,792,336	44,792,336
Liabilities	17 Accounts payable and accrued expenses	113,492	67,194	
	18 Grants payable	357,863	243,692	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	4,035,071	3,907,248	
	22 Other liabilities (describe ▶ _____)	1,150,980	948,149	
	23 **Total liabilities** (add lines 17 through 22)	5,657,406	5,166,283	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	35,912,205	38,575,351	
	25 Temporarily restricted	0	575,365	
	26 Permanently restricted	469,797	475,337	
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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** (see page 17 of the instructions)	36,382,002	39,626,053	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	42,039,408	44,792,336	

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	36,382,002
2	Enter amount from Part I, line 27a	2	446,372
3	Other increases not included in line 2 (itemize) ▶ _____	3	2,797,679
4	Add lines 1, 2, and 3	4	39,626,053
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	39,626,053

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)
1 a	VARIOUS SECURITIES - DETAILS AVAILABLE AT ORGANIZATION'S OFFICE	P		
b				
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	1,568,182		1,599,166	-30,984
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				-30,984
b				
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	-30,984
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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 page 18 of the 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))
2011	2,476,351	34,398,562	0 071990
2010	1,845,390	37,112,424	0 049724
2009	1,482,099	34,249,956	0 043273
2008	1,786,621	33,688,302	0 053034
2007			

2	**Total** of line 1, column (d)	2	0 218021
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	0 054505
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	35,959,467
5	Multiply line 4 by line 3	5	1,959,971
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	14,905
7	Add lines 5 and 6	7	1,974,876
8	Enter qualifying distributions from Part XII, line 4	8	1,463,854

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 page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	29,809
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	29,809
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	29,809
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a: 39,370		
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	39,370
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	161
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	9,400
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 9,400 **Refunded** ▶	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
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*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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 .*	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW NPCHF ORG

14 The books are in care of ▶ RUSSELL JOHNSON PRESIDENT CEO Telephone no ▶ (215) 716-5400

Located at ▶ 2506 N BROAD ST SUITE 206 COLMAR PA ZIP+4 ▶ 18915

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**

16	At any time during calendar year 2012, 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?	16		No

See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ 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)? ☐ Yes ☑ 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) ☐ Yes ☑ 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 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2012?	1c		No
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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)	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2012 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 2012.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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)? (see instructions) ☐ 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)?	**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? ☐ 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**		**No**
	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?	**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 (see instructions).

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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 SUITE 206 COLMAR, PA 18915	VP ADMINISTRATION 37 50	79,708	4,768	0
TAMELA LUCE 2506 N BROAD ST SUITE 206 COLMAR, PA 18915	PROGRAM OFFICER 37 50	58,722	3,923	0
Total number of other employees paid over $50,000 ▶				0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
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 COMMUNITY PARTNERS CENTER FOR HEALTH AND HUMAN SERVICES 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 SIX 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 PROGRAMS AND SERVICES IN FYE JUNE 30, 2013, 26 NONPROFIT ORGANIZATIONS UTILIZED THE COMMUNITY PARTNERS CENTER MEETING ROOMS FREE OF CHARGE THESE ORGANIZATIONS HELD APPROXIMATELY 640 MEETINGS WITH OVER 9,250 PEOPLE ATTENDING	618,880
2 NORTH PENN COMMONS FOUR RESPECTED AND EFFECTIVE NONPROFIT ORGANIZATIONS IN THE LANSDALE, MONTGOMERY COUNTY, PA COMMUNITY - ADVANCED LIVING COMMUNITIES, MANNA ON MAIN STREET, NORTH PENN YMCA AND THE PEAK CENTER/ENCORE EXPERIENCE-HAVE DEVELOPED AN INNOVATIVE PARTNERSHIP KNOWN AS NORTH PENN COMMONS WHICH WILL LEVERAGE THEIR CO-LOCATION ON A SINGLE CAMPUS AND BUILD UPON THE INDIVIDUAL CORE COMPETENCIES OF EACH PARTNER THE PARTNERSHIP IS DESIGNED TO FOSTER THE DEVELOPMENT OF NEW AND HIGH QUALITY PROGRAMS/SERVICES, PROVIDE BETTER ACCESS TO MEMBERS AND CLIENTS, SHARE EXPENSES, AND USE PHILANTHROPIC AND VOLUNTEER RESOURCES MOST EFFECTIVELY FOR THE BENEFIT OF THE COMMUNITY AS A FUNDER OF EACH OF THESE ORGANIZATIONS, THE NORTH PENN COMMUNITY HEALTH FOUNDATION SAW THE OPPORTUNITY FOR COLLABORATION AND BROUGHT THE LEADERS OF THE FOUR AGENCIES TOGETHER TO DISCUSS A COORDINATED APPROACH	244,000
3 THE ACADEMY THE ACADEMY IS A FOUNDATION-LED CAPACITY BUILDING PROGRAM FOR THE HEALTH AND HUMAN SERVICES COMMUNITY SERVING MONTGOMERY COUNTY, PA THROUGH A SERIES OF HIGH-QUALITY WORKSHOPS, ROUNDTABLES, TRAININGS AND OTHER GATHERINGS, THE ACADEMY HELPS ORGANIZATIONS STRENGTHEN THEIR BUSINESS AND MANAGEMENT ACUMEN WORKSHOPS AND TRAININGS ARE DELIVERED BY LOCAL AND NATIONALLY-RECOGNIZED PROFESSIONALS WITH EXPERTISE IN A WIDE RANGE OF DISCIPLINES THE FOUNDATION CONCEIVED OF THE ACADEMY AS A WAY TO HAVE GREATER IMPACT IN THE HEALTH AND HUMAN SERVICE COMMUNITY BEYOND THAT OF A TYPICAL GRANT THESE EDUCATIONAL OPPORTUNITIES ARE AVAILABLE TO BOARD MEMBERS, EXECUTIVES AND SENIOR STAFF AND ARE OFFERED FREE OF CHARGE SINCE INCEPTION, THE ACADEMY HAS OFFERED MORE THAN 65 WORKSHOPS ON VARIOUS ASPECTS OF NONPROFIT MANAGEMENT AND GOVERNANCE TO HUNDREDS OF NONPROFIT LEADERS	55,000
4 BOARD SERVICE THE PRESIDENT, CEO OF THE FOUNDATION SERVES ON THE BOARD OF THE DELAWARE VALLEY GRANTMAKERS WHICH IS A MEMBERSHIP ASSOCIATION OF FUNDERS DEDICATED TO ADVANCING THE MOST EFFECTIVE PRACTICE OF PHILANTHROPY IN THE GREATER PHILADELPHIA REGION HE ALSO SERVES AS CO-CHAIR FOR THE PENNSYLVANIA HEALTH FUNDERS COLLABORATIVE WHICH STRIVES TO IMPROVE THE EFFECTIVENESS OF HEALTH FUNDERS' INITIATIVES BY COLLABORATING, NETWORKING, SHARING BEST PRACTICES, AND CREATING A UNIFIED VOICE AMONG FUNDERS WORKING IN COMMUNITIES ACROSS PENNSYLVANIA HE IS A FOUNDING MEMBER OF THE PENNSYLVANIA COALITION FOR ORAL HEALTH, A MEMBER OF THE MONTGOMERY COUNTY WORKFORCE INVESTMENT BOARD'S MEDICAL SUBCOMMITTEE, AND THE GWYNEDD MERCY UNIVERSITY MCGUIRE SCHOOL OF NURSING ADVISORY COMMITTEE HE ALSO SERVES ON THE LEADERSHIP BODY OF YOUR WAY HOME MONTGOMERY COUNTY THE VICE PRESIDENT OF ADMINISTRATION SERVES AS THE TREASURER OF THE GRANTS MANAGERS NETWORK (GMN)	24,000

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions **3**	
Total. Add lines 1 through 3. ▶	0

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	34,477,452
b	Average of monthly cash balances		1b	1,243,364
c	Fair market value of all other assets (see instructions)		1c	786,257
d	**Total** (add lines 1a, b, and c)		1d	36,507,073
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	0
3	Subtract line 2 from line 1d		3	36,507,073
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	547,606
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	35,959,467
6	**Minimum investment return.** Enter 5% of line 5		6	1,797,973

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	1,797,973
2a	Tax on investment income for 2012 from Part VI, line 5	2a 29,809		
b	Income tax for 2012 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	29,809
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,768,164
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	1,768,164
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	1,768,164

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	1,463,854
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	
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	1,463,854
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 (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,463,854

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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				1,768,164
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011 697,945				
f **Total** of lines 3a through e	697,945			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 1,463,854				
a Applied to 2011, but not more than line 2a			0	
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 2012 distributable amount				1,463,854
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2012	304,310			304,310
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	393,635			
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 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a	393,635			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011 393,635				
e Excess from 2012				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

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 Additional Data Table				
Total . . . . . ▶ **3a**				486,118
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				258,692

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	627	
4 Dividends and interest from securities. . . .			14	1,531,156	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-30,984	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory. .					
11 Other revenue a RENTAL INCOME					331,483
b OTHER INCOME					216
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		1,500,799	331,699
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,832,498

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
11A	RENTAL INCOME FROM NON-PROFIT CENTER WHICH HOUSES THE FOUNDATION AND
11A	SIX UNRELATED HEALTH AND HUMAN SERVICE AGENCIES SERVING THE NORTH
11A	PENN COMMUNITY

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

****** | 2013-11-13 | ******

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MARTIN MAUCH CPA	MARTIN MAUCH CPA	2013-11-13		P00764633

Firm's name ▶ TAIT WELLER & BAKER LLP

Firm's EIN ▶ 23-1144520

Firm's address ▶ 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103

Phone no (215) 979-8800

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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

2012

Name of the organization
NORTH PENN COMMUNITY HEALTH FOUNDATION

Employer identification number
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, total 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 total 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 Part I, 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)

Name of organization
NORTH PENN COMMUNITY HEALTH FOUNDATION

Employer identification number
23-1352175

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SPIERS TRUST C/O WELLS FARGO WEALTH MGT ONE WEST WINSTONSALEM, NC 27101	$ 9,200	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
2	THE HAROLD STEINBRIGHT TRUST C/O WELLS FARGO WEALTH MGT 101 N IN PHILADELPHIA, PA 19106	$ 514,647	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)

Name of organization
NORTH PENN COMMUNITY HEALTH FOUNDATION

Employer identification number
23-1352175

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
NORTH PENN COMMUNITY HEALTH FOUNDATION

Employer identification number
23-1352175

Part III ***Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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) ▶ $
Use duplicate copies of Part III if additional space is needed

(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	

(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	

(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	

(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	

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TY 2012 Accounting Fees Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT	18,500	0	1,741	16,759

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TY 2012 Investments - Other Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	472,267	472,267
MUTUAL FUNDS	FMV	36,744,548	36,744,548
ALTERNATIVE INVESTMENTS	FMV	200,330	200,330

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TY 2012 Legal Fees Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	15,214	0	114	44,615

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TY 2012 Other Assets Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	205,622	211,162	211,162
BENEFICIAL INTEREST IN REMAINDER TRUST	0	575,365	575,365

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TY 2012 Other Expenses Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE & COMMUNICATIONS	16,579	0	1,475	14,449
OFFICE & COMPUTER SUPPLIES	23,306	0	705	21,781
INSURANCE	14,292	0	3,312	10,980
POSTAGE	773	0	210	563
DUES & SUBSCRIPTIONS	10,211	0	0	10,334
MISCELLANEOUS	5,455	0	165	5,718
HOSPITAL RELATED EXPENSES	1,899	0	0	1,899

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TY 2012 Other Income Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RENTAL INCOME	331,483		331,483
OTHER INCOME	216		216

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TY 2012 Other Increases Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Description	Amount
UNREALIZED LOSS ON SECURITIES	2,575,330
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	5,540
INTEREST RATE SWAP	156,091
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	60,718

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TY 2012 Other Liabilities Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Description	Beginning of Year - Book Value	End of Year - Book Value
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	514,821	472,267
INTEREST RATE SWAP	614,866	458,775
TENANT SECURITY DEPOSITS	21,293	17,107

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TY 2012 Other Professional Fees Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	289,529	0	0	275,790

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TY 2012 Taxes Schedule

Name: NORTH PENN COMMUNITY HEALTH FOUNDATION

EIN: 23-1352175

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	41,315	41,315	0	0
REAL ESTATE TAXES	4,173	0	2,235	1,938

Form 990PF Part VIII Line 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
RUSSELL JOHNSON 2506 N BROAD ST COLMAR,PA 18915	PRESIDENT, CEO 50 00	159,127	9,312	4,800
RUSSELL HENSEL 2506 N BROAD ST COLMAR,PA 18915	CHAIRPERSON 2 00	0	0	0
NANCY ALBA DUNLEAVY 2506 N BROAD ST COLMAR,PA 18915	VICE CHAIRPERSON 1 00	0	0	0
KENNETH AMEY 2506 N BROAD ST COLMAR,PA 18915	TREASURER 1 00	0	0	0
ALFREDO DE LA PENA 2506 N BROAD ST COLMAR,PA 18915	SECRETARY 2 00	0	0	0
DAVID CROSSON 2506 N BROAD ST COLMAR,PA 18915	DIRECTOR 2 00	0	0	0
KATHLEEN FITZGERALD 2506 N BROAD ST COLMAR,PA 18915	DIRECTOR 1 00	0	0	0
GEORGE MARKS 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
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
SANDI VASOLI 2506 N BROAD ST COLMAR,PA 18915	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed

RUSSELL JOHNSON
2506 N BROAD ST SUITE 206
COLMAR, PA 18915
(215) 716-5400

b 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 HTTP //NPCHF ORG/GRANTS-PROGRAM/TARGETED-FUNDS/HEALTH-OPPORTUNITIES-FUND/AP THE FOUNDATION STRATEGICALLY FOCUSES ITS GRANTS TO SUPPORT COMMUNITY ORGANIZATIONS ACTIVELY WORKING TO OVERCOME SYSTEMIC BARRIERS OF ACCESS TO CLINICAL AND SUPPORTIVE SERVICES IN THE AREAS OF HEALTH CARE, HOUSING AND FOOD SECURITY THE FOUNDATION RECENTLY ADOPTED A NEW STRATEGIC PLAN AND GRANTMAKING STRATEGY THAT WILL GUIDE ITS WORK FOR THE NEXT THREE YEARS THE PLAN BUILDS ON THE FOUNDATION'S DECADE OF SERVICE TO THE COMMUNITY TO FOCUS ITS WORK ON CHANGING SYSTEMS WITHIN THE SAFETY NET THE FOUNDATION'S GRANT PROGRAM IS PRIMARILY INTENDED TO BENEFIT VULNERABLE POPULATIONS

c Any submission deadlines

PROPOSAL SUBMISSION DEADLINES ARE POSTED ON THE FOUNDATION'S WEBSITE

d 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 MONTGOMERY COUNTY PENNSYLVANIA COMMUNITIES ORGANIZATIONS DO NOT NEED TO BE PHYSICALLY LOCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT THE FOUNDATION GENERALLY LIMITS ITS SUPPORT IN PROPORTION TO THE ORGANIZATIONS' OVERALL ANNUAL BUDGET, THE NATURE AND SCOPE OF A PARTICULAR PROJECT OR PROGRAM AND THE AVAILABILITY OF GRANT FUNDS GUIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S WEBSITE

a The name, address, and telephone number of the person to whom applications should be addressed

RUSSELL JOHNSON
2506 N BROAD ST SUITE 206
COLMAR, PA 18915
(215) 716-5400

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

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY MORE THAN SIX YEARS OF WORK AND THOUGHT HAVE GONE INTO DEVELOPING AN INTEGRATED COST-EFFECTIVE APPROACH TO HOUSING KNOWN AS YOUR WAY HOME MONTGOMERY COUNTY THE FOUNDATION CONTINUES TO PARTNER WITH OTHER FUNDERS AND THE MONTGOMERY COUNTY DEPARTMENTAL LEADERS TO LAUNCH AND IMPLEMENT THE YOUR WAY HOME MONTGOMERY COUNTY PLAN LEARN MORE ABOUT THIS INITIATIVE AT HTTP //SHINEALONG TUMBLR COM/

c Any submission deadlines

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY

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

THE FOUNDATION WILL JOIN OTHER FUNDERS AND STAKEHOLDERS IN SELECTING THE NONPROFIT ORGANIZATION TO LEAD THIS INITIATIVE

a The name, address, and telephone number of the person to whom applications should be addressed

RUSSELL JOHNSON
2506 N BROAD ST SUITE 206
COLMAR, PA 18915
(215) 716-5400

b 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 HTTP //NPCHF ORG/GRANTS-PROGRAM/TARGETED-FUNDS/HEALTH-OPPORTUNITIES-FUND/AP THE FOUNDATION STRATEGICALLY FOCUSES ITS GRANTS TO SUPPORT COMMUNITY ORGANIZATIONS ACTIVELY WORKING TO OVERCOME SYSTEMIC BARRIERS OF ACCESS TO CLINICAL AND SUPPORTIVE SERVICES IN THE AREAS OF HEALTH CARE, HOUSING AND FOOD SECURITY THE FOUNDATION RECENTLY ADOPTED A NEW STRATEGIC PLAN AND GRANTMAKING STRATEGY THAT WILL GUIDE ITS WORK FOR THE NEXT THREE YEARS THE PLAN BUILDS ON THE FOUNDATION'S DECADE OF SERVICE TO THE COMMUNITY TO FOCUS ITS WORK ON CHANGING SYSTEMS WITHIN THE SAFETY NET THE FOUNDATION'S GRANT PROGRAM IS PRIMARILY INTENDED TO BENEFIT VULNERABLE POPULATIONS

c Any submission deadlines

PROPOSAL SUBMISSION DEADLINES ARE POSTED ON THE FOUNDATION'S WEBSITE

d 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 MONTGOMERY COUNTY PENNSYLVANIA COMMUNITIES ORGANIZATIONS DO NOT NEED TO BE PHYSICALLY LOCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT THE FOUNDATION GENERALLY LIMITS ITS SUPPORT IN PROPORTION TO THE ORGANIZATIONS' OVERALL ANNUAL BUDGET, THE NATURE AND SCOPE OF A PARTICULAR PROJECT OR PROGRAM AND THE AVAILABILITY OF GRANT FUNDS GUIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S WEBSITE

a The name, address, and telephone number of the person to whom applications should be addressed

RUSSELL JOHNSON
2506 N BROAD ST SUITE 206
COLMAR, PA 18915
(215) 716-5400

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

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION THE FUND IS INTENDED TO PROVIDE STRATEGIC SUPPORT TO STAKEHOLDER GROUPS WORKING IN PARTNERSHIP WITH THE FOUNDATION TO ADDRESS ISSUES THAT ALIGN WITH ITS INTERESTS

c Any submission deadlines

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION

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

THE GOAL OF THE CATALYST FUND IS TO PROVIDE GRANT SUPPORT FOR RESEARCH, PUBLIC POLICY, EDUCATION, STAKEHOLDER CONVENING AND RELATED EFFORTS THAT BUILD UPON THE ACTIVITIES OF THE OTHER THREE TARGETED FUNDS

Form 990PF Part XV Line 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*				
ABINGTON HEALTH FOUNDATION 1200 YORK ROAD ABINGTON,PA 19001		509(A)(1)	BOARD HONORARIUM	3,000
AID FOR FRIENDS 12271 TOWNSEND ROAD PHILADELPHIA,PA 191431204		509(A)(1)	IN MEMORY OF ANNA T BECCARIA	100
INDIAN CREEK FOUNDATION 420 COWPATH ROAD SOUDERTON,PA 18964		509(A)(2)	IN MEMORY OF DOROTHY CROSSON	100
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES,PA 194541320		509(A)(2)	MATCHING GRANT	3,000
NORTH PENN VISITING NURSE ASSOCIATION 51 MEDICAL CAMPUS DRIVE LANSDALE,PA 19446		509(A)(1)	IN MEMORY OF RAYMOND L ENDLICH - RESTRICTED FOR THE HOSPICE PROGRAM	100
UNIVEST FOUNDATION 14 NORTH MAIN ST PO BOX 64197 SOUDERTON,PA 18964		509(A)(1)	IN SUPPORT OF THE LANSDALE COLLABORATION PROJECT	3,000
ADVANCED LIVING MANAGEMENT & DEVELOPMENT INC 1292 ALLENTOWN ROAD LANSDALE,PA 19446		509(A)(2)	IN SUPPORT OF LEGAL AND MARKET RESEARCH TO EXPLORE THE FEASIBILITY AND INTEREST OF DEVELOPING AN INDEPENDENT LIVING CAMPUS FOR FINANCIALLY INDEPENDENT ADULTS WITH AN INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITY	25,000
DELAWARE VALLEY COMMUNITY HEALTH INC 1412-22 FAIRMOUNT AVE PHILADELPHIA,PA 19130		509(A)(1)	IN CONTINUED SUPPORT OF PRIMARY, ORAL AND HEALTH CARE SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES AT THE NORRISTOWN REGIONAL HEALTH CENTER	18,750
SENIOR ADULT ACTIVITY CENTER OF THE HARLEYSVILLE AREA 312 ALUMNI AVENUE HARLEYSVILLE,PA 194382306		509(A)(1)	IN SUPPORT OF A MERGER BETWEEN ENCORE EXPERIENCES AND THE PEAK CENTER TO INCREASE EFFICIENCIES AND STREAMLINE ADMINISTRATION	15,000
FAMILY SERVICE OF MONTGOMERY COUNTY 3125 RIDGE PIKE EAGLEVILLE,PA 19403		509(A)(1)	IN CONTINUED SUPPORT OF EFFORTS TO BECOME A HIGH-PERFORMING ORGANIZATION	60,000
THE FOOD TRUST ONE PENN CENTER SUITE 900 1617 JOHN F KENNEDY BLVD PHILADELPHIA,PA 19103		509(A)(1)	IN CONTINUED SUPPORT OF THE LANSDALE FARMER'S MARKET	5,000
THE FOUNDATION FOR ENHANCING COMMUNITIES 200 N 3RD STREET PO BOX 678 HARRISBURG,PA 171080678		509(A)(1)	IN SUPPORT OF THE PENNSYLVANIA COALITION FOR ORAL HEALTH (PCOH), A SPONSORED PROJECT OF TFEC	10,000
GREATER NORTH PENN COLLABORATIVE FOR HEALTH AND HUMAN SERVICES PO BOX 66 HARLEYSVILLE,PA 19438		509(A)(1)	IN CONTINUED SUPPORT OF FOSTERING COLLABORATION AMONG NONPROFIT ORGANIZATIONS AND OTHER COMMUNITY STAKEHOLDERS	29,200
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA INC 260 SOUTH BROAD STREET PHILADELPHIA,PA 191025085		509(A)(1)	IN CONTINUED SUPPORT OF THE WELLNESS INITIATIVE FOR THE SCHOOL ENVIRONMENT SMART NUTRITION AND ACTIVITY COLLABORATIVE (WISE SNAC)	54,555
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA INC 260 SOUTH BROAD STREET PHILADELPHIA,PA 191025085		509(A)(1)	IN CONTINUED SUPPORT OF THE SECOND YEAR OF THE CULTIVATING COMMUNITIES CAMPAIGN	42,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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a *Paid during the year*				
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA INC 260 SOUTH BROAD STREET PHILADELPHIA,PA 191025085		509(A)(1)	IN SUPPORT OF THE THIRD YEAR OF THE CULTIVATING COMMUNITIES CAMPAIGN	37,000
JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH 650 SMITHFIELD STREET STE 2400 PITTSBURGH,PA 15222		509(A)(1)	IN RENEWED SUPPORT AND CONTINUED ADVANCEMENT OF THE PENNSYLVANIA HEALTH FUNDERS COLLABORATIVE (PHFC)	7,500
JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH 650 SMITHFIELD STREET STE 2400 PITTSBURGH,PA 15222		509(A)(1)	IN SUPPORT OF THE PENNSYLVANIA FUNDER'S COLLABORATIVE ECONOMIC IMPACT STUDY FOR PENNSYLVANIA ON THE EXPANSION OF MEDICAID UNDER THE AFFORDABLE CARE ACT	5,000
MONTGOMERY COUNTY COMMUNITY COLLEGE FOUNDATION INC 340 DEKALB PIKE BLUE BELL,PA 19422		509(A)(1)	IN CONTINUED SUPPORT OF ELIMINATING DENTAL CARIES ACROSS THE LIFESPAN	20,000
NORTH PENN VISITING NURSE ASSOCIATION 51 MEDICAL CAMPUS DRIVE LANSDALE,PA 19446		509(A)(1)	IN CONTINUED SUPPORT OF PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES AND IN SUPPORT OF EXPENSES ASSOCIATED WITH THE EXPANSION OF THE ORAL HEALTH CLINIC	64,188
PUBLIC HEALTH MANAGEMENT CORPORATION 260 SOUTH BROAD STREET PHILADELPHIA,PA 191025085		509(A)(1)	IN SUPPORT OF THE COMMUNITY HEALTH DATA BASE	3,750
SUPPORT CENTER FOR CHILD ADVOCATES 1900 CHERRY STREET PHILADELPHIA,PA 19103		509(A)(1)	IN SUPPORT OF THE OUTCOMES IN BEHAVIORAL HEALTH PROFESSIONAL TRAINING SERIES	6,000
VNA COMMUNITY SERVICES 1421 HIGHLAND AVENUE ABINGTON,PA 190012685		509(A)(1)	IN CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM	7,500
THE FOOD TRUST ONE PENN CENTER SUITE 900 1617 JOHN F KENNEDY BLVD PHILADELPHIA,PA 19103		509(A)(1)	IN CONTINUED SUPPORT OF THE NUTRITION COALITION	65,875
Total . . . . . ▶ **3a**				486,118

Form 990PF Part XV Line 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
b *Approved for future payment*				
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE1425 HORSHAM ROAD NORTH WALES,PA 194541320		509(A)(2)	TO CONVENE A WORKGROUP TO IDENTIFY SERVICE GAPS AND DEVELOP STRATEGIES TO BEST SERVE THE DUAL ELIGIBLE POPULATION	50,000
DELAWARE VALLEY GRANTMAKERS 230 S BROAD STREET PHILADELPHIA,PA 19102		509(A)(1)	IN SUPPORT OF SPARKING SOLUTIONS, DVG'S STRATEGIC PLANNING FRAMEWORK	5,000
SENIOR ADULT ACTIVITY CENTER OF THE HARLEYSVILLE AREA312 ALUMNI AVENUE HARLEYSVILLE,PA 194382306		509(A)(1)	IN PARTNERSHIP WITH THE BENEFITS DATA TRUST, HELP OLDER ADULTS ACHIEVE GREATER FINANCIAL SECURITY AND BETTER HEALTH BY ASSISTING THOSE WHO ARE ELIGIBLE TO ENROLL IN PUBLIC BENEFIT PROGRAMS	40,000
FAMILY SERVICE OF MONTGOMERY COUNTY3125 RIDGE PIKE EAGLEVILLE,PA 19403		509(A)(1)	IN CONTINUED SUPPORT OF EFFORTS TO BECOME A HIGH-PERFORMING ORGANIZATION	30,000
GRAND VIEW HOSPITAL700 LAWN AVE PO BOX 902 SELLERSVILLE,PA 18960		509(A)(1)	TO FULLY INTEGRATE A BREASTFEEDING EDUCATION AND TRAINING PROGRAM WITHIN THE HOSPITAL'S CONTINUING EDUCATION PROGRAM FOR NURSES	30,000
GREATER NORTH PENN COLLABORATIVE FOR HEALTH AND HUMAN SERVICESPO BOX 66 HARLEYSVILLE,PA 19438		509(A)(1)	IN CONTINUED SUPPORT OF FOSTERING COLLABORATION AMONG NONPROFIT ORGANIZATIONS AND OTHER COMMUNITY STAKEHOLDERS	1,692
GREATER NORTH PENN COLLABORATIVE FOR HEALTH AND HUMAN SERVICESPO BOX 66 HARLEYSVILLE,PA 19438		509(A)(1)	IN CONTINUED SUPPORT OF FOSTERING COLLABORATION AMONG NONPROFIT ORGANIZATIONS AND OTHER COMMUNITY STAKEHOLDERS	15,000
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA INC260 SOUTH BROAD STREET PHILADELPHIA,PA 191025085		509(A)(1)	IN SUPPORT OF THE THIRD YEAR OF THE CULTIVATING COMMUNITIES CAMPAIGN	37,000
NETWORK FOR VICTIM ASSISTANCE2370 YORK ROAD SUITE B1 JAMISON,PA 18299		509(A)(1)	IN SUPPORT OF PATHWAYS TO HEALTH RELATIONSHIPS	25,000
VNA COMMUNITY SERVICES1421 HIGHLAND AVENUE ABINGTON,PA 190012685		509(A)(1)	IN CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM	25,000
Total . . . . . ▶ **3b**				258,692