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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

CC OMB No 1545-0047

A F	or the	e 2012 calendar year, or tax year beginning and e	nding J	<u>UN 30,</u>	2013				
В	Check if applicable	C Name of organization		D Employe	er identific	ation number			
	Addre:	VNA FOUNDATION OF GREATER NORTH PENN							
X	Name chang	Doing Business As			23-13	96799			
	initial return	1 11 11 11 11 11 11 11 11 11 11 11 11 1	Room/suite	E Telephone number					
	Termir ated	JI MEDICAL CAMPOS DRIVE		(215)855-8296					
<u></u>	Amend	City, town, or post office, state, and ZIP code		G Gross recei	pts \$	6,978,968.			
L	Applic tion pendir	LANSDALE, PA 19440		H(a) Is this	a group ret				
	poman	F Name and address of principal officer KATHLEEN FITZGERALD	)	for affil	liates?	Yes X No			
		SAME AS C ABOVE	<del></del>	1 ' '		ıded?YesNo			
		empt status X 501(c)(3)	r 527	1		st (see instructions)			
		te: WWW.NPVNA.ORG	<del></del>	H(c) Group					
	orm of	organization: X Corporation	L Year o	of formation; .	<u> 1949 м</u>	State of legal domicile: PA			
_ F 6	<del></del>		יייט מייי	ADDAW (	OF HOM	TE AND			
<u>e</u>		Briefly describe the organization's mission or most significant activities $\ \underline{A} \ \underline{DIV}$	EKSE	ARRAY	OF HOM	IE AND			
Activities & Governance		Check this box   if the organization discontinued its operations or dispose	od of otro	than 25% of	f ita nat aaa	oto.			
Š	1	Number of voting members of the governing body (Part VI, line 1a)	ECISIV	7577	3	9			
ၓၟ	1	Number of independent voting members of the governing body (Part VI, line 1a)			4	9			
ళ	1		a	S	5	128			
iţie		Total number of individuals employed in calendar year 2012 (Part V, line (24) First Total number of volunteers (estimate if necessary)	3 2 4 %	2014	6	150			
흕		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		1221	7a	0.			
⋖		Net unrelated business taxable income from Form 990-T, line 34	DEN,	UT	7b	0.			
				Prior Yea	ar	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)			,555.	172,456.			
a D	9	Program service revenue (Part VIII, line 2g)		6,633	,950.	4,951,121.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,746.	1,291,937.			
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,340.	5,850.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>7,157</u>	,591.	6,421,364.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,962		3,834,044.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>1.</u>						
	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f-24e)		1,621		1,275,090.			
<b>%</b>	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,584		5,109,134.			
$\sim$	19	Revenue less expenses Subtract line 18 from line 12			,298.	1,312,230.			
85E		T (O V.)		ginning of Cure		End of Year			
SS	20	Total assets (Part X, line 16)		12,369		13,985,176.			
Meth Ssetsor	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	-		,462. ,000.	117,891. 13,867,285.			
P.	art II	Signature Block		<u> </u>	,000.	13,607,203.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the	hest of my	knowledge and helief it is			
	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowl	edne.	knowledge and belief, it is			
爹	,	* Karller & Freezell)	on properor	2//	4/14				
Sia	n	t, and complete. Declaration of preparer (other than officer) is based on all information of which signature of officer  KATHLEEN FITZGERALD, EXECUTIVE DIRECTO		Date	1//				
Her	e	► KATHLEEN FITZGERALD, EXECUTIVE DIRECTO	R						
<b>⊌</b> ⊅	_	Type or print name and title							
		Print/Type preparer's name  Preparer's signature	D	ate	Check	PTIN			
Paid	j	JULIA L. DAVIS Julia Thous	is 1	1/31/14	if self employed	P00163568			
Pre	parer	Firm's name DUNLAP & ASSOCIATES, P.C.		Firm	's EIN 🛌	23-3018514			
Use	Only	Firm's address 1300 HORIZON DRIVE, SUITE 106				<del></del>			
		CHALFONT, PA 18914		Pho	ne no. 21	5-997-5600			
<u>May</u>	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns (a	16		Form <b>990</b> (2012)			

	990 (2012) VNA FOUNDATION OF GREATER NORTH PENN	23-1396799	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	EMPHASIZING EXCELLENCE IN CARE AND SERVICES, THE NORTH	PENN VNA SHA	RES
	RESOURCES AND TALENTS TO PROVIDE HEALTH PROMOTION, HEAL		
	HEALTH MAINTENANCE AND HEALTH RESTORATION.		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	100	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O	163	L22_ 140
		wad by avacaca	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	and
	revenue, if any, for each program service reported		267
4a		nue \$ 5,899,	<u>36/.</u> )
	MEDICARE-CERTIFIED HOME CARE AND HOSPICE AGENCY, WITH S		
	PROGRAMS INCLUDING ADULT DAY SERVICES, MEALS ON WHEELS,		
	HEALTH EDUCATION, AND PRIMARY PEDIATRIC AND DENTAL CLIN	ICS.	
			· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$) (Rever	nun ¢	
70	(Code / (Expenses \$ / (never	iue 5	
4c	(Code) (Expenses \$	nue \$	)
		<del></del>	
		<del></del>	
4d	Other program services (Describe in Schedule O )		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 4,344,982.		
	1	Form 9	90 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	İ		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			••
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u>X</u>
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	-	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	·	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	_12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			•-
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<u> 16</u>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	,		v
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		<u>X</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	- +	<u>X</u>
.5	complete Schedule G, Part III	10		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	100 100 and 200, did the organization assess a copy of the abdition interiorial statements to this return.	200	000 (	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			•
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	x	1
24a			Λ	
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-40		
•	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions for applicable filing thresholds, conditions, and exceptions)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
34	Part V, line 1	34		_x_
35a		35a		X
b		000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2012)

VNA FOUNDATION OF GREATER NORTH PENN Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V					Γ-
			<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	18		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?		•	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	<u> </u>	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				ł	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	1		7c	<b></b>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			i l	
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e	$\vdash$	_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		·	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, or other vehicles, did the organization are reliable to the contribution of cars, boats, airplanes, airplane			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di		•	_	.	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9a		
10	Section 501(c)(7) organizations. Enter			_9b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	.	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				.	
а	Is the organization licensed to issue qualified health plans in more than one state?		Ì	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b			Ì	
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0_		14b		
				Гост	990 /	2012

Form 990 (2012) VNA FOUNDATION OF GREATER NORTH PENN 23-1396799 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  b Enter the number of voting members included in line 1a, above, who are independent  9  2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employees are a family relationship or a business relationship with any other officer, directors, or frustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders or to spoverning documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Are any governance docisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization become aware during the meetings held or written actions undertaken during the year by the following:  a The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization to review this Form 990  10		Check if Schedule O contains a response to any question in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delayated broad authority to an exclusive committee or small committee, stable in the properties of the governing body   Bod the organization bave members, stockholders?  To be any governance discission of the governing body of the governing body?  Bod the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Bod the organization observements, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Bod the organization observements, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Bod the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Bod the organization observements bear of the governing body?  Bod the organization observements bear of the governing body?  Bod the organization observements bear of the governing body?  Bod the organization observements bear of the governing body?  Bod the organization have bear observed by the properties of the governing body?  Bod the organization have bear observed by the properties of the governing body?  Bod the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operati	Sect				
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶PA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  □ Own website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			16h		
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ▶PA</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply</li> <li>Own website X Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</li> </ul>	Sec		100		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  X Another's website  X Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.					
for public inspection. Indicate how you made these available. Check all that apply  Own website. X Another's website. X Upon request. Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			vailah	le .	
Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	10		vanas		
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year					
statements available to the public during the tax year	10		d finar	ıcıal	
	פו		u miai	ioiai	
Lau Otate the manie, physical address, and telephone number of the person who possesses the books and records of the digalization	20		ion 🕨	•	
KATHLEEN FITZGERALD, EXECUTIVE DIRECTOR - 215-855-8296	20				
51 MEDICAL CAMPUS DRIVE, LANSDALE, PA 19446					

Form 990 (2012)	VNA	FOUNDATION	OF	GR1

VNA FOUNDATION OF GREATER NORTH PENN

<u>23-</u>1396799

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)		_ (C)					(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation	amount of other
	(list any	į						the	from related organizations	compensation
	hours for	trustee or director				E E		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			pensa		(W-2/1099-MISC)		organization
	organizations	nal tru	onalt		ploye	E 23				and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHLEEN FITZGERALD	40.00	-			_	1 2				
EXECUTIVE DIRECTOR		X		Х				145,000.	0.	23,980.
(2) F. LEE MANGAN	5.00									
PRESIDENT		X		X		L.		0.	0.	0.
(3) WILLIAM LEISTER	5.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) MARILYN CULF	5.00								_	_
SECRETARY (THROUGH 3/13)		X		X				0.	0.	0.
(5) MATTHEW LOWERY	5.00	l								
TREASURER (THROUGH 3/13)		X		X				0.	0.	0.
(6) ROSELLA BURCIN	2.00	٠,		,,						•
SECRETARY	2.00	X		Х				0.	0.	0.
(7) JOHN BURKE	2.00	X						0.	0.	0.
MEMBER	2.00	_						· · · · · · · · · · · · · · · · · · ·		0 .
(8) DR. CURTIS DEARDORFF MEMBER	2.00	x						0.	0.	0.
(9) REBA MOHAN	2.00				-	<b></b>				
MEMBER		x						0.	0.	0.
(10) MARK RUTH	2.00									
MEMBER		x						0.	0.	0.
(11) DR. JEROME SAG	2.00									
MEMBER		X						0.	0.	0.
(12) PETE WATSON	2.00	1								
TREASURER		X		X		ļ		0.	0.	0.
(13) TERRENCE WALTON	2.00							_	_	_
MEMBER		X	-			<u> </u>	_	0.	0.	0.
(14) REV. PAUL LUTZ	2.00	<b> </b>								_
MEMBER		X	-					0.	0.	0.
	<u></u>	1							,	
	-			_		-				
		1								
			1							
		1								

	- 3 (14)								ORTH PENN		23-1	<u> 396</u>	<u> 799</u>	Р	age <b>E</b>
Pai	t VII Section A. Officers, Directors, Trus	I	ploy	ees			ighe	st C	1	loyees			<del></del>		
	(A) Name and title	(B) Average hours per week	box	Position onot check more than one x, unless person is both ar icer and a director/trustee)				th an	from	ı	(E) Reportable compensation from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MIS(	C)	organizatior (W-2/1099-Mi		pensa om th anizat d relat inizati	ie tion ted	
										!					
													-		
	Sub-total								145,00			0.	2.	3,9	80.
d	Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A					<u>&gt;</u>		145,00	0.		0.			
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wl	no re	eceived more than s	\$100,0	000 of reportab	le			1
3	Did the organization list any former officer,		ıstee	e, ke	y en	nplo	yee	, or l	highest compensat	ed em	ployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		le co	mpe	ensa	ation	n and	d oth	her compensation f	rom th	e organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•						ndıvıdı	ual for services		4	X	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors												5		Х
1	Complete this table for your five highest co											npens	ation fi	om	
	the organization Report compensation for  (A)  Name and business			NE		VILIT	OI W	itriii	•	B)			(C omper		
-			14(	)1 <b>4</b> 1											
														_	
		<u></u>		_					<del></del>						
		<del></del>		-											
2	Total number of independent contractors (i	_	ot lır	nite	d to		_	sted	l above) who receive	ed mo	re than				
	\$100,000 of compensation from the organic	zation 📂					<u>)                                    </u>						- (	200	0040

Page 8

		Check if Schedule O conta	ains a respons	e to any question ii		· · · · · · · · · · · · · · · · · · ·		
	•				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	35,766.				1
듄		Membership dues	1b					
اڠ ؿ	С	·	1c					
# i	d	. Balan a	1d					
, i E	е			4.300.				
ig S	f	All other contributions, gifts, grant	ts, and					
[ 타 타		similar amounts not included above	ve 1f	132,390.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>යි ව</u>	h	Total. Add lines 1a-1f		<b>•</b>	172 456.			
				Business Code				
9	2 a	AGENCY SERVICE FEES		621610	3,619,318.	3,619,318.		
و چَ	b	ADULT DAY SERVICES		624100	750,184.	750,184.		
en S	С	AGENCY CLINIC FEES		624100	340,648.	340,648.		
Program Service Revenue	d	COMMUNITY HEALTH ED.		624100	142,189.	142,189.		
5 F	е	MEALS ON WHEELS		624200	98,782.	98,782.		
۵ ا	f	All other program service reve	nue					<u> </u>
	9	Total. Add lines 2a-2f	<del> </del>		4,951,121,			
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		. 🔁	349,541.			349,541.
	4	Income from investment of tax	k-exempt bond	proceeds	***			<del>                                     </del>
	5	Royalties	() Deal	(v) Paragraph	<u>,                                      </u>			
	~ <u>-</u>	Cross ranta	(ı) Real	(II) Personal				
	6 a		-	-				
	b C	D4-1 ()		<del></del>		ļ		
	d							
	7 a		(ı) Securities	(II) Other			<del></del>	
	• -	assets other than inventory	(7.233	1,500,000.				
	ь	Less cost or other basis						
		and sales expenses		557,604.				
	c	0 " - \		942,396.				
	d	Net gain or (loss)		<b></b>	942,396.	942,396.		
ø	8 a	Gross income from fundraising	g events (not				· <del>-</del>	<u> </u>
au l	ı	ıncludıng \$	of					
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	;	a				
돌	b	•		b				
_		Net income or (loss) from fund	-					<del>                                       </del>
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19		a				
	b	•		b				
	4.5	, ,	-		-			
	10 a	Gross sales of inventory, less						
		and allowances		b				
		<ul> <li>Less cost of goods sold</li> <li>Net income or (loss) from sale</li> </ul>						
		Miscellaneous Revenu		Business Code			-	
	11 2	MISCELLANEOUS	<u> </u>	900099	5,850.	5,850.		
	b			1,000,00	5,050.	5,050.		<del> </del>
	c							
	_	Total. Add lines 11a-11d		<b></b>	5,850.			
	12	Total revenue See instructions.		<b>.</b>	6,421,364,	5,899,367.	0	349 541
00000								

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (B)
Program service
expenses (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 200,286. 166,236. 30,044. 4,006. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,146,514. 2,617,931 521,420. 7,163. Other salaries and wages 7 Pension plan accruals and contributions (include 30,946. 5,261. 25,685. section 401(k) and 403(b) employer contributions) 164,280. 137,556. Other employee benefits 26,471. 253. 292,018. 243,258. 48,023. 10 Payroll taxes 737. Fees for services (non-employees) Management 6,838. 6,838. Legal b 24,810. 24,810. Accounting С Lobbying Professional fundraising services. See Part IV, line 17 30,080. 30,080. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 97,467. 93,053. column (A) amount, list line 11g expenses on Sch O.) 4,414 15,989. 15,989. Advertising and promotion 12 46,096. 39,233. 5,731. 1,132. 13 Office expenses 10,820. 72,134. 61,264. Information technology 50. 14 15 Royalties 116,134. Occupancy 105,886. 10,248. 16 82,217. 82,217. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 9,221 9,221 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 7,634. 50,892. 43,258. Depreciation, depletion, and amortization 22 121,362. 103,158. 18,204. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 150,716. 150,716. HOSPICE 149,423. DENTAL & CHILDREN'S CLI 149,423. 80,162. 80,162. DAY SERVICES EXPENSE d FOOD & SUPPLIES PURCHAS 65,725. 65,725. 155,824. 155,011. 813. All other expenses 5,109,134. 4,344,982. 750,811. 13,341. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Part X		Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
`				(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		296,331.	1	592,426
2	2	Savings and temporary cash investments		166,150.	2	31,366
3	3	Pledges and grants receivable, net			3	
4	1	Accounts receivable, net		1,017,377.	4	8,241
5	5	Loans and other receivables from current and for	ormer officers, directors,	-		
		trustees, key employees, and highest compensations	ated employees Complete			
		Part II of Schedule L			5	
6	3	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	- I			
		employees' beneficiary organizations (see instr)	•		6	
달   7	7	Notes and loans receivable, net	•		7	
Assets	3	Inventories for sale or use		-	8	
`   g	9	Prepaid expenses and deferred charges		116,501.	9	53,861
10	)a	Land, buildings, and equipment cost or other	] ]	1,-		
		basis Complete Part VI of Schedule D	10a 0.		i	
	b	Less accumulated depreciation	10b 0.	510,167.	10c	0
11	1	Investments - publicly traded securities		10,262,936.	11	13,299,282
12	2	Investments other securities See Part IV, line	11		12	
13	3	Investments - program-related See Part IV, line		13		
14	1	Intangible assets		14		
15	5	Other assets See Part IV, line 11			15	
16	3	Total assets. Add lines 1 through 15 (must equ	al line 34)	12,369,462.	16	13,985,176
17	7	Accounts payable and accrued expenses	418,388.	17	117,891	
18	3	Grants payable		18		
19	9	Deferred revenue		378,074.	19	0
20	)	Tax-exempt bond liabilities		20		
ဖ္လ 21	1	Escrow or custodial account liability Complete		21		
Ē   22	2	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities   22   23		key employees, highest compensated employee	es, and disqualified persons			
-		Complete Part II of Schedule L			22	
23	3	Secured mortgages and notes payable to unrela	ited third parties		23	
24		Unsecured notes and loans payable to unrelate	ľ		24	
25	5	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
26	3	Total liabilities. Add lines 17 through 25		796,462.	_26	117,891
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 ar	d 34.	44 550 000		40.065.005
<u>č</u>   27		Unrestricted net assets	•	11,573,000.	_27	13,867,285
ត   28 10		Temporarily restricted net assets	•		28	
<u> </u>	Э	Permanently restricted net assets			29	
7		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
o l		and complete lines 30 through 34.				
22 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Capital stock or trust principal, or current funds		30		
ğ 31		Paid in or capital surplus, or land, building, or ed	•		31	
j 32		Retained earnings, endowment, accumulated in	come, or other funds	11 552 000	32	12 065 065
33		Total net assets or fund balances	1	11,573,000.	_33	13,867,285.
34	1	Total liabilities and net assets/fund balances		12,369,462.	34	13,985,176

orm	1990 (2012)	<u>23-13</u>	<u> 196</u> 799	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,42	<u>1,3</u>	<u>64.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,10		
3	Revenue less expenses Subtract line 2 from line 1	3	1,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,57		
5	Net unrealized gains (losses) on investments	5	98	<u>2,0</u>	<u>55.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	13,86	7,2	<u>85.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	) O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A:133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ııred audıt			
	or guidita, explain why in Schodule O and describe any stone taken to undergo such guidite		25		1

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

VNA FOUNDATION OF GREATER NORTH PENN

Employer identification number

		VNA FOU	JNDATION OF G	REATE	R NOR	TH PE	NN		2	3-1396	<u> 799</u>	)
Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	e this part	) See inst	tructions				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	ii), Enter	the hospita	l's nan	ne,
	city, and stat								•	•		,
5	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or or	erated by	a governi	mental uni	t describ	ed in		
	-	(b)(1)(A)(iv). (Comp	_	-	·	_	•					
6			nent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7		*	ceives a substantial part					r from the	general	public desc	ribed	ın
	-	(b)(1)(A)(vi). (Comple				<b>J</b>			3	,		
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X			ceives (1) more than 33			rom contri	butions, m	nembershi	p fees, a	ınd aross re	ceipts	from
			inctions · subject to certa							_	-	
			taxable income (less sect							_		
	See section	509(a)(2). (Complet	e Part III)									
10 🗔			perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	<b>I</b> ).				
11 🗀	An organizati	ion organized and o	perated exclusively for th	ne benefit (	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	y supported organiz	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	n 509(a)(2	e) See <b>se</b> c	ction 509(	<b>a)(3).</b> Ch	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	a Type	ı <b>ь</b> 🗔 т	ype II c T	ype III - Fu	nctionally i	ntegrated	c	<b>і</b> 🔲 Тур	e III · No	n-functional	ly inte	grated
e 📖	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner tha	an
	foundation m	nanagers and other	than one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	∂(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons d	lescribed i	ın (II) and (	ııı) below	,	Yes	No
	-	• •	supported organization?							11g(i)		
	• • •	•	n described in (i) above?							11g(ii)		
	• •	•	a person described in (i) o	, .						11g(iii)	Щ	
h	Provide the f	ollowing information	n about the supported or	ganization	(s)							
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. ,	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c in col. (i) Is				(vi) Is organizatio	on in col.	(vii) Amoun	t of mo	netary
org	janization		(described on lines 1-9 above or IRC section		document?			(i) organız U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes		1		
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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization
`	fails to qualify under the tests listed below, please complete Part III.)
Section	A. Public Support

Calendar year (or fiscal year beginning in)	Sec	ction A. Public Support						
1. Gifts, grants, contributions, and membrarity fees received (2) not include any "unusual grants") 2. Tax revenues leved for the organization is benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)  8. Public support, Subrectime 5 from trees.  Section B. Total Support  Callendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total  7. Amounts from line 4  8. Gross income from interest, dividendis, payments received on securities leans, rents, royallies and income from similar sources  9. Net income from undested business activities, whether or not the business is regularly carned on 10. Other income Do not include grain or loss from the sale of capital assets (Explain in Part IV)  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization of first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14. Public support percentage for 2012 (line 6, column (f) divided by line 11, column (ft))  15. First five years. If the Form 990 is for the organization of include gain or lift the organization of ord to check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in the size of capital assets the "facts and circumstances" test. the two son line 13, fies, reflect in Part IV how the organization meets the "facts and circumstances" test. the two son and stop here. Explain in Part IV how the organization meets the "facts and circumstanc	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization  15	11	Total support. Add lines 7 through 10						
Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	12	Gross receipts from related activities,	etc (see instruct	ions)			12	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
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15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	Sec	ction C. Computation of Publ	ic Support Pe	ercentage			1	
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    I	14	Public support percentage for 2012 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    I	15	Public support percentage from 2011	Schedule A, Part	t II, line 14			15	%
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    In the organization of the organization meets the "facts-and-circumstances" test the organization qualifies as a publicly supported organization    In the organization of the organization organization organization organization organization    In the organization organization organization organization organization organization organization    In the organization organization organization organization organization organization organization    In the organization organization organization organization organization organization organization    In the organization    In the organization	16a	33 1/3% support test - 2012. If the o	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    Image: Part		stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	b	33 1/3% support test - 2011. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	17a	10% -facts-and-circumstances tes	<b>t</b> - <b>2012.</b> If the orç	ganization did not	check a box on lın	e 13, 16a, or 16b,	and line 14 is 10%	or more,
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the orga	nızatıon
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	b	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		more, and if the organization meets the	ne "facts-and-circi	umstances" test, c	check this box and	stop here. Explai	n in Part IV how th	e
		•						ightharpoons
	18	•		=				ns 🕨

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	ction A. Public Support			_	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	287,566.	269,698.	264,628.	254,555.	172,456.	1,248,903.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,814,308.	6,213,001.	6,158,679.	6,608,514.	4,930,109.	29,724,611.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6,101,874.	6,482,699.	6,423,307.	6,863,069.	5,102,565.	30,973,514.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						30 973 514.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	6,101,874,	6,482,699.	6,423,307.	6,863,069.	5,102,565.	30,973,514,
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	231,247.	227,507.	247,849.	260,746.	349,541.	1,316,890.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			·=· -			
	Add lines 10a and 10b	231,247.	227,507.	247,849.	260,746.	349,541.	1,316,890.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain						<del></del>
	or loss from the sale of capital assets (Explain in Part IV)	45,593.	31,691.	43,614.	33,776.	33,040.	187,714.
13	Total support (Add lines 9, 10c, 11, and 12)	6,378,714.	6,741,897.	6,714,770.	7,157,591.	5,485,146.	32,478,118.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						
	ction C. Computation of Publ				<del></del>		
	Public support percentage for 2012 (			olumn (f))		15	95.37 %
	Public support percentage from 2011					16	95.34 %
	ction D. Computation of Inve						4 05
	Investment income percentage for 20			e 13, column (f))		17	4.05 %
	Investment income percentage from					18	4.06 %
198	a 33 1/3% support tests - 2012. If the						
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	re than 33 1/3%, a	<b>▶</b> X
	line 18 is not more than 33 1/3%, che			•		-	▶□
20	Private foundation. If the organization	in did not check a l	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	▶∟_

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

VNA FOUNDATION OF GREATER NORTH PENN

Employer identification number 23-1396799

Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		0.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	-	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	5	Yes No
6	Did the organization inform all grantees, donors, and donor		•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	<u> </u>
Pa	impermissible private benefit?		Yes No
	— · · · · · · · · · · · · · · · · · · ·		V, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	. —	•
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year •		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	•	•
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the c	organization's accounting for
Pai	conservation easements t III   Organizations Maintaining Collections of	of Art Historical Treasures or Othe	r Similar Assets
	Complete if the organization answered "Yes" to Form		Ommur Assets.
10	If the organization elected, as permitted under SFAS 116 (A)		and halance sheet works of art
10	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		or public service, provide, in Part XIII,
_			l balance about works of art buttories
b	If the organization elected, as permitted under SFAS 116 (A)		·
	treasures, or other similar assets held for public exhibition, e	education, of research in furtherance of public s	service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X	and the supplier and to find any the supplier and the sup	<b>P D</b>
2	If the organization received or held works of art, historical tre	_	n, provide
_	the following amounts required to be reported under SFAS 1	TO (MOC 900) relating to these items	<b>•</b> •
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>▶</b> 3

Par		Ollections of A					r Simil			9 Page∠
3	Using the organization's acquisition, accessi									
3	(check all that apply)	on, and other record	, CI ICC	any or the	TOROWING UN	at ale a si	grillicarit	use or its	Collection	i items
_	Public exhibition	c		Loan or exc	hanaa proa	romo				
a			'	Other	nange progr	iams				
b	Scholarly research	€	•	Other						
C	Preservation for future generations		1	l & 41 41				_		
4	Provide a description of the organization's co	•		-	_			ose in Par	t XIII	
5	During the year, did the organization solicit o					ner similar	assets	_	٦	
Par	to be sold to raise funds rather than to be ma					113.4 11.4			_ Yes	No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ii tn	e organizatio	n answered	"Yes" to	rorm 990	), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diant for	contribution	s or other o	nooto not	ınalı idad			
ıa	on Form 990, Part X?	an or other intermet	Jiai y 10i	Contribution	is or other a	SSEIS HOL	included		Yes	□ No
_	If "Yes," explain the arrangement in Part XIII	and complete the fe	llowna	table					」 res	L NO
D	ii res, explain the analigement in Fait Allis	and complete the ic	mownig	table					Amount	
_	Beginning balance						4-		Amount	
	Additions during the year						1c	<del></del> -	<del></del> -	
	Distributions during the year						1d			<del></del>
•	Ending balance						1e			
20	Did the organization include an amount on Fo	orm 990 Part Y line	212				1f		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Dart VIII		I	_ res	
Par							n		_	
		(a) Current year		Prior year	(c) Two year			years back	(a) Four	years back
1a	Beginning of year balance	(a) carront year	(10)	rior your	(C) TWO YOU	ars back 1	C) Tilles	ycars back	(e) i oui	years back
h	Contributions									
	Net investment earnings, gains, and losses									
4	Grants or scholarships		<del></del>							
u	Other expenditures for facilities			<del></del>			-			
-	and programs									
	Administrative expenses									
١ ^	End of year balance							<del></del>		
9 2	Provide the estimated percentage of the curr	ent year end haland	e (line 1	la column (s	l held as				_	
-	Board designated or quasi-endowment	one your one balanc	%	rg, colamir (c	ij) riciu as					
a h	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^% %								
C	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse		ation th	at are held a	nd administr	ered for th	e organi	zation		
Oa	by	Solon of the organiz	auon un	at are ricia a	na aanminst	cica ioi ti	ic organiz	Zation	Γ	Yes No
	(i) unrelated organizations								3a(i)	165 140
	(ii) related organizations								3a(ii)	<del></del>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R2					3b	
4	Describe in Part XIII the intended uses of the	•							_ GD	
Par					-					<del></del>
	Description of property	(a) Cost or c		(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investr		basis		1	reciation		(4) 2001	. 4.40
	Land	<del>                                     </del>			· · ·					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other					†			_	<del></del>
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colu	mn (R) line 1	0(c) )	·				Λ.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation Cost or end	of-year market value
1) Financial derivatives				
Closely-held equity interests				
3) Other	<u>-</u>			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of valu	ation Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			•	
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line		<del> </del>	т	
(a) L	Description			(b) Book value
(1)		<u>.</u>		
(2)				
(3)				
(4)				
(5)		···		
(6)		<del> </del>		
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)		<del></del> -		
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities. See Form 990, Part X, II	ne 25.	O. D. alamaka		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
	I I			
(3)				
(3) (4)		-		
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				

Schedule D (Form 990) 2012 VNA FOUNDATION OF GREATER NORTH PENN 23-1396799 Page 3

_	edule D (Form 990) 2012 VNA FOUNDATION OF GREATER NO				1396799	Page 4
1	Total revenue, gains, and other support per audited financial statements	13 111	ui Nevenue per N	1	7,409	597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					,
- а		2a	982,055.			
b		2b				
c	Page 4	2c				
q		2d	6,178.			
e		20		2e	988	233.
3	Subtract line 2e from line 1			3	6,421	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				<u> </u>	3010
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	4b		1 1		
c		10		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	6,421	
_	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per			
1	Total expenses and losses per audited financial statements		•	1	5,115	312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII )	2d	6,178.			
e	Add lines 2a through 2d			2e	6	178.
3	Subtract line 2e from line 1			3	5,109	134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,109	134.
Pa	rt XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I	lines 1	a and 4, Part IV, lines 1	b and 2	2b, Part V, line	4, Part
X, lın	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	rovide	any additional informat	ion		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
PR	OJECT INCOME EXPENSE				6,	178.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
PR	OJECT INCOME EXPENSE				6	178.

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

t IV, line 23.

See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instruct

VNA FOUNDATION OF GREATER NORTH PENN

| Part I | Questions Regarding Compensation

Employer identification number 23-1396799

OMB No 1545-0047

4-	Chapletha array and the Color of the Color o		Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	}		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	- 12		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ľ	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	, , , , , , , , , , , , , , , , , , , ,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Para and a second secon	4a	-	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		i	
а	The amount of 0	5a		x
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III		-	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of		1	
а	The organization?	6a		Х
b	Any related organization?	6b		<u>x</u>
-	If "Yes" to line 6a or 6b, describe in Part III	- 55		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		$\dashv$	
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<del>-</del>		
-	Regulations section 53 4958-6(c)?	9		
		- J		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

23-1396799

Page 2

VNA FOUNDATION OF GREATER NORTH PENN

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W:2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(E) Compensation
					other deferred		(E)(I)(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) KATHLEEN FITZGERALD	Ξ	130,000.	15,000.	0	9,400.	14,580.	168,980.	0
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Schedule J (Form 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

232211 01-04-13 Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

VNA\_FOUNDATION OF GREATER NORTH PENN

Employer identification number 23-1396799

Schedule O (Form 990 or 990-EZ) (2012)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EFFECTIVE 4/1/13, THE NORTH PENN VNA SOLD A SIGNIFICANT PORTION OF ITS
ASSETS AND ALL OF ITS AGENCY OPERATIONS TO ABINGTON MEMORIAL HOSPITAL.
THE ORGANIZATION WILL CONTINUE UNDER THE NEW NAME "VNA FOUNDATION OF
GREATER NORTH PENN" AND WILL OPERATE AS A COMMUNITY FOUNDATION. ITS
MISSION WILL BE TO INVEST IN ORGANIZATIONS THAT CONTRIBUTE TO THE
WELL-BEING OF THOSE WHO RESIDE IN AND AROUND THE GREATER NORTH PENN
AREA. A PRIMARY, BUT NOT EXCLUSIVE, FOCUS WILL BE HEALTH PROMOTION,
HEALTH EDUCAION, HEALTH MAINTENANCE AND HEALTH RESTORATION SERVICES AND
PROGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEGINNING WITH THE FISCAL YEAR ENDING JUNE 30, 2014, THE ORGANIZATION'S
MISSION WILL BE TO INVEST IN ORGANIZATIONS THAT CONTRIBUTE TO THE
WELL-BEING OF THOSE WHO RESIDE IN AND AROUND THE GREATER NORTH PENN
AREA. A PRIMARY, BUT NOT EXCLUSIVE, FOCUS WILL BE HEALTH PROMOTION,
HEALTH EDUCAION, HEALTH MAINTENANCE AND HEALTH RESTORATION SERVICES AND
PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 4: ON APRIL 1, 2013 SUBSTANTIALLY ALL
OF THE ASSETS (EXCLUDING CASH AND INVESTMENTS) OF NPVNA THAT ARE ASSOCIATED
WITH OR USED IN THE OPERATION OF NPVNA PROGRAMS WERE PURCHASED BY ABINGTON
MEMORIAL HOSPITAL. AS A RESULT OF THE SALE, THE NPVNA FORMALLY CHANGED ITS
NAME TO "VNA FOUNDATION OF GREATER NORTH PENN" (THE FOUNDATION),

RESTRUCTURED ITS BOARD OF DIRECTORS, REVISED ITS ARTICLES OF INCORPORATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** VNA FOUNDATION OF GREATER NORTH PENN 23-1396799 AND BY-LAWS, AND WILL CONTINUE IN OPERATIONS AS A COMMUNITY FOUNDATION. THE FOUNDATION'S MISSION WILL BE TO INVEST IN ORGANIZATIONS THAT CONTRIBUTE TO THE WELL-BEING OF THOSE WHO RESIDE IN AND AROUND THE GREATER NORTH PENN AREA. A PRIMARY, BUT NOT EXCLUSIVE, FOCUS WILL BE HEALTH PROMOTION, HEALTH EDUCATION, HEALTH MAINTENANCE AND HEALTH RESTORATION SERVICES AND PROGRAMS. SEE ATTACHED REVISED ARTICLES OF INCORPORATION. FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR SENDS 990 IN DRAFT PDF TO ALL BOARD MEMBERS WITH A TIME FRAME TO REVIEW AND RETURN COMMENTS, AFTER WHICH THE 990 IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: STATEMENTS ARE FILLED OUT ANNUALLY AT A BOARD MEETING. POTENTIAL CONFLICTS ARE DISCUSSED IN THE MEETING, DOCUMENTED IN THE BOARD MINUTES, AND BOARD MEMBERS WITH THE CONFLICT ARE RECUSED FROM VOTING. FORM 990, PART VI, SECTION B, LINE 15A: LINE 15A - BOARD REVIEWS EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY IN CONJUNCTION WITH HER ANNUAL EVALUATION. BOARD DETERMINES THE PERCENTAGE INCREASE EACH YEAR. BOARD HAS KNOWLEDGE OF INDUSTRY, AND SALARY IS COMPARED TO OTHERS IN SIMILAR ORGANIZATIONS. LINE 15B - THERE ARE NO KEY EMPLOYEES, THEREFORE, THERE IS NO PROCESS FOR DETERMINING THE COMPENSATION OF KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  VNA FOUNDATION OF GREATER NORTH PENN	Employer identification number 23-1396799
FORM 990, PART XI, LINE 2C	<u> </u>
AUDIT OVERSIGHT	
THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FROM	THE PRIOR YEAR.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons		
	u are filing for an Additional (Not Automatic) 3-Month Ex			this form).				
	complete Part II unless you have already been granted							
	onic filing (e-file). You can electronically file Form 8868 if		·	•		a corporation		
	d to file Form 990-T), or an additional (not automatic) 3-mo			-		*		
	to file any of the forms listed in Part I or Part II with the exi		-					
	al Benefit Contracts, which must be sent to the IRS in pap							
	vw.irs.gov/efile and click on e-file for Charities & Nonprofits		(coo mondeners). For more details	)	out of the timing t	) till3 l0/m,		
Part			submit original (no copies ne	eded)				
	pration required to file Form 990-T and requesting an autor							
Part I c		natic offic	onth extension - check this box and	complete				
	er corporations (including 1120-C filers), partnerships, REM	IICs and t	nusts must use Form 7004 to mayor	t an autan	aran af tima			
	ncome tax returns	ios, and t	rusis must use Form 7004 to reques	t ari exter	Sion of time			
	<del></del>	ations						
	pe or Name of exempt organization or other filer, see instructions Employer ident							
print						22 1206700		
File by th	NORTH PENN VISITING NURSE ASSOCIATION					23-1396799		
due date for Number, street, and room or suite no. If a P O box, see instructions.				Social se	al security number (SSN)			
return Se	e JI MEDICAL CAMPOS DAIVE							
instructio		oreign add	ress, see instructions.					
	LANSDALE, PA 19446							
	<b>5</b>							
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
		1	· · · · · · · · · · · · · · · · · · ·					
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A					
Form 4720 (individual)		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		
			, EXECUTIVE DIRECT					
	books are in the care of ▶ 51 MEDICAL CAMI	PUS DI	RIVE - LANSDALE, P.	A 194	46			
Tele	phone No. ► <u>215-855-8296</u>		FAX No $\triangleright$ 215-855-13	05				
<ul><li>If th</li></ul>	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ 🗀		
<ul><li>If th</li></ul>	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole g	roup, check this		
box 🕨	If it is for part of the group, check this box	and atta						
<b>1</b> 1	request an automatic 3-month (6 months for a corporation			•				
_	FEBRUARY 17, 2014 , to file the exemp	t organiza	tion return for the organization name	d above	The extension	n		
18	is for the organization's return for							
	calendar year or							
•	X tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013					
2 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return	Final retur	n			
	Change in accounting period							
	3,7,1,1							
3a I	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax, less any	<del>-                                    </del>				
	·				0.			
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	<del>- ¥</del>			
estimated tax payments made Include any prior year overpayment allowed as a credit.  3b					0.			
_	Balance due. Subtract line 3b from line 3a. Include your pa		··	- 30	Ψ			
	y using EFTPS (Electronic Federal Tax Payment System).	=	· ·	30	\$	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.



#### PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

# Articles of Amendment-Domestic Corporation (15 Pa.C.S.)

Business Corporation (§ 1915)

X Nonprofit Corporation (§ 5915)

Name	AT AMINES	
Address	C - LUMIER	
City	871968650 P4 1	

Document will be returned to the name and address you enter to the left.

Luc

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

- North Penn Visiting Nurse Association, Inc.
- The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

   (a) Number and Street
   (b) County
   (c) State
   (d) Montgomery

   19446-1245
   Montgomery
- (b) Name of Commercial Registered Office Provider

County

- 3. The statute by or under which it was incorporated: Nonprofit Corporation Law approved May 5, 1933, as amended
- 4. The date of its incorporation: 02/10/1965

1. The name of the corporation is:

- 5. Check, and if appropriate complete, one of the following:
- \_\_\_\_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
- X The amendment shall be effective on: April 1, 2013 at 12:00 am

  Date Hour

OUSMAR 29 PN 3:57 PA DEPT OF STATE

#### DSCB:15-1915/5915-2

	•					
6. Check one of the following:						
The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).						
The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).						
7. Check, and if appropriate, complete one of the follow	ving:					
The amendment adopted by the corporation, set forth in full, is as follows						
* The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.						
8. Check if the amendment restates the Articles:						
	e original articles and all amendments thereto.					
	·					
	IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this					
	day of,					
	2013					
	North Penn Visiting Nurse Association, Inc.  Name of Corporation					
	Executive Director. Title					

#### **EXHIBIT A**

#### AMENDED AND RESTATED

#### ARTICLES OF INCORPORATION

OF

#### NORTH PENN VISITING NURSE ASSOCIATION, INC.

- 1. Name. The name of the Corporation shall be changed to: VNA Foundation of Greater North Penn.
- 2. <u>Registered Office</u>. The location and post office address of the registered office of the Corporation in the Commonwealth of Pennsylvania is 51 Medical Campus Drive, Lansdale, PA 19446-1245 (Montgomery County).
- 3. <u>Purpose</u>. The Corporation was incorporated under the Nonprofit Corporation Law approved May 5, 1933, as amended, and the purposes for which the Corporation is organized and shall be operated are exclusively charitable and educational, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (hereinafter the "Code"). In furtherance of these purposes but not in limitation thereof, the Corporation may:
- (a) Support organizations that provide health promotion, health education, health maintenance and health restoration services and programs in the greater North Penn area; and
- (b) The Corporation shall otherwise operate exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Code, and solely for such purposes and, without otherwise limiting its powers, exercise all rights and powers conferred by the laws of the Commonwealth of Pennsylvania upon nonprofit corporations.
  - (c) Notwithstanding any other provision set forth herein:
- (i) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office;
- (ii) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its directors, officers or other private persons except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein; and
- (iii) The Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income taxation under Section 501(a) of the

Code, as an organization described in Section 501(c)(3) of the Code, or corresponding provisions of any subsequent federal tax laws or (b) by a corporation, contributions to which are deductible for federal income tax purposes.

- (d) It is intended that the Corporation shall have the status of a corporation which is exempt from federal income taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code and which is a private foundation by reason of being described in Section 509(a) of the Code. These Articles shall be construed accordingly, and all powers and activities of the Corporation shall be limited accordingly. The Corporation, determined to be a private foundation within the meaning of Section 509 of the Code, shall:
- (i) Distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code;
- (ii) Not engage in any act of self-dealing, as defined in Section 4941(d) of the Code;
- (iii) Not retain any excess business holdings as defined in Section 4943(c) of the Code; and
- (iv) Not make any taxable expenditure as defined in Section 4945(d) of the Code.
- 4. Term. The term for which the Corporation is to exist is perpetual.
- 5. Non-Stock Basis. The Corporation is organized upon a non-stock basis.
- 6. Members. The Corporation shall have no members.
- 7. <u>Pecuniary Gain or Profit</u>. The Corporation does not contemplate pecuniary gain or profit, incidental or otherwise.
- 8. <u>Merger or Consolidation</u>. The Corporation shall not merge with or consolidate with any Corporation unless the successor corporation is an exempt organization under Section 501(c)(3) of the Code.
- 9. <u>Dissolution or Liquidation</u>. Upon the dissolution or liquidation of the Corporation, whether such be <u>de jure</u> or <u>de facto</u>, in whole or in part, after paying or making provision for the payment of all of the liabilities of the Corporation, any remaining assets of the Corporation shall be distributed to one or more organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes and shall at the time qualify as exempt organizations under Section 501(c)(3) of the Code, as amended, as the Board of Directors of the Corporation shall determine, subject to the laws of the Commonwealth of Pennsylvania. No private individual shall share in the distribution of any Corporation net assets upon dissolution of the Corporation.

10. <u>Code References</u>. References in these Articles to a section of the Code shall be construed to refer both to such section and to such regulations promulgated thereunder, as they now exist or may hereafter be adopted or amended.

NORTH PENN VISITNG NURSE ASSOCIATION, INC.

By:

Name: Kathleen 47 tz

Title: Frecutive Director

Docketing Statement (Changes)	BUREAU USE ONLY:						
DSCB:15-134B	Revenue Labor & Industry						
	Other						
	File Code Filed Date						
Part I. Complete for each filing:							
Current name of entity or registrant (survivor or new entity if merger or consolidation): North Penn Visiting Nurse Association, Inc.							
Entity number, if known: 75814 Incorpor	ration/qualification date in PA: 02/10/1965						
State of Inc: PA Federal EIN:	Specified effective date, if any: 14/1/2013						
Part II. Check proper box:							
× Amendment (complete Section A) Merger, Consolidation or Division (complete Section B,C or D)							
Consolidation (complete Section C) Division (complete Section D)							
Conversion (complete Section A & E) Correct	tion (complete Section A)						
Termination (complete Section H) Revive	d (complete Section G)						
Dissolution before Commencement of Business (complete Section F)							
Section A - Check box(es) which pertain to changes:  Name: VNA Foundation of Greater North Penn							
Registered Office: Number & street/RD numbe	r & box number City State Zip County						
X Purpose: Support organizations that provide health promotion, health education, health maintenance and health restoration services and programs in the greater North Penn area.							
Stock (aggregate number of share authorized):_	Effective date:						
Term of Existence:	Other:						
Section B - Merger Complete Section A If any changes to surviving entity:  Merging Entities are: (attach sheet for additional merging entities)  Name:  Entity #, if known:							
Effective date: Inc./qual. date	in PA. State of Inc.						
Name:	Entity #, if known:						
Effective date: Inc./qual. date	in PA. State of Inc.						

اسمع يستقالها أماده والمحادث