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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**VNHS FOUNDATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 250

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Runnemede, NJ 08078**F** Name and address of principal officer **RUSSELL R. WAGNER****12265 Townsend Rd., Suite 100, Philadelphia,****D** Employer identification number**22-3043177****E** Telephone number**856-939-9000****G** Gross receipts \$**41,574.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1991** **M** State of legal domicile: **NJ****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities Provide support to related non-profit organizations.						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3		6			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		4			
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		0			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		0.		0.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		88.		88.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,461.		41,486.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,549.		41,574.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
16b	Total fundraising expenses (Part IX, column (D), line 25)		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30.		0.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		30.		0.		
19	Revenue less expenses - Subtract line 18 from line 12		20,519.		41,574.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		3,232,717.		3,020,847.		
22	Net assets or fund balances - Subtract line 21 from line 20		0.		0.		
			3,232,717.		3,020,847.		

Part II Signature Block

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

Sign Here	Signature of officer	Date
	RUSSELL R. WAGNER, Exec VP, Treasurer	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name	Firm's EIN
	Firm's address	Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

917 12

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission.Provide support to related non-profit organizations.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)Provide support to related non-profit organizations.**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
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		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6	
b Enter the number of voting members included in line 1a, above, who are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NJ**

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **HOLY REDEEMER CORPORATE FINANCE - 215-856-3726**
12265 Townsend Rd., Suite 100, Philadelphia, PA 19154

Check if Schedule O contains a response or note to any line in this Part VII

X

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

7

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

0

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		88.	88.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real (ii) Personal				
	6 a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	UNREALIZED MARKET GAIN	900099	41,486.	41,486.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		41,486.				
12	Total revenue See instructions.		41,574.	41,574.	0.	0.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,904,862.	1	88,416.
	2 Savings and temporary cash investments		2	2,604,576.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.	327,855.	15	327,855.	
16 Total assets. Add lines 1 through 15 (must equal line 34).	3,232,717.	16	3,020,847.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	619,677.
	28 Temporarily restricted net assets		28	536,713.
	29 Permanently restricted net assets	3,232,717.	29	1,864,457.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	3,232,717.	33	3,020,847.	
34 Total liabilities and net assets/fund balances.	3,232,717.	34	3,020,847.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	0.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,574.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,232,717.
5	Net unrealized gains (losses) on investments	5	
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	-253,444.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,020,847.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☒

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		☒
(ii) A family member of a person described in (i) above?		☒
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		☒
 - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
HOLY REDEEMER HOM	21-0634582	NON-PROFIT		☒		☒	☒		0.
HOLY REDEEMER HOM	22-1501364	NON-PROFIT		☒		☒	☒		0.
HOLY REDEEMER HOS	22-3166974	NON-PROFIT		☒		☒	☒		0.
Total	3								0.

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 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 - 2013. 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 - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	8	
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	300,000.	
4 Aggregate value at end of year	2,401,170.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	343,905.	336,289.	317,958.	294,979.	261,952.
b Contributions					
c Net investment earnings, gains, and losses	8,807.	7,616.	18,331.	22,979.	33,027.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	352,712.	343,905.	336,289.	317,958.	294,979.

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 100.00 %c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

0.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	327,855.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	327,855.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Explanation: Holy Redeemer Health System follows the guidance in the
accounting standards regarding the recognition and measurement of
uncertain tax positions. The guidance clarifies the accounting for
uncertainty in income taxes recognized in an entity's financial
statements. The guidance further prescribes recognition and measurement
of tax provisions taken or expected to be taken on a tax return that are
not certain to be realized. The application of this standard has no
impact on Holy Redeemer's consolidated financial statements. Holy
Redeemer's tax returns are subject to review and examination by federal,
state and local authorities. The tax returns for the years 2011 through
2013 are open to examination by federal, state and local authorities.

Part XIII Supplemental Information *(continued)*

With the exception of the Holy Redeemer Ambulatory Surgery Center (ASC) and Holy Redeemer Active and Retirement Living (HRARL, Inc.), all entities are not-for-profit corporations as described in section 501(c)(3) of the internal revenue code. In conformity with the internal revenue code and applicable state and local tax statutes, taxable income or loss of the ASC is required to be reported in the tax returns of the owners and, accordingly, no provision has been made in the accompanying consolidated financial statements for any federal, state, or local income taxes. HRARL, Inc. recorded provisions for federal, state, and local taxes of \$304 for each of the years ended June 30, 2014 and 2013.

Part XI, Line 8

Explanation: PART XI, LINE 8 ARE THE UNREALIZED GAIN IN INVESTMENT AND CHANGE IN PERMANENTLY RESTRICTED FUND BALANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
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:		
a The organization?	5a	X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	X
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:		
a The organization?	6a	X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	X
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	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

Form 990, Part VI, Section A, line 6:

Explanation: HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member with reserve powers.

Form 990, Part VI, Section A, line 7a:

Explanation: HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member which had the power to elect or appoint one or more members of the governing body.

Form 990, Part VI, Section A, line 7b:

Explanation: HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member with reserve powers over governance decisions of the organization.

Form 990, Part VI, Section B, line 11:

Explanation: A copy of Form 990 (pdf format) is published in a secure internal website prior to filing. Members and officers of the governing body are notified by email, and each are issued an individual access code to retrieve the Form 990. They are given two weeks to review, question, and comment on the Form 990.

Form 990, Part VI, Section B, Line 12c:

Explanation: The organization regularly and consistently monitors, and enforces compliance to our conflict of interest policy. All officers, directors, and key employees reviews, acknowledge and sign annually, the organization's Conflict of Interest Policy statement. All are required to disclose annually any interests that could give rise to conflicts.

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

Form 990, Part VI, Section B, Line 15:

Explanation: The Holy Redeemer Health System Board of Trustees through the committee that oversees executive and physician compensation periodically engages the services of Integrated Healthcare Strategies, a consulting firm with expertise in health care executive compensation, to review the external market data. The market data provides comparable compensation levels based on geography, revenue size and other factors to determine a market range for each executive. The results of their findings are shared directly with the Governance and Leadership committee of the Board of Trustees.

Form 990, Part VI, Section C, Line 19:

Explanation: The Holy Redeemer Health System's consolidated financial statements are available on DAC Bonds quarterly report. The organization's Form 990, financial statements, conflicts of interest policy and governing documents are made available to the public upon request. These are made available to individuals that makes a request in person, immediately after completing and signing a formal request form identifying themselves, providing their addresses and signing the form. All other written requests via mail or email from individuals, foundations or government agencies are honored within 30 days of receipt. Notice of annual public meeting of the corporation is advertised in local newspapers.

FORM 990, PART VII, SECTION A

Explanation: All compensation informations to all listed compensated persons in this section, due to "Common Paymaster" agreement with the

Internal Revenue Service were reported under the Holy Redeemer Health

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number

22-3043177

System's tax id #23-1534300 (also a related non-profit organization).

Form 990, Part VII, Section B

Explanation: The Holy Redeemer Health System has a centralized and consolidated accounts payable processing for all related organizations listed in Schedule R. Payments for services and materials rendered to all the related organizations, including Friends of VNA/Hospice, were consolidated and reported in Form 1099 to the Internal Revenue Service under the Holy Redeemer Health System tax id #23-1534300.

Form 990, Part XI, line 9, Changes in Net Assets:

CHANGE IN PERMANENTLY RESTRICTED FUNDS (decrease)	-790,157.
CHANGE IN TEMPORARY RESTRICTED FUNDS (increase)	536,713.
Total to Form 990, Part XI, Line 9	-253,444.

FORM 990, PART XII, LINE 2C

Explanation: The process and responsibility for oversight of the audit of financial statements and selection of independent accountant remain with the Legal and Audit Committee of the Board of Holy Redeemer Health System, and remains the same as in the previous year.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

VNHS FOUNDATION, INC.

Employer identification number
22-3043177

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REDEEMER HEALTH NETWORK, LLC - 23-2876526 667 WELSH ROAD HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM
SOUTHPPOINT HEALTH NETWORK, LLC - 22-3376863 1801 N. ROUTE 9 SWAINTON, NJ 08210	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM
REDEEMER AMBULATORY SURGERY CENTER, LLC - 23-1534300, 667 WELSH ROAD, HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOLY REDEEMER MINISTRIES - 23-7454932 1602 HUNTINGDON PIKE MEADOWBROOK, PA 19046	UMBRELLA CORP FOR THE HOLY REDEEMER HEALTH SYSTEM	Pennsylvania	501(C)(3)				X
HOLY REDEEMER HEALTH SYSTEM - 23-1534300 1648 HUNTINGDON PIKE MEADOWBROOK, PA 19046	SERVICES IN HOSPITAL, LTC AND HOMECARE	Pennsylvania	501(C)(3)				X
HRH MANAGEMENT CORPORATION - 23-2127559 667 WELSH RD HUNTINGDON VALLEY, PA 19006	LEASE MEDICAL OFFICES IN CLOSE PROXIMITY TO THE HOSPITAL SUPPORTED	Pennsylvania	501(C)(3)				X
HOLY REDEEMER PHYSICIAN AND AMBULATORY SERVICES - 23-2696460, 667 WELSH RD, HUNTINGDON VALLEY, PA 19006	PHYSICIAN PRACTICE	Pennsylvania	501(C)(3)				X

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

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
REDEEMER VILLAGE - 23-2091414							
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW						
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED	Pennsylvania	501(C)(3)				X
REDEEMER VILLAGE II - 22-2282223							
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW						
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED	Pennsylvania	501(C)(3)				X
DRUEDING CENTER - 23-1532883	SUPPORT SERVICES FOR						
413 W. MASTER STREET	HOMELESS WOMEN & THEIR						
PHILADELPHIA, PA 19122	CHILDREN	Pennsylvania	501(C)(3)				X
HOLY REDEEMER VISITING NURSE AGENCY, INC. -							
22-2424253, 1801 N. ROUTE 9, SWAINTON, NJ	PROVIDE HEALTH CARE IN						
08210	PATIENTS' HOME	New Jersey	501(C)(3)				X
HOLY REDEEMER HOMECARE-NJ NORTH - 22-1501364							
P.O. BOX 250	PROVIDE HEALTH CARE IN						
RUNNEMEDE, NJ 08078	PATIENTS' HOME	New Jersey	501(C)(3)				X
HOLY REDEEMER HOMECARE-NJ SOUTH - 21-0634582							
P.O. BOX 250	PROVIDE HEALTH CARE IN						
RUNNEMEDE, NJ 08078	PATIENTS' HOME	New Jersey	501(C)(3)				X
VISITING NURSE SERVICE SYSTEM, INC. -							
22-2676688, P.O. BOX 250, RUNNEMEDE, NJ	PROVIDE ADMIN SUPPORT TO						
08078	AFFILIATES	New Jersey	501(C)(3)				X
HOLY REDEEMER HOSPICE, INC. - 22-3166974							
P.O. BOX 250	CARE FOR PATIENTS W/ LIFE						
RUNNEMEDE, NJ 08078	LIMITING ILLNESS	New Jersey	501(C)(3)				X
VISITING NURSE CUSTOM SERVICES - 22-3808046							
P.O. BOX 250	PROVIDE HEALTH CARE						
RUNNEMEDE, NJ 08078	SERVICES	New Jersey	501(C)(3)				X
HOLY REDEEMER ACTIVE AND RETIREMENT LIVING							
COMMUNITIES (former MCO) - 23-269, 667 WELSH	CCRC PROVIDER WITH ACCESS						
RD, HUNTINGDON VALLEY, PA 19006	TO MEDICAL CARE	Pennsylvania	501(C)(3)				X
HOLY REDEEMER HOSPITAL & MEDICAL CENTER							
DISABILITY TRUST - 23-2501530, 1648	DISABILITY BENEFITS TO						
HUNTINGDON PIKE, MEADOWBROOK, PA 19046	BENEFICIARIES	Pennsylvania	501(C)(3)				X
D'YOUVILLE MANOR - 23-2564327							
1750 QUARRY RD	PROVIDE LONG TERM CARE						
YARDLEY, PA 19067	SERVICE TO ITS RESIDENTS	Pennsylvania	501(C)(3)				X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HOLY REDEEMER AMBULATORY SURGERY CENTER, LLC - 23 3020527, 821 HUNTINGDON PIKE, MEADOWBROOK, PA 19046	SURGERY CENTER	PA	HOLY REDEEMER PHYSICIAN SERVICES	HEALTHCARE					N/A	X	
INNOVATIVE WELLNESS ALLIANCE, LLC 46 4781400, 667 Old Welsh Road, 3rd Floor, Huntingdon Valley, PA 19006	Develop a clinically integrated network.		HOLY REDEEMER PHYSICIAN SERVICES	HEALTH CARE SERVICES			X		N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VISITING NURSE MANAGEMENT CO., INC. - 22-2653985, P.O. BOX 250, RUNNEMEDE, NJ 08078	OFFICE ADMINISTRATION SERVICES	PA		C CORP					X
HOLY REDEEMER ACTIVE AND RETIREMENT LIVING COMMUNITIES, INC. - 02-0726139, 667 WELSH RD, HUNTINGDON VALLEY, PA 19006	CCRC PROPERTY MANAGERS	PA	HOLY REDEEMER HEALTH SYSTEM	C CORP					X
THR INSURANCE COMPANY LTD - 98-0461500 2ND FLR STRATHVALE HOUSE, N. CHURCH ST GOERGE TOWN, CAYMAN ISLANDS	INSURANCE	Cayman Islands	HOLY REDEEMER HEALTH SYSTEM						X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

Part III, Identification of Related Organizations Taxable as Partnership:**Name, Address, and EIN of Related Organization:**

INNOVATIVE WELLNESS ALLIANCE, LLC

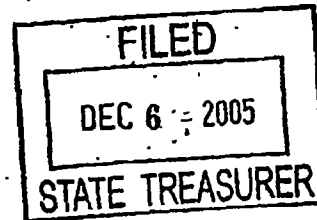
EIN: 46-4781400

667 Old Welsh Road, 3rd Floor

Huntingdon Valley, PA 19006

Primary Activity: Develop a clinically integrated network.

Direct Controlling Entity: HOLY REDEEMER PHYSICIAN SERVICES



*New Jersey Department of Treasury
Division of Revenue*

**AMENDED AND RESTATED CERTIFICATE OF INCORPORATION
OF**

FRIENDS OF VNA/HOSPICE, INC.

now known as

VNHS FOUNDATION, INC.

3

Pursuant to the provisions of Sections 15A:9-2 and Section 15A:9-5 of the New Jersey Nonprofit Corporation Act, the undersigned corporation hereby executes and delivers for filing this Amended and Restated Certificate of Incorporation:

1. Name of Corporation: The name of the corporation is hereby changed to VNHS Foundation, Inc. (the "Corporation").
2. Corporation Number: 0100414549
3. Current Registered Agent: Registered Agents, Ltd.
4. Current Registered Office: 208 West State Street
Trenton, NJ 08608
5. Purpose(s) for which the Corporation is organized are as follows:

The Corporation is organized and shall be operated for the purpose of conducting exclusively charitable and educational activities within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any successor United States Internal Revenue law (the "Internal Revenue Code")), by:

- (a) Actively seeking gifts, contributions, donations, and bequests to fund its charitable and educational activities;
- (b) Receiving and maintaining a fund or funds of real, personal or intangible property or any mixture thereof and subject to the restrictions and limitations hereinafter set forth, to use and apply (i) seventy-five percent (75%) of the fund or funds or the income therefrom and the principal thereof exclusively for charitable purposes for the benefit of or to carry out the purposes of the member(s) of the Corporation as identified in the Bylaws of the Corporation and other entities specifically designated in a resolution duly passed by the member(s) of the Corporation in the communities they serve, or any successors thereto and (ii) twenty-five percent (25%) of the fund or funds or the income therefrom and the principal thereof to support other community based home health care organizations as determined by resolution duly passed by the Board of

0100414549 TAX 153420 v. 1

✓ →

*New Jersey Department of Treasury
Division of Revenue*

**AMENDED AND RESTATED CERTIFICATE OF INCORPORATION
OF
VNHS FOUNDATION, INC.
formerly known as
FRIENDS OF VNA/HOSPICE, INC.**

Pursuant to the provisions of Sections 15A:9-2 and Section 15A:9-5 of the New Jersey Nonprofit Corporation Act, the undersigned corporation hereby executes and delivers for filing this Amended and Restated Certificate of Incorporation:

1. Name of Corporation: The name of the corporation is hereby changed to VNHS Foundation, Inc. (the "Corporation").
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- (a) Actively seeking gifts, contributions, donations, and bequests to fund its charitable and educational activities;
- (b) Receiving and maintaining a fund or funds of real, personal or intangible property or any mixture thereof and subject to the restrictions and limitations hereinafter set forth, to use and apply (i) seventy-five percent (75%) of the fund or funds or the income therefrom and the principal thereof exclusively for charitable purposes for the benefit of or to carry out the purposes of the member(s) of the Corporation as identified in the Bylaws of the Corporation and other entities specifically designated in a resolution duly passed by the member(s) of the Corporation in the communities they serve, or any successors thereto and (ii) twenty-five percent (25%) of the fund or funds or the income therefrom and the principal thereof to support other community based home health care organizations as determined by resolution duly passed by the Board of

Directors, provided that such organizations are tax-exempt organizations described in Section 501(c)(3) of the Code and are also described in Section 509(a)(1), (2) or (3) of the Code;

- (c) Promoting community education regarding home care and health issues;
 - (d) Owning, leasing and otherwise dealing in and with real and personal property of every nature, tangible and intangible;
 - (e) Investing and reinvesting its funds and assets in furtherance of the purposes set forth above;
 - (f) Promoting and undertaking community development in Southern New Jersey;
 - (g) Making charitable donations and other charitable transfers to organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code to fund activities consistent with and in furtherance of the purposes set forth herein; and
 - (h) Promoting the general health and welfare of the community, including the offering of information and educational programs directed to community health and aging in the home setting.
6. The Corporation shall have one or more members as set forth in the Bylaws.
7. The duration of the Corporation is perpetual.
8. The affairs of the Corporation shall be managed by a Board of Directors, which shall consist of no less than five (5) nor more than fifteen (15) persons. The exact number of directors shall be the number appointed by the members of the Corporation from time to time. The method of appointment of directors shall be as set forth in the Bylaws.
9. The names and addresses of the persons who are currently serving as such directors are listed on Exhibit A attached hereto and made a part hereof.
10. All activities of the Corporation shall be subject to the following restrictions:
- (a) No substantial part of the activities of the Corporation shall be carrying on of propaganda or attempting to influence legislation.
 - (b) The Corporation may not participate in or intervene in (including the publishing or distributing of statements for or against) any political campaign on behalf of any candidate for public office.
 - (c) The Corporation shall neither have nor exercise any power, nor shall it engage directly or indirectly in any activity that would invalidate its status (1) as an

organization which is exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code, and (2) as a organization the contributions to which are deductible under Section 170 of the Internal Revenue Code.

11. 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, to pay reimbursements for expenses incurred in conducting its affairs and carrying out its purposes, and to make payments and distributions in furtherance of the purposes set forth above.

12. The Corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

13. In the event of liquidation, dissolution, or winding up of the Corporation, whether voluntary, involuntary, or by operation of law, the Board of Directors of the Corporation shall, after paying or making provision for the payment of all of the liabilities of the Corporation, distribute, in accordance with federal and state laws, any remaining assets for public charitable purposes equally to the member(s) of the Corporation as identified in the Bylaws of the Corporation, provided, at the time of such distribution, the member(s) of the Corporation:

- (a) shall be in existence;
- (b) shall be tax exempt public charities described in Section 501(c)(3); and
- (c) shall also be described in Section 509(a)(1), (2), or (3) of the Code.

In the event that any of conditions (a), (b) or (c) is not met, the net assets of the Corporation upon liquidation, dissolution or winding up of the Corporation shall instead be paid over to the Sisters of the Holy Redeemer, Inc., a Pennsylvania nonprofit corporation, or to such other charitable, religious or educational corporations or societies as the Sisters of the Holy Redeemer, Inc. shall select, provided however, that the Sisters of the Holy Redeemer, Inc., or such corporations or societies are exempt public charitable organizations under the provisions of Section 501(c)(3) of the Internal Revenue Code, and are described in Section 509(a)(1), (2) or (3) of the Internal Revenue Code. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the county in which the principal office of the Corporation is then located, exclusively for such similarly identified purposes and to similarly identified organizations, provided, at the time of such distribution, the proposed recipient is a public charity exempt from tax under Section 501(c)(3) and Section 509(a)(1), (2) or (3) of the Internal Revenue Code.

No portion of the assets or income of the Corporation shall inure to the benefit of any director or officer of the Corporation or any enterprise organized for profit.

14. In the event the Corporation is determined to be a private foundation as described in Section 509 of the Internal Revenue Code, then as of the determination date, the Corporation will distribute its income for each tax year at such time and in such manner so that it will not become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code. The Corporation will not engage in any act of self-dealing as defined in Section 4941 of

the Internal Revenue Code. The Corporation will not retain any excess business holdings as defined in Section 4943 of the Internal Revenue Code. The Corporation will not make or hold any jeopardizing investments as defined in Section 4944 of the Internal Revenue Code. The Corporation will not make any taxable expenditures as defined in Section 4945 of the Internal Revenue Code.

15. The foregoing amendments shall be effective upon filing of this Amended and Restated Certificate of Incorporation with the New Jersey Department of Treasury Division of Revenue.

IN WITNESS WHEREOF, the undersigned Corporation has caused this Amended and Restated Certificate of Incorporation to be signed by a duly authorized officer on this 1st day of December, 2005.

VNHS Foundation, Inc.

By: Donald F. Friel
Donald F. Friel
President

FILED

JAN 3 1995

LONNA R. HOOKS
Secretary of State

CERTIFICATE OF AMENDMENT
of the
CERTIFICATE OF INCORPORATION
of
THE FRIENDS OF VNA OF SOUTHERN NEW JERSEY FOUNDATION.
A NEW JERSEY NONPROFIT CORPORATION

TO: Secretary of State
State of New Jersey

Pursuant to the provisions of Section 15A:9-4 of the New Jersey Nonprofit Corporation Act, the undersigned corporation executes the following Certificate of Amendment to its Certificate of Incorporation:

1. The name of the corporation is THE FRIENDS OF VNA OF SOUTHERN NEW JERSEY FOUNDATION, A NEW JERSEY NONPROFIT CORPORATION. ①

2. Article One of the Certificate of Incorporation is hereby amended to read in its entirety as follows.

FIRST: The name of the corporation is FRIENDS OF VNA/HOSPICE, INC. ②

3. The corporation does have non-voting members.

4. The total number of Trustees of the corporation is 6, the number of trustees present at the meeting was 5, and the number of votes voted for the amendments was 5, and no Trustees voted against the amendments.

5. The date of the adoption of the amendments by the trustees was September 26, 1994.

6. The amendment was also adopted by the directors of Southern New Jersey Visiting Nurse Service System, Inc. ("SNJVN"), a New Jersey nonprofit corporation and the parent of the

✓

**SOUTHERN NEW JERSEY VISITING NURSE SERVICE SYSTEM, INC.
A NEW JERSEY NONPROFIT CORPORATION**

WHEREAS, the Board of Directors deems it desirable and in the best interests of the corporation that TRINITY HOSPICE, INC., a New Jersey nonprofit corporation ("Trinity"), which has been formed for an exclusively charitable purpose, including but not limited to, the establishment, maintenance and coordination of nursing services, health care and other social services for those individuals with a terminal disease, become associated with the Corporation.

WHEREAS, the Board of Directors has determined that the purposes of Trinity are consistent with and supportive of the purposes of the Corporation, the By-laws and the certificate of incorporation of Trinity meet all the requirements set forth in Article VII of the Corporation's By-laws in order for an organization to become associated with the Corporation, and counsel to the Corporation has given its opinion that the affiliation with Trinity will not jeopardize the Corporation's tax exempt status, or its status as a public charity, under the Internal Revenue Code of 1986, as amended.

NOW, THEREFORE, be it

RESOLVED, that this board ratifies Trinity's association with the Corporation within the meaning of Article VII of the Corporation's By-laws.

RESOLVED, that any acts of the officers of the Corporation and of any person designated and authorized to act by an officer of the Corporation, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolutions, are hereby severally authorized, ratified, confirmed and adopted as acts in the name and on behalf of the Corporation.

DATED: October 31, 1994

**SOUTHERN NEW JERSEY VISITING NURSE SERVICE SYSTEM, INC.
A NEW JERSEY NONPROFIT CORPORATION**

WHEREAS, the Board of Directors deem it advisable and in the best interests of the Corporation that the Certificate of Incorporation of THE FRIENDS OF VNA OF SOUTHERN NEW JERSEY FOUNDATION, A NEW JERSEY NONPROFIT CORPORATION ("Friends"), a corporation affiliated with the Corporation, be amended.

NOW, THEREFORE, be it

RESOLVED, that the Corporation approves the amendment of Article I of the Certificate of Incorporation of Friends to read as follows.

"The Name of the Corporation is FRIENDS OF VNA/HOSPICE, INC."

DATED: October 31, 1994

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions VNHS FOUNDATION, INC.
	Employer identification number (EIN) or 22-3043177
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 250
	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Runnemede, NJ 08078

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

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041 A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HOLY REDEEMER CORPORATE FINANCE

- The books are in the care of **12265 Townsend Rd., Suite 100 - Philadelphia, PA 19154**

Telephone No **215-856-3726**

Fax No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until **May 15, 2015**

5 For calendar year _____, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Forms 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **CFO - HRHS**

Date ☐