

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Firm's address

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

or Paperwork Reduction Act Notice, see the separate instructions.

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

2013 Open to Public Inspection

X Yes

Form 990 (2013)

► Information about Form 990 and its instructions is at www.irs.gov/form990 For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14Employer identification number C Name of organization Check if applicable PARTNERSHIP FOR BETTER HEALTH Address change 23-1352161 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 717-960-9009 274 WILSON STREET Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return CARLISLE 17013 G Gross receipts \$ 25,501,187 Name and address of principal officer Application pending H(a) Is this a group return for subordinates? REBECCA H. RALEY 274 WILSON STREET H(b) Are all subordinates included? If "No." attach a list (see instructions) CARLISLE PA 17013 **X** 501(c)(3) 501(c) (insert no ) 4947(a)(1) or Tax-exempt status WWW.FORBETTERHEALTHPA.ORG Website 🕨 H(c) Group exemption number ▶ 2001 X Corporation Trust Association Form of organization Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities PARTNERSHIP FOR BETTER HEALTH IDENTIFIES AND ADDRESSES HEALTHCARE NEEDS AND Governance POLICIES, PROMOTES RESPONSIBLE HEALTH PRACTICES, AND ENHANCES ACCESS TO AND DELIVERY OF HEALTH SERVICES. 15 3 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 50 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 1,257,209 1,151,433 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 909,553 703,581 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 111,502 1,006 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 172,488 3,961,796 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,131,482 1,949,749 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 542,794 502,368 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 200 16a Professional fundraising fees (Part IX, column (A), line 11e) 13,103 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 470,314 416,565 17 Other expenses (Part IX, column (A), lines 11a-14d, 11f-24e) 3,050,415 18 Total expenses Add lines 13–17 (must equal Part IX, รู้ดีนักการ (A 963,057 209,431 <u>911,381</u> 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year SS 81,262,256 73,155,340 20 Total assets (Paπ X, line 16) **1,864,565** 2,006,400 21 Total liabilities (Part X, line 26) 79,255,856 290, 775 22 Net assets or fund balances Subtract line 21 from line 202 Signature Block Part II 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 EXECUTIVE DIRECTOR REBECCA Here Type or print name and title ৰ্ Print/Type preparer's name Preparer's signature Paid Preparer self-employed P00156653 GREGORY P. HALL, CPA COMPANÝ SMITH ELLIOTT KEARNS 52-0783935 & Firm's EIN ▶ យុទ្ធe Only 19 BROOKWOOD AVE, **STE 101** 717-243-9104 17015 CARLISLE, PA

Part III Statement of Program Service Accomplishments Check if Schedule Contains a response or note only line in this Part III   1 Breity describe the organization's mission  PARTINERSHIP FOR BETTER HEALTH IDENTIFIES AND ADDRESSES HEALTHCARE NEEDS AND  POLICIES, PROMOTES RESPONSIBLE HEALTH PRACTICES, AND ENHANCES ACCESS TO AND  DELIVERY OF HEALTH SERVICES.  2 Did the organization undertake any significant program services during the year which were not listed on the  price Form 990 or 990-62? If "Yes," describe those new services on Schedule O 3 Did the organization organization program services during the year which were not listed on the  price Form 990 or 990-62? If "Yes," describe those changes on Schedule O 4 Describe the organization's program services are  program services, and revenue, if any, for each program service or expended to report the amount of grants and allocations to others,  the total expenses, and revenue, if any, for each program service reported  44 (Code ) (Expenses \$ 2,452,747 including grants of \$ 2,131,482) (Revenue \$  PARTINERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITIATIVES  PARTINERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITIATIVE  APACITY. IN 2013-14, THE TOTAL GIVING TO RESPONSIVE GRANTS WAS  \$2,131,482; RELATED PERCENTAGES FOR THE FOCUS ARRAS WERE; PRIMARY CARE- 43%, ORAL HEALTH-22%, BEHAVIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY  AND TOBACCO CESSATION-13% AND ALLIEE HEALTH SARRAS WERE; PRIMARY CARE- 43%, ORAL HEALTH-22%, BEHAVIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY  AND TOBACCO CESSATION-13% AND ALLIEE HEALTH CARE EDUCATION-4%. GRANTS WERE  PROVIDED TO 40 NONPROFIT ORGANIZATIONS.  ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS  INITIATIVES TO PROCRITICAL ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR  2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLINESS AT WORK AND \$5210, A   4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )	Form 990 (2013)	PARTNERSHIP F	OR BETTER HEALTH	23-135216	1 Page
1. Shrelly describe the organizator's mission PARTINERSHIP FOR BETTER HEALTH IDENTIFIES AND ADDRESSES HEALTHCARE NEEDS AND POLICIES, PROMOTES RESPONSIBLE HEALTH PRACTICES, AND ENHANCES ACCESS TO AND DELIVERY OF HEALTH SERVICES.  2. Did the organization underfairs any significant program services during the year which were not listed on the prior Form 900 or 990-62? If "Yea," describe these new services on Schedule O 3. Did the organization coases conducting, or make significant changes in how it conducts, any program services? If "Yea," describe these changes on Schedule O 4. Describe the organizations are sourced by expenses Section 501(ct)(3) and 501(ct)(4) organizations are required to report the amount of grants and allocations to others, the total oxpanses, and revenue, if any, for each program service reported 44 (Code ) (Expenses \$ 2,452,747 including grants of \$ 2,131,482 ) (Revenue \$ PARTINERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITITATIVES THAT SERV TO IMPROVE INDIVIDUALS' HEALTH STATUS AND BUILD COMMUNITY HEALTH CAPACITY. IN 2013-14, THE TOTAL GIVING TO RESPONSIVE GRANTS WAS \$2,131,482; RELATED PERCENTAGES FOR THE FOCUS AREAS WERE; PRIMARY CARE- 43%, ORAL HEALTH-22%, BEHAVIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLILED HEALTHCARE EDUCATION-4%. GRANTS WERE PROVIDED TO 40 NONPROFIT ORGANIZATIONS.  ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS INITIATIVES TO PROACTIVIELY ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR 2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLINESS AT WORK AND 5210, A  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	Part III S	tatement of Program	Service Accomplishments		
PARTMERSHIP FOR BETTER HEALTH IDENTIFIES AND ADDRESSES HEALTHCARE NEEDS AND POLICIES, PROMOTES RESPONSIBLE HEALTH PRACTICES, AND ENHANCES ACCESS TO AND ENLANCES OF HEALTH SERVICES.  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-E2?  If "Yes," describe these changes on Schedule 0  3. Did the organization create conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule 0  4. Describe the organization 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 organizations, and revenue, if any, for each program service reported  4. Code (Expenses 2 2, 452, 747 including grants of 3 2, 131, 482) (Revenue 5 PARTMERSH) FOR BETTER HEALTH PROVIDIDES FUNDING FOR GRANTS AND INITIATIVES THAT SERK TO IMPROVE INDIVIDUALS' HEALTH STARTIS AND BUILD COMMUNITY HEALTH CAPACITY. IN 2013-14, THE TOTAL GUIVING TO RESPONSIVE GRANTS WAS \$2, 131, 482; RELATED PERCENTAGES FOR THE FOCUS ARRAS WERE: PRIMARY CARE-434, ORAL HEALTH-224, BEHAVIORAL HEALTH-184, UNITRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-134 AND ALLILIED HEALTHCARE EDUCATION-48.  ADDITIONALLY, BEVOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS INITIATIVES TO PROACTIVELY ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR 2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLINESS AT WORK AND 5210, A  4c (Code ) (Expenses 5 including grants of 5 ) (Revenue 5 )  (Revenue 5 ) (Revenue 5 ) (Revenue 5 ) (Revenue 5 )				ny line in this Part III	A
print Form 980 or 980-622  If Yes, "Secrible these new services on Schedule O  Describe the organization cease conducting, or make agnificant changes in how it conducts, any program services?"  If Yes, "describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501((3)) and 501((3)) 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 \$ 2, 452, 747 notiviting grants of \$ 2, 131, 482 ) (Revenue \$ PARTMERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITIATIVES THAT SEEK TO IMPROVE INDIVIDUALS' HEALTH STATUS AND BUILLD COMMUNITY HEALTH CAPACITY. IN 2013-14, THE TOTAL GIVING TO RESPONSIVE GRANTS WAS \$2,131,482; RELATED PERCENTAGES FOR THE FOCUS AREAS WERE: PRIMARY CARE-43%, ORAL HEALTH-22% BERNATIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLLIED HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLLIED HEALTH-CARE EDUCATION-4%. GRANTS WERE PROVIDED TO 40 NONPROFIT ORGANIZATIONS.  ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS INITIATIVES TO PROACTIVELY ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR 2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLNESS AT WORK AND 5210, A  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Revenue \$ )	PARTNER POLICIE	SHIP FOR BETTI S, PROMOTES RI	ER HEALTH IDENTIFI ESPONSIBLE HEALTH I		
print Form 980 or 980-622  If Yes, "Secrible these new services on Schedule O  Describe the organization cease conducting, or make agnificant changes in how it conducts, any program services?"  If Yes, "describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501((3)) and 501((3)) 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 \$ 2, 452, 747 notiviting grants of \$ 2, 131, 482 ) (Revenue \$ PARTMERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITIATIVES THAT SEEK TO IMPROVE INDIVIDUALS' HEALTH STATUS AND BUILLD COMMUNITY HEALTH CAPACITY. IN 2013-14, THE TOTAL GIVING TO RESPONSIVE GRANTS WAS \$2,131,482; RELATED PERCENTAGES FOR THE FOCUS AREAS WERE: PRIMARY CARE-43%, ORAL HEALTH-22% BERNATIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLLIED HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLLIED HEALTH-CARE EDUCATION-4%. GRANTS WERE PROVIDED TO 40 NONPROFIT ORGANIZATIONS.  ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS INITIATIVES TO PROACTIVELY ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR 2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLNESS AT WORK AND 5210, A  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Revenue \$ )	2 Did the orga	anization undertake any sigr	ificant program services during the ye	ear which were not listed on the	ne
Yes   No   When the organization cease conducting, or make significant changes in how it conducts, any program services   Yes   No   No   No   No   No   No   No   N			n Schedule O		Yes X No
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	3 Did the organization services?	anization cease conducting,	or make significant changes in how it	conducts, any program	Yes X No
PARTNERSHIP FOR BETTER HEALTH PROVIDES FUNDING FOR GRANTS AND INITIATIVES THAT SEEK TO IMPROVE INDIVIDUALS' HEALTH STATUS AND BUILD COMMUNITY HEALTH CAPACITY. IN 2013-14, THE TOTAL GIVING TO RESPONSIVE GRANTS WAS \$2,131,482; RELATED PERCENTAGES FOR THE FOCUS AREAS WERE: PRIMARY CARE- 43%, ORAL HEALTH-22%, BEHAVIORAL HEALTH-18%, NUTRITION, PHYSICAL ACTIVITY AND TOBACCO CESSATION-13% AND ALLLIED HEALTHCARE EDUCATION-4%. GRANTS WERE PROVIDED TO 40 NONPROFIT ORGANIZATIONS.  ADDITIONALLY, BEYOND RESPONSIVE GRANTMAKING THE ORGANIZATION DEVELOPS INITIATIVES TO PROACTIVELY ADDRESS PRIORITY GOALS. THE TOTAL FUNDING FOR 2013-14 OF \$34,590 SUPPORTED SUCH EFFORTS AS WELLNESS AT WORK AND 5210, A  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 \$ )	4 Describe the expenses S	e organization's program se Section 501(c)(3) and 501(c)	rvice accomplishments for each of its (4) organizations are required to repo		
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 \$ )	THAT SE CAPACIT \$2,131, 43%, OR AND TOB PROVIDE ADDITIO INITIAT	EK TO IMPROVE Y. IN 2013-14 482; RELATED I AL HEALTH-22% ACCO CESSATION D TO 40 NONPRO NALLY, BEYOND IVES TO PROACT	INDIVIDUALS' HEAL?  THE TOTAL GIVING PERCENTAGES FOR THE BEHAVIORAL HEALTH- 1-13% AND ALLLIED E DEIT ORGANIZATIONS RESPONSIVE GRANTME TIVELY ADDRESS PRICE	TH STATUS AND E TO RESPONSIVE FOCUS AREAS W -18%, NUTRITION HEALTHCARE EDUC - AKING THE ORGAN ORITY GOALS. T	BUILD COMMUNITY HEALTH C GRANTS WAS WERE: PRIMARY CARE- WI, PHYSICAL ACTIVITY WATION-4%. GRANTS WERE WIZATION DEVELOPS WHE TOTAL FUNDING FOR
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	2013-14	OF \$34,590 St	JPPORTED SUCH EFFOR	RTS AS WELLNESS	S AT WORK AND 5210, A
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4b (Code	) (Expenses \$	including grants	от \$	) (Revenue \$
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c (Code	) (Expenses \$	ıncludıng grants	of \$	) (Revenue \$
(Expenses \$ including grants of \$ ) (Revenue \$ )		<del>-</del>			
(Expenses \$ including grants of \$ ) (Revenue \$ )	4d Other progr	am services (Describe in S	Shedule O )		<del></del>
_ <u> </u>	. •	·	•	) (Revenue \$	<b>)</b>
4e Total program service expenses P 2, 332, 737			2,452,747		

	990 (2013) PARTNERSHIP FOR BETTER HEALTH 23-1352161		P	age 3
Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
•	complete Schedule A	1 2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<u>2</u>	^	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	-	<del> </del>	<u> </u>
*	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- <del>-</del> -		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	ł	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? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			Ī
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Í	
	complete Schedule D, Part VI	11a	_X_	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			<del></del>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	x	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 25_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110	_	<del>                                     </del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	x	Ì
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		Ì	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part-IX,-column-(A),-lines-6-and-11e?-If "Yes," complete-Schedule-G, Part-I-(see-instructions) — — — — — — — — — — — — — — — — — — —	17	<del> </del>	-X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	1	x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>  -</del>	┝▀
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Ves." complete Schedule G. Part III.	19		x

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

P	art 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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1		
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If so, complete Schedule L, Part II	26		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	] ]		ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			!
	or IV, and Part V, line 1	34		х
35a		35a		X
b	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		-	
J <b>-</b>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		<del></del>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			<u> </u>
	Part VI	37		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	38	X	

га	Check if Schodule O contains a response or note to any line						$\Box$
	Check if Schedule O contains a response or note to any line	z in uns Pari V		<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1a	8			<u>''`</u>
b			1b	0			
С		to vendors and					
	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Ta	ax					
	Statements, filed for the calendar year ending with or within the year covered by this		2a	_8			
b	If at least one is reported on line 2a, did the organization file all required federal emp	ployment tax retur	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	e (see instructions	i)		İ		<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the year?			3a		X
b					3b		<u> </u>
4a				ty			
	over, a financial account in a foreign country (such as a bank account, securities account	count, or other fin	ancıal				
	account)?				4a		X
b			_				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Ba		Accou	nts	_		<b>.</b>
5a					5a	├	X
b		ax shelter transac	tion		5b 5c	<del>                                     </del>	
C	• • • • • • • • • •	00 000 and did th	^		30		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable contributions.		E		6a	]	x
b			ne or		- Ga		<del></del>
b	qifts were not tax deductible?	at Such Continuatio	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).	_				· · · · ·	
a	and the second s		noods		Ī		l
-	and services provided to the payor?	,	,		7a	1	x
b		rovided?			7b		
С			ıs				
	required to file Form 8282?				7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d				፟
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	personal benefit c	ontract	7	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal benefit contr	act?		7f		X
g					7g		<b>_</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles	s, did the organiza	tion fil	e a Form 1098-C?	_7h	ļ	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a				İ		
	organizations. Did the supporting organization, or a donor advised fund maintained	d by a sponsoring					ŧ
	organization, have excess business holdings at any time during the year?				8	<del> </del>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.						ł
a	,	•			<u>9a</u>	-	├
b		17			9b		<del> </del>
10	Section 501(c)(7) organizations. Enter		10a				
a b			10b		<del>-</del>		
11	Section 501(c)(12) organizations. Enter		100		_		
'' a			11a				•
b		<b>S</b>					
	against amounts due or received from them )		11b				
12a		990 in lieu of Form	1041	?	12a	1	L
b	the same of the sa		12b				
_13						<u> </u>	<u></u>
а					13a		<b></b>
	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	ın which		1	-		I
	the organization is licensed to issue qualified health plans		13b		_[		1
С			13c	L		<b> </b>	<u> </u>
14a					14a	<del>-</del>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explain	nation in Schedul	e O		14b		<u></u>
DAA					Fo	rm <b>99</b>	<b>0</b> (2013)

Form 990 (2013) PARTNERSHIP FOR BETTER HEALTH 23-1352161 Page 6 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 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 15 ь Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official 15b X Other officers or key employees of the organization 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 16a X with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure PA List the states with which a copy of this Form 990 is required to be filed ▶ 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 274 WILSON STREET organization ▶ HAROLD S. FRAKER, JR PA 17013 717-960-9009

CARLISLE

DAA

23	-1	3	52	1	61

Page 7

Form 990 (2013)

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee (E) (F) (B) (A) Estimated Reportable Reportable Name and Title Average Position compensation from amount of hours per (do not check more than one compensation related other from week box, unless person is both an organizations compensation (list any officer and a director/trustee) the from the organization (W-2/1099-MISC) hours for organization (W-2/1099-MISC) nstitutional related and related employee organizations ndual trustee organizations compen below dotted line) rsated (1) SUSAN OTWAY 4.00 0 0 0.00 X X **CHAIRPERSON** (2) DEB KELLY 4.00 X X 0 0 0 0.00 VICE CHAIRPERSON (3) JEFFREY S. GAYMAN 3.00 X X 0 0 0 SECRETARY 0.00 (4) W. CRAIG MCLEAN 3.00 0 0 0 0.00 X X TREASURER (5) THERESA ARNOT 2.00 0 0 0 0.00 X BOARD MEMBER (6) MARY FRANCES CARSON 2.00 0.00 0 0 0 X BOARD MEMBER (7) JAMES HOEFLER 3.00 0 0 0 0.00 X BOARD MEMBER (8) DAVID HOOVER 3.00 0 0 0 X BOARD MEMBER 0.00 (9) SHERRY HOOVER 2.00 X 0 0.00 BOARD MEMBER (10) JOHN MCCLELLAN 2.00 0 0 0 0.00 X BOARD MEMBER (11) PATTI MCLAUGHLIN 2.00 0 0 0.00 BOARD MEMBER

Part VII Section A. Officers			_					and Highest Compensated		Page <b>o</b>
(A) Name and title	(B) Average hours per week (list any	(de bo	o not o x, unle îcer a	Pos check ess pe	c) ition more rson	than o	ne an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W Little miles)	organization and related organizations
(12) THOMAS NESLUND BOARD MEMBER	2.00	x						0	0	,
(13) JUNE L. SHOMAKE										
BOARD MEMBER	2.00	x						o	o	0
(14) STEPHANIE WILLIA	MS		_		-					
BOARD MEMBER (15) STEPHEN WINN	3.00	x						0	0	0
BOARD MEMBER	3.00	x						0	0	0
(16) REBECCA H. RALE:	45.00 0.00	ļ		x				89,132	0	28,115
(17) HAROLD S. FRAKE	R, JR.		<u> </u>							
DIRECTOR OF FINANCE	40.00		<u> </u>	x	_			68,714	0	14,489
(18)	i	ļ								
(19)	1									
1b Sub-total	<u> </u>	<u> </u>	<u>l</u>	<u> </u>	<u> </u>	Щ.	▶	157,846		42,604
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion A	A			<b>&gt;</b>	157,846		42,604
Total (add fiftes 15 and 1c)     Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov			32,003
3 Did the organization list any fo				trus	tee,	key e	emp	loyee, or highest compensa	ated	Yes No
employee on line 1a? If "Yes,"  For any individual listed on lin  organization and related organ	e 1a, is the sum	of re	eport	able	con	npens	satio			3 X
<ul> <li>Individual</li> <li>Did any person listed on line for services rendered to the o</li> </ul>				•					rındıvıdual	5 X
Section B. Independent Contracto	ors									
Complete this table for your fi     compensation from the organ								dar year ending with or with	iin the organization's tax ye	
	(A) I business address								(B) tion of services	(C) Compensation
MORGAN STANLEY NEW YORK	NY.	7 1	.00			35 1	1	DADWAY INVESTMENT MGN	4T	227,454
				_		<u></u>	-	<del></del>		
							_			
							-			
2 Total number of independent								ose listed above) who		
received more than \$100,000	of compensation	n tro	m th	e org	anız	ation	<u> </u>		1	Form <b>990</b> (2013)

·a	rt VI	Check if Schedule		tains a i	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
इ इ	1a	Federated campaigns	1a						
힐	þ	Membership dues	1b			į			
S,E	С	Fundraising events	1c			<b>!</b>			
a it		Related organizations	1d			1			
S,E		Government grants (contributions)	1e			1			
PS.	f	All other contributions, gifts, grants,		-		1			
캺		and similar amounts not included above	1f	1,	257,209	1			
들임	g	Noncash contributions included in lines 1a	 -1f	 \$		Į.			<del>•</del>
Program Service Revenue   Contributions, Giffs, Grants   Program Service   Amounts   Control   Program   P	h	Total. Add lines 1a-1f			<b>•</b>	1,257,209			
ne					Busn Code				1
Ne l	2a								
Se l	b						<u> </u>		
jċ	С								
Sen	d								
Ē	е				Ĭ.				
g	f	All other program service reve	enue						
F		Total. Add lines 2a-2f			<b>•</b>				
		Investment income (including	dıvıdeı	nds, intere	est,				1
		and other similar amounts)			<b>▶</b> L	923,087			923,087
	4	Income from investment of ta	x-exem	pt bond p	roceeds ▶				
	5	Royalties			<b>•</b>				
		(ı) Real		(II) F	Personal				1
	6a	Gross rents				1			
	b	Less rental exps							1
	С	Rental inc or (loss)				1			•
		Net rental income or (loss)			<b>•</b>				
	7a	Gross amount from (i) Securitie	s	(11)	Other				1
		other than inventory 23,319	,885			1			1
	ь	Less cost or other				1			
		basis & sales exps 21,539	,391			1			-
	С	Gain or (loss) 1,780	,494			1			
		Net gain or (loss)			<b>&gt;</b>	1,780,494			1,780,494
4		Gross income from fundraising ev	ents						
Ž		(not including \$				1			
eve		of contributions reported on line 1	c)						1
Ř		See Part IV, line 18	a						
Other Revenue	b	Less direct expenses	b			1			
0	c	Net income or (loss) from fur	draisin	g events	<b>&gt;</b>				
	9a	Gross income from garning activit	ies						
		See Part IV, line 19	а						
	Ь	Less direct expenses	b			1			<b>\</b> `
	ı	Net income or (loss) from ga	ming ad	ctivities_	<b>•</b>				
	ı	Gross sales of inventory, less							
		returns and allowances	а			1			1
	Ь	Less cost of goods sold	b						1
	1	Net income or (loss) from sal	es of ır	ventory	<b>•</b>				
		Miscellaneous Revenue			Busn Code				
	11a	RETURN OF GRANT FUNI	os		900099	727			727
	b	FEES REVENUE			900099	279			279
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>•</b>	1,006			
	12	Total revenue. See instructi	ons		▶ [	3,961,796	0	(	2,704,587

Form 990 (2013) 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 (D) Fundraising (A) Total expenses (B) Program service expenses (C) Management and Do not include amounts reported on lines 6b. general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 2,131,482 2,131,482 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 91,194 104,600 5,673 201,467 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 99,050 114,292 5,480 218,822 Other salaries and wages Pension plan accruals and contributions (include 14,553 38,777 7,552 411 6,590 section 401(k) and 403(b) employer contributions) 18,296 20,481 Other employee benefits 818 12,889 15,042 28,749 10 Payroll taxes Fees for services (non-employees) a Management 1,655 1,655 b Legal 15,105 15,105 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 219,709 219,709 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 96 4,947 26,561 31,604 (A) amount, list line 11g expenses on Schedule O) 2,439 26 2,413 12 Advertising and promotion 13,939 3 16,033 2,091 Office expenses Information technology Royalties 41,888 46 20,321 21,521 16 Occupancy 4,237 224 6,439 1,978 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,626 201 1,827 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 19,803 11,351 8,422 30 Depreciation, depletion, and amortization 4,986 9,897 4,810 101 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 34,590 34,590 INITIATIVES 8,510 4,648 3,862 COMMUNITY DEVELOPMENT EVE b 4,673 4,673 POLICY EVENTS AND ACTIVIT 1,713 1.713 **MISCELLANEOUS** d 660 20 680 e All other expenses 13,103 584,565 3,050,415 2,452,747 25 Total functional expenses. Add lines 1 through 24e 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)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 50 300 1 Cash-non-interest bearing 239,958 169 883 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3,127 727 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 17,252 15,680 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 815,949 other basis Complete Part VI of Schedule D 10a 185,360 633,980 181,969 10b b Less accumulated depreciation 37,191,768 41,016,846 11 investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 39,877,101 35,517,575 15 15 Other assets See Part IV, line 11 73,155,340 81,262,256 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 111,312 90,148 17 Accounts payable and accrued expenses 17 1,753,253 1,916,252 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 2,006,400 1,864,565 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 35,752,938 39,336,792 27 Unrestricted net assets 190,837 306,252 28 Temporarily restricted net assets 39,728,227 35,231,585 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 71,290,775 79,255,856 33 -Total-net-assets or\_fund\_balances\_ 73,155,340 81,262,256 Total liabilities and net assets/fund balances

Form	990 (2013) PARTNERSHIP FOR BETTER HEALTH 23-1352161			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del>,                                    </del>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,96		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,05		
3	Revenue less expenses Subtract line 2 from line 1	3			381
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,29		
5	Net unrealized gains (losses) on investments	5	2,53	7,	<u>649</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,51	.6,0	<u>051</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	79,25	55,8	<u>856</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		i 1	1	
	Schedule O			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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		3b		
			Forr	990	(2013)

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

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

DAA

PARTNERSHIP FOR BETTER HEALTH

Employer identification number 23–1352161

The orga	anization is not	a private foundation becaus	se it is (For lines 1 through 11, o	check only	one box	)					
1	A church, cor	envention of churches, or ass	sociation of churches described	ın section	170(b)(1	)(A)(i).					
2	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)								
3	A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)(i	ii).					
4	A medical res	search organization operate	d in conjunction with a hospital o	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's name,	
	city, and state	e									
5	An organizati	on operated for the benefit	of a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	ed in		
	section 170(	b)(1)(A)(iv). (Complete Par	tII)								
6	A federal, sta	te, or local government or g	governmental unit described in s	ection 17	0(b)(1)(A	)(v).					
7 X	An organizati	on that normally receives a	substantial part of its support from	om a gove	ernmental	unit or f	rom the	genera	public		
	described in	section 170(b)(1)(A)(vi). (C	Complete Part II)								
8 🗌	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	:11)							
9 [	An organizati	on that normally receives (	1) more than 33 1/3% of its sup	port from	contribution	ns, mer	nbershij	o fees, a	and gros	ss	
	receipts from	activities related to its exer	mpt functions—subject to certair	exceptio	ns, and (2	) no mo	re than :	33 1/3%	of its		
	support from	gross investment income a	nd unrelated business taxable ir	ncome (les	ss section	511 tax	) from b	usiness	es		
	acquired by t	he organization after June 3	30, 1975 See section 509(a)(2)	. (Comple	te Part III	)					
10	An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 50	9(a)(4).					
11	J —	•	exclusively for the benefit of, to								
			ted organizations described in s						section		
	<b>509</b> (a)(3). Ch	eck the box that describes	the type of supporting organization	on and co	mplete lir	nes 11e					
_	a 📙 Type		c Type III–Function			d [				ionally integrated	
e			ganization is not controlled direc								
	other than for	undation managers and oth	er than one or more publicly sup	ported or	ganızatıor	s descri	bed in s	ection 5	509(a)(1	1)	
	or section 50				_	_					
f			ermination from the IRS that it is	a Type I,	Type II, o	or Type I	III suppo	orting			
	•	check this box									
g	Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution from	n any of th	ne					
	following per										_
	(i) A persor	n who directly or indirectly o	ontrols, either alone or together	with perso	ons descr	ibed in (	ıı) and			Yes	No
	` '	w, the governing body of the	• •							11g(i)	-
		member of a person descr								11g(II)	-
			described in (i) or (ii) above?							[11g(iii)]	<u> </u>
<u>h</u>	<del>-</del>	T	the supported organization(s)	Ta				T			
	ime of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify lization in	organizat	s the on in coi	(vii) Amount of monet support	ary
,	organization		above or IRC section	1	document?	col (i)	of your	(I) organı	zed in the		
			(see instructions))				oort?	U:			
				Yes	No	Yes	No	Yes	No		
(A)							}				
		<del> </del>									
(B)											
			<del> </del>	+	<del> </del>			<del> </del>		<del></del>	
(C)							ŀ				
<u> </u>						<u> </u>	<del> </del>	<del>                                     </del>			
(D)					ļ	ļ					
/E)			<del> </del>	<del> </del> -			<del></del> -	<del> </del>		<del></del>	
(E)											
				1				1			
Total			1	1	1						
	nerwork Redu	ction Act Notice, see the I	nstructions for	. •	4	l	<b></b>	Schedi	ıle A (F	orm 990 or 990-EZ	2013
	90 or 990-F7								- •-		•

23-1352161

Page 2

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.)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	$\dashv$	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,028,979	1,079,965	1,062,650	1,151,433	1,257,2	09	5,580,236
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,028,979	1,079,965	1,062,650	1,151,433	1,257,2	09	5,580,236
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)							3,674,186
6	Public support. Subtract line 5 from line 4	l		<u></u> i	<u></u>			1,906,050
	tion B. Total Support  ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	Amounts from line 4	1,028,979	1,079,965	1,062,650	1,151,433	1,257,2	200	5,580,236
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	806,614	982,901	991,431	983,459		923,087 4,68	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						6	6
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	314,788	116,661	61,415	111,502	1,0	06	605,372
11	Total support. Add lines 7 through 10							10,873,106
12	Gross receipts from related activities, etc					<del></del>	12	<del> </del>
13	First five years. If the Form 990 is for the		, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		
_	organization, check this box and stop her					<u> </u>		<b>•</b> ]
Sec	tion C. Computation of Public St							
14	Public support percentage for 2013 (line 6			n (f))		_	14	17.53%
15	Public support percentage from 2012 Sch			40	32 4/20/		15	16.95%
16a	33 1/3% support test—2013. If the organ				33 1/3% or more, c	check this		▶ □
_	box and stop here. The organization qual 33 1/3% support test—2012. If the organ				5 is 33 1/3% or m	ore		
b	check this box and <b>stop here</b> . The organi				3 15 33 1/3 /6 01 111	ore,		▶ □
172	10%-facts-and-circumstances test—20				Sa or 16b and line	2 14 IS		
174	10% or more, and if the organization mee							
	Part IV how the organization meets the "fa							
	organization			,	, , , , , , , , , , , , , , , , , , , ,			► X
ь	10%-facts-and-circumstances test—20	12. If the organizati	on did not check a	box on line 13, 16	5a, 16b, or 17a, an	d line		_
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m							
	_supported_organization			-				▶ [
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee— — —		<del>-</del> -
	instructions							▶ [
				<del> </del>				

#### 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 )

	tion A. Public Support	quality under ti	ie lesis listeu l	below, please c	ompiete Fart ii	1	
	dar 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	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(e) 2013	(i) rotai
	grants ")						<del>                                     </del>
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		1				
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)	_					
	tion B. Total Support					1	
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			·	<u> </u>		
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						
С	Add lines 10a and 10b				<u> </u>	-	
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	•	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	▶ □
Sec	organization, check this box and stop her tion C. Computation of Public St		ntage				
<del>36</del> 0	Public support percentage for 2013 (line 8			mn (fl)		15	5 %
16	Public support percentage from 2012 Sch			1111 (17)		16	
	tion D. Computation of Investme			<del>.</del>			70_
	Investment income percentage for 2013 (			3 column (fl)		17	7 %
18	Investment income percentage from 2012			-,		-18	
19a	33 1/3% support tests—2013. If the orga			ne 14, and line 15	s more than 33 1/3		· · · · · · · · · · · · · · · · · · ·
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2012. If the orga						
~	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di						<b></b>

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)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 605,372

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2013 PARTNERSHIP FOR BETTER HEALTH IS A PUBLICLY SUPPORTED ORGANIZATION BASED ON THE FACTS AND CIRCUMSTANCES TEST OF TREASURY REG. 1.170A-9(F)(3), PARTNERSHIP FOR BETTER HEALTH RECEIVED PUBLIC SUPPORT ABOVE 10%. FOR THE FIVE-YEAR PERIOD ENDING JUNE 30, 2014, THE ORGANIZATION RECEIVED APPROXIMATELY 17.53% OF ITS SUPPORT FROM THE GENERAL PUBLIC. PARTNERSHIP FOR BETTER HEALTH IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS FROM THE GENERAL PUBLIC AND OTHER EXEMPT ORGANIZATIONS. PARTNERSHIP FOR BETTER HEALTH'S BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS WHO ARE CIVIC AND BUSINESS LEADERS AND THUS IS REPRESENTATIVE OF THE PUBLIC INTEREST. THE BOARD IS DESIGNED TO BE REPRESENTATIVE OF, AND KNOWLEDGEABLE ABOUT, THE COMMUNITY AND ITS HEALTH NEEDS.FINALLY, PARTNERSHIP FOR BETTER HEALTH HAS DEMONSTRATED ITS PUBLICLY SUPPORTED NATURE BY FULFILLING ITS PRINCIPAL CHARGE, WHICH HISTORICALLY HAS BEEN TO SUPPORT A CHARITABLE MISSION RELATED TO IMPROVING ACCESS TO AND DELIVERY OF HEALTH CARE THROUGHOUT OUR REGION. THIS MISSION ORIGINATES FROM THE ORGANIZATION'S PREDECESSOR ORGANIZATION, CARLISLE HEALTH SERVICES CORPORATION (THE FORMER CARLISLE HOSPITAL), THE SALE OF WHICH ESTABLISHED TODAY'S ORGANIZATION.

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

#### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Nam	e of organization PARTNERSHIP FOR BETTE			Employer identification 23-13521	61
Par	t I-A Complete if the organization is exem			n 527 organizatio	<u>n</u>
1	Provide a description of the organization's direct and indire	ct political campaign activities	in Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pai	t i-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ent	er here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu				
	organization made payments For each organization listed				
	the amount of political contributions received that were pro				
	as a separate segregated fund or a political action commit	tee (PAC) If additional space is	s needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lands in tione, enter s	delivered to a separate
					political organization If none, enter -0-
					none, enter-0-
(1)					
(2)					
(3)					
(4)					
(5)					· <del></del>
(6)					

#### 4-Year Averaging Period Under Section 501(h)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

reporting section 4911 tax for this year?

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

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

	Lobbying Expenditure	s During 4-Year Av	veraging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2a Lobbying nontaxable amount	282,932	276,209	267,019	272,637	1,098,797
b Lobbying ceiling amount (150% of line 2a, column(e))					1,648,196
c Total lobbying expenditures	8,310	7,258	486	3,754	19,808
d Grassroots nontaxable amount	70,733	69,052	66,755	68,159	274,699
e Grassroots ceiling amount (150% of line 2d, column (e))					412,049
f Grassroots lobbying expenditures	8,022	6,437	450	3,742	18,651

Schedule C (Form 990 or 990-EZ) 2013

0

0

Part II-B

23-1352161 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(a)  or each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed escription of the lobbying activity  1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1ı)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1ı  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	_
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	(b) Amount
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
	· · · · · · · · · · · · · · · · · · ·
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	on Yee No

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

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

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

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information (continued) Part IV

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

Employer identification number

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

Open to Public Inspection

P	ARTNERSHIP FOR BETTER HEALTH		23-13	352161
	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A		
	Complete if the organization answered "Yes" to F			_
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year		<u>.</u>	
_	Aggregate contributions to (during year)			
2				
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	t the second hold in denot advised		
5	Did the organization inform all donors and donor advisors in writing tha			□ Vac □ Na
_	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		□ vaa □ Na
	conferring impermissible private benefit?			Yes No
Pä	Conservation Easements.	form 990 Part IV line 7		
	Complete if the organization answered "Yes" to F			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im		
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	p	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		_2b	
С	Number of conservation easements on a certified historic structure inc	luded 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, ex	tinguished, or terminated by the organiza	ition 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 mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	<i>r</i> ear	
	•			
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 easerr	ents in its revenue and expense stateme	nt, and	
	balance sheet, and include, if applicable, the text of the footnote to the			he
	organization's accounting for conservation easements	-		
Pi	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar	Assets.
	Complete if the organization answered "Yes" to F	form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance si	neet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its finance			
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), t			ī.
	_works_of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	<u> </u>		
	(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, o	r other similar assets for financial dain, or	ovide the	•
_	following amounts required to be reported under SFAS 116 (ASC 958)			
_	5 000 B 13/00 L 13		•	\$
a h	Assets included in Form 990, Part X			\$ *
	Paperwork Reduction Act Notice, see the Instructions for Form 990	· · · · · · · · · · · · · · · · · · ·		Schedule D (Form 990) 2013

Sched	dule D (Form 990) 2013 PARTNER	SHIP	FOR B	ETTER	HEALTH		23-13523	161	Page 2
Par	rt III Organizations Maintain	ing Co	llections	of Art, H	istorical Tr	reasures, o	or Other Sim	ilar Asse	ts (continued)
	Using the organization's acquisition, acce collection items (check all that apply):	ssion, ar	nd other reco	ords, check	any of the foll	lowing that ar	e a significant u	se of its	
а	Public exhibition		аſ	Loan or	exchange pro	grams			
b	Scholarly research		e	Other	and and and	g			
c	Preservation for future generations								
4	Provide a description of the organization's	s collection	ons and expl	ain how the	ey further the	organization's	exempt purpos	e in Part	
	XIII		·		-	•			
5	During the year, did the organization solid	at or rece	eive donation	is of art, hi	storical treasui	res, or other s	similar		
	assets to be sold to raise funds rather tha	ın to be r	naintained a	s part of th	e organization	's collection?			Yes No
Pa	rt IV Escrow and Custodial A	Arrange	ements.		-				
	Complete if the organizat	ion ans	wered "Ye	es" to Fo	rm 990, Par	t IV, line 9,	or reported	an amour	nt on Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, cust	todian or	other interm	ediary for	contributions o	or other assets	s not		
	included on Form 990, Part X?								Yes No
þ	If "Yes," explain the arrangement in Part	XIII and o	complete the	following t	able				
									Amount
С	Beginning balance							1c	
	Additions during the year							1d	
е	Distributions during the year							1e	
f	Ending balance							1f	
	Did the organization include an amount o								∐ Yes ∐ No
	If "Yes," explain the arrangement in Part	XIII Che	ck here if the	explanation	on has been pi	rovided in Pai	t XIII		
ra	ert V Endowment Funds.		word "Ve	oo" to Eo	000 Da	+ IV   line 1/	<b>^</b>		
	Complete if the organizat			7		T		Thanks	to Court years beat.
4_	Danis of was balance	(a)	Current year	-	b) Prior year	(c) Two yea	rs back (d)	hree years bac	k (e) Four years back
	Beginning of year balance			1					
	Contributions								· · ·
C	Net investment earnings, gains, and losses					!			
А	Grants or scholarships			<del>                                     </del>					
	Other expenditures for facilities and	<u> </u>							
·	programs						İ		
f	Administrative expenses								
•	Provide the estimated percentage of the	current v	ear end bala	nce (line 1	g. column (a))	held as			
	Board designated or quasi-endowment	_	%	•	. , ,				
		%							
С	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2c s	should ed	ual 100%						
3a	Are there endowment funds not in the po	ssession	of the organ	nization tha	it are held and	administered	for the		<del></del>
	organization by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(II), are the related organizate		-						3b
4	Describe in Part XIII the intended uses of			ndowment	funds				
Pa	ert VI Land, Buildings, and E								
	Complete if the organizat	ion ans							
	Description of property		(a) Cost or oth		(b) Cost or o		(c) Accumula		(d) Book value
			(investme	=11()	(oth		depreciation	711	121 011
	Land	$\vdash$			<del>,</del>	31,911	EO	2066	131,911
	-Buildings	·	· <del></del>		<u> </u>	10,830	380	0,966	29,864
	Leasehold improvements	$\vdash$				73,208	F.	3,014	20,194
	Equipment	-				13,200	<u> </u>	J, U14	
	Other  I. Add lines 1a through 1e (Column (d) mu	ıst equal	Form 990 F	Part X colu	ımn (R) line 10	(c) )			181,969
			, .		, -/,	/ /			,

Investments—Other Securities.

Page 3

	Complete if the organization answered "			
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of v  Cost or end-of-year	
(1) Financial	derivatives			
	neld equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1) 1 15 000 Part V and (P) Ima 40 )			
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		V" to Form 000 Port IV line 1	10 Coo Form 000 Bo	rt V lino 13
	Complete if the organization answered "			
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
			Cost or end-or-year	Ittal ket value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	Other Assets.  Complete if the organization answered "  (a) Des	cription	1d See Form 990, Pa	(b) Book value
(1)		PERPETUAL TRUSTS		39,728,227
(2)	ASSETS HELD IN TRU	JST - TEMP RESTRICT		148,874
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	39,877,101
Part X	Other Liabilities.			
	Complete if the organization answered "	Yes" to Form 990, Part IV, line	11e or 11f See Form 9	990, Part X,
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)				
(4)				
- <u>(5)</u>			· /w /	· · ************ = -
(6)				
(7)				
(8)				
(9)	4)			
rotal. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25)	of the feetnets to the assessment for	angual atatamanta that sans	rte the
	or uncertain tax positions. In Part XIII, provide the text			
organization	's liability for uncertain tax positions under FIN 48 (AS	C (40) Check here if the text of the for	unote has been provided in	rall JA

**Supplemental Information** 

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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 - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS OF JUNE 30, 2014 AND 2013, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE ORGANIZATION'S FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2010 ARE OPEN FOR EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER CHANGE IN VALUE OF TRUSTS

4,516,051

4c

5

3,050,415

Part XIII Supplemental Information (continued)

OMB No 1545-0047

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Part i

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

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

▶ Attach to Form 990.

2013	Onen to Public

Inspection Employer identification number

23-1352161 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. PARTNERSHIP FOR BETTER HEALTH General Information on Grants and Assistance Name of the organization

**2** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part #

רמונוע, ו	ait IV, III ie 21, 101 aily lecipient that leceived inote than \$3,000	ברבואבת וווחוב ו	בליס, ס	ים וווים ווים	alt II call be duplicated II additional space is liceace	טוומו שמשכב ושווט	ככמכמ	
1 (a) Name and	(a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or (	or government		ıf applıcable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) BIG SPRING SCE	SPRING SCHOOL DISTRICT							
45 MOUNT ROCK ROAD	ROAD							HEALTHY EATING PROG
NEWVILLE	PA 17241	23-6005298		10,000				
(2) BISON FOUNDATION	ion							
623 WEST PENN STREET	STREET							MEDICAL EQUIPMENT
CARLISLE	PA 17013	25-1867180	e	12,200				
(3) CAPITAL RESOURCE CONSERVATION	ACE CONSERVATION							
401 EAST LOUT!	401 EAST LOUTHER STREET, SUITE 307		_					HEALTHY EATING PROG
CARLISLE	PA 17013	04-3691329	3	50,000				
(4) CARLISLE AREA	(4) CARLISLE AREA HEALTHCARE AUXILIARY							
P.O. BOX 579				•				SCHOLARSHIPS
CARLISLE	PA 17013	23-6399312	3	10,000		i		
(5) CARLISLE AREA	SCHOOL DISTRICT							
623 WEST PENN	STREET							HEALTHY EATING PROG
CARLISLE	PA 17013	23-9005321		14,630				
(6) CARLISLE HEAL!	(6) CARLISLE HEALTH CARE ALTERNATIVES							
135 LOG CABIN ROAD	ROAD							HOME CARE TRAINING
NEWVILLE	PA 17241	23-1352161	3	25,000				
(7) CENTER FOR YOU	(7) CENTER FOR YOUTH AND COMMUNITY DEV							
P.O. BOX 3576								SUBSTANCE ABUSE PROG
GETTYSBURG	PA 17325	64-0952164	3	26,900				
(8) CIVIC CLUB OF	SHIPPENSBURG							
P.O. BOX 593		-						INHOME HEALTH SERVIC
SHIPPENSBURG	PA 17257	23-1394564	3	16,000				
(9) DOWNTOWN CARLISLE	ISLE ASSOCIATION							
53 WEST SOUTH STREET	STREET							PLAYGROUND IMPROVMTS
CARLISLE	PA 17013	23-2224862	3	18,000				
	700000000000000000000000000000000000000	4		4 4-61-				<b>L</b>

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

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

20CA101 Pg 36

OMB No 1545-0047

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2013

Open to Public Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

23-1352161

**2** Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance Part

PARTNERSHIP FOR BETTER HEALTH

FINANCIAL MGMT SERV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, HOSPICE SERVICES (h) Purpose of grant or assistance CNA TRAINING SCHOLARSHIPS non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 000'6 7,500 43,470 10,000 (d) Amount of cash grant (c) IRC section f applicable 23-1995705 3 23-2353614 3 ന ო 23-2106895 20-5164840 (p) EIN (3) HOSPICE OF CENTRAL PENNSYLVANIA PA 17110 17110 PA 17013 PA 17013 (a) Name and address of organization (1) EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET 1320 LINGLESTOWN ROAD or government M260, ONE HACC DRIVE (4) MARANATHA - CARLISLE (5) NHS STEVENS CENTER (2) HACC FOUNDATION P.O. BOX 1320 HARRISBURG HARRISBURG CARLISLE CARLISLE Part #

OUTPATIENT & MENTAL

170,000

25-1878857 3

PA 17013

62,000

27-0531231 3

17013

5 NORTH ORANGE STREET, SUITE 4

(6) PROJECT SHARE OF CARLISLE

33 STATE AVENUE

CARLISLE

1,516,602

ო

54-2082673

PA 17013

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~

12-7650886

10,200

77,560

ന

25-1861015

PA 17101

SUITE 40h

100 NORTH CAMERON STREET,

(8) SUBSTANCE ABUSE SERVICES

CARLISLE

100 NORTH HANOVER STREET

(7) SADLER HEALTH CENTER

CALRISLE

2608 SHERMANS VALLEY ROAD

ELLIOTTSBURG

(9) WEST PERRY HIGH SCHOOL

HARRISBURG

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

SUBSTANCE ABUSE ADV

PROGRAM SUPPORT

HEALTHY FOOD

HEALTHY EATING PROG

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 PARTNERSHIP FOR BETTER HEALTH Part III can be duplicated if additional space is needed Schedule I (Form 990) (<u>2013)</u> Par #

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV ŝ က

IN WHICH PROSPECTIVE GRANTEES SPECIFY PROJECT GOALS, OBJECTIVES, EVALUATION OUTCOMES, EVALUATION PLANS, REPORTING REQUIREMENTS AND SITE VISIT PLANS; 3) THE ORGANIZATION USES FIVE CRITICAL MECHANISMS TO ENSURE THAT GRANT FUNDS ARE APPROPRIATELY APPLIED TO ACHIEVE DESIRED GOALS: 1) GRANT APPLICATIONS INTERIM REPORTS PREPARED BY GRANTEES, WHICH DOCUMENT PROGRESS IN MEETING STRATEGIES AND BUDGET; 2) GRANT CONTRACTS THAT CONFIRM PROJECT GOALS, - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ~ PART I, LINE

AS FOR AN OPEN DIALOGUE BETWEEN PROGRAM AND ORGANIZATION STAFF, FINAL WELL AS OBSERVATION OF PROGRAM ACTIVITIES WHEN APPROPRIATE AND; 5) WHICH ALLOW

GOALS AND OBJECTIVES; 4) SITE VISITS BY ORGANIZATION STAFF AND VOLUNTEERS,

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ORGANIZATION RECEIVES AN APPLICATION, ISSUES A GRANT CONTRACT, RECEIVES AN REPORTS. TO THE EXTENT POSSIBLE, REPORTING AND EVALUATION REQUIREMENTS ARE TYPICALLY REQUIRE A SITE VISIT AND A FINAL REPORT. MOST GRANTS ARE FUNDED RIGHT-SIZED TO MATCH THE SIZE OF ANY GIVEN AWARD. WHILE ALL AWARDS BEGIN WITH A GRANT APPLICATION AND CONTRACT, ORGANIZATION MINI-GRANTS (AWARDS INTERIM REPORT AT 6-MONTHS, CONDUCTS A SITE VISIT AND RECEIVES A FINAL FOR ONE YEAR AT A TIME, MEANING THAT WITHIN ROUGHLY A YEAR'S TIME, THE UNDER \$2,000) OFTEN ONLY REQUIRE A FINAL REPORT. GRANTS ABOVE \$2,000 REPORT (WITHIN 14 MONTHS) Part IV

SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2013

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► 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.

PARTNERSHIP FOR BETTER HEALTH

Employer identification number 23-1352161

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
HEALTH PROMOTION CAMPAIGN TO INCREASE HEALTHY EATING AND ACTIVE LIVING.

SIX PROGRAMS AT SADLER HEALTH CENTER ARE SO CRITICAL TO THE ORGANIZATION'S MISSION AND THE COMMUNITY'S BASIC HEALTHCARE NEEDS THAT IN TOTAL THEY RECEIVED APPROXIMATELY 70% OF GRANT FUNDS. THE SERVICES OFFERED THROUGH THIS COMMUNITY HEALTH CENTER INCLUDE: TRADITIONAL MEDICAL AND DENTAL CARE; HEALTHY RX, WHICH HAS SECURED OVER \$27 MILLION IN FREE PRESCRIPTIONS IN JUST OVER EIGHT YEARS; TOBACCO CESSATION, WITH A HIGHLY SUCCESSFUL 60% QUIT RATE; NURSE-FAMILY PARTNERSHIP, A NATIONALLY RESPECTED EVIDENCE-BASED PROGRAM; AND BEHAVIORAL HEALTH COUNSELING.

IN THE STATEMENT OF FUNCTIONAL EXPENSES, THE ORGANIZATION REPORTS THAT 80% OF ITS FUNDS SUPPORTED PROGRAM SERVICES IN 2013-14. ON AVERAGE, A GRANT LEVERAGES OVER \$3.00 FROM OTHER RESOURCES FOR EVERY \$1.00 THE ORGANIZATION INVESTS.

BEYOND TRADITIONAL GRANTMAKING, THE ORGANIZATION: ASSESSES COMMUNITY
HEALTH NEEDS THROUGH ROUNDTABLE DISCUSSIONS AND SURVEYS; BUILDS NONPROFIT
CAPACITY THROUGH REGIONAL TRAININGS ON TOPICS SUCH AS FUNDRAISING, MEDIA
RELATIONS AND OUTCOMES MEASUREMENTS; EDUCATES THE PUBLIC ABOUT, AND
ADVOCATES FOR, STRONG HEALTH POLICIES; DRIVES COLLABORATION BY LEADING
REGIONAL PARTNERSHIPS SUCH AS THE CUMBERLAND COUNTY STATE HEALTH
IMPROVEMENT PARTNERSHIP AND A YOUTH NETWORKING FORUM; AND PROACTIVELY
DEVELOPS EVIDENCE-BASED INITIATIVES, SUCH AS A 5210 HEALTH CAMPAIGN AND

Employer identification number

PARTNERSHIP FOR BETTER HEALTH

23-1352161

RELATED GRANTS TO AREA SCHOOLS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND THE AUDIT SUBCOMMITTEE. COPIES ARE MADE AVAILABLE TO THE BOARD AND A VERY BRIEF SUMMARY IS MADE PRIOR TO BOARD ACTION.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXCECUTIVE DIRECTOR'S (ED'S) ANNUAL PERFORMANCE REVIEW AND SALARY DETERMINATION INVOLVES INDEPENDENT DELIBERATION BY THE EXECUTIVE COMMITTEE WITH INPUT FROM THE FULL BOARD. A SALARY BENCHMARKING STUDY IS CONDUCTED BY THE EXECUTIVE COMMITTEE, WITH CAREFUL OVERSIGHT AND INPUT FROM THE FINANCE COMMITTEE. THE STUDY ENCOMPASSES ALL STAFF POSITIONS AT THE ORGANIZATION AND IS DEVELOPED THROUGH A REVIEW OF REPUTABLE LOCAL, STATE, AND NATIONAL SALARY BENCHMARKING STUDIES CONDUCTED FOR NONPROFIT ORGANIZATIONS AND COMMUNITY FOUNDATIONS. THE REPORT IS UPDATED EVERY THREE YEARS. THE ED DRAFTS AN ANNUAL WORKPLAN AT THE START OF EACH YEAR THAT IDENTIFIES CRITICAL GOALS AND ACTIONS TO GUIDE HER WORK IN THE YEAR AHEAD. THE EXECUTIVE COMMITTEE REVIEWS AND OFFERS FEEDBACK ON HER WORKPLAN, AND IT IS THEN REVIEWED AND VOTED ON BY THE FULL BOARD.

PARTNERSHIP FOR BETTER HEALTH

Employer identification number 23-1352161

IN THE SPRING OF EACH YEAR, ALL STAFF UNDERGO AN ANNUAL PERFORMANCE REVIEW. AS A PART OF THIS PROCESS, THE ED COMPLETES AN ANNUAL SELF-EVALUATION AND REPORTS ON ALL PROGRESS MADE WITHIN HER YEARLY WORKPLAN. THE EXECUTIVE COMMITTEE REVIEWS THESE DOCUMENTS AND INVITES THE FULL BOARD TO PROVIDE INPUT ON THE ED'S PERFORMANCE REVIEW. THE COMMITTEE SYNTHESIZES THIS INFORMATION AND MEETS WITH THE ED TO DISCUSS THE REVIEW. A RECOMMENDATION FOR THE ED'S SALARY ADJUSTMENT IS THEN MADE BY THE EXECUTIVE COMMITTEE BASED ON RESULTS OF HER PERFORMANCE REVIEW, THE FINDINGS OF THE SALARY BENCHMARKING STUDY, AND FUNDS AVAILABLE IN THE BOARD APPROVED BUDGET.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

A SALARY BENCHMARKING STUDY IS CONDUCTED BY THE EXECUTIVE COMMITTEE, WITH

INPUT FROM THE FINANCE COMMITTEE. THE STUDY ENCOMPASSES ALL STAFF

POSITIONS AT THE ORGANIZATION AND IS DEVELOPED THROUGH A REVIEW OF

REPUTABLE LOCAL, STATE, AND NATIONAL SALARY BENCHMARKING STUDIES CONDUCTED

FOR NONPROFIT ORGANIZATIONS AND COMMUNITY FOUNDATIONS. THE REPORT IS

UPDATED EVERY THREE YEARS.

IN THE SPRING OF EACH YEAR, ALL STAFF UNDERGO AN ANNUAL PERFORMANCE REVIEW AND RECOMMENDATIONS FOR SALARY ADJUSTMENTS ARE THEN MADE BY THE EXECUTIVE DIRECTOR BASED ON FUNDS AVAILABLE IN THE BOARD APPROVED BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FINANCIAL STATEMENTS, IN ABBREVIATED FORM, ARE PRINTED IN AN ANNUAL REPORT

Name of the organization

PARTNERSHIP FOR BETTER HEALTH

Employer identification number

23-1352161

THAT IS MAILED TO INDIVIDUALS IN THE COMMUNITY, AGENCIES TO WHICH GRANTS

ARE MADE, AND VOLUNTEERS. AVAILABILITY OF THE REPORTS IS ALSO ANNOUNCED IN

AN AD IN THE LOCAL NEWSPAPER.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

CHANGE IN VALUE OF TRUSTS \$ 4,516,051

# PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

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

Business Corporation (§ 1915)

X Nonprofit Corporation (§ 5915)

Name Ivo V. Otto II	l. Esquire		1	ment will be rete and address you	<b></b>
Address				Commonw	ealth of Pennsylvani
10 East High	Street		ART	ICLES OF AME	NDMENT-NONPROFIT
Carlisle	PA	17013	1111		))
			=		
570				Т	1327741103
notionee with th		af sk. combooks			
g to amend its ar	ic requirements of ticles, hereby stat	of the applicable prov les that:	isions (relating to	articles of ame	ndment), the undersign
Carlisle An	ne corporation is: ea Health and	d Wellness Found	etion		]
. The (a) addres	is of this corporation of the pro-	ion's current registered ovider and the county of	office in this Commi	nwealth or (b)	name of its
	Sharatan attion bi				
correct the fol	lowing information	on to conform to the rec	or venue is (the Departments	riment is hereby ent):	authorized to
(a) Number	lowing information and Street	on to conform to the rec City	ords of the Departme	ent): Zip	County
correct the fol	lowing information and Street	on to conform to the rec	ords of the Departm	ent):	
(a) Number 274 Wilson  (b) Name of	lowing information and Street Street	on to conform to the rec City	ords of the Departme	ent): Zip	County
(a) Number 274 Wilson  (b) Name of	lowing information and Street Street	on to conform to the rec City Carlisle	ords of the Departme	ent): Zip	County Cumberland
(a) Number 274 Wilson	lowing information and Street Street	on to conform to the rec City Carlisle	ords of the Departme	ent): Zip	County Cumberland
(a) Number 274 Wilson (b) Name of	lowing informatic and Street Street Commercial Regi	on to conform to the rec City Carlisle istered Office Provider	ords of the Department State PA	ent): Zip 17013	County Cumberland County
(a) Number 274 Wilson (b) Name of	lowing informatic and Street Street Commercial Regi	on to conform to the rec City Carlisle	ords of the Department State PA	ent): Zip 17013	County Cumberland County
(a) Number 274 Wilson  (b) Name of	lowing informatic and Street Street Commercial Regi	on to conform to the rec City Carlisle istered Office Provider	ords of the Department State PA	ent): Zip 17013	County Cumberland County
(a) Number 274 Wilson  (b) Name of /o	lowing informatic and Street Street Commercial Regi	on to conform to the rec City Carlisle istered Office Provider	ords of the Department State PA	ent): Zip 17013	County Cumberland County
(a) Number 274 Wilson  (b) Name of /o  The statute by	lowing informatic and Street Street Commercial Region or under which it incorporation:	con to conform to the rec City Carlisle istered Office Provider t was incorporated: Ge	ords of the Department State PA  neral Corporation	ent): Zip 17013	County Cumberland County
(a) Number 274 Wilson (b) Name of (o)  The statute by  The date of its	lowing informatic and Street Street Commercial Region or under which it incorporation:	con to conform to the rec City Carlisle istered Office Provider t was incorporated: Ge ebruary 2, 1913	ords of the Department State PA  neral Corporation	Zip 17013	County Cumberland County 74, etc.
correct the fol (a) Number 274 Wilson (b) Name of (o)  The statute by  The date of its  Check, and if a	lowing informatic and Street Street Commercial Region or under which it incorporation:	city Carlisle istered Office Provider  was incorporated: Ge ebruary 2, 1913  lete, are of the following ctive upon filing these A	ords of the Department State PA  neral Corporation	Zip 17013	County Cumberland County 74, etc.

2013 OCT -1 PM 1: 31 PA. DEPT. OF STATE

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

6, Check one of the following:
The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
X The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).
7. Check, and if appropriate, complete one of the following:
The amendment adopted by the corporation, set forth in full, is as follows
X The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.
8. Check if the amendment restates the Articles:
X The restated Articles of Incorporation supersede the original articles and all amendments thereto.

da da	yor October.
2013	
Carlisle A	
By:	Name of Corporation
Frech	ntive Director
	Title

#### **EXHIBIT** A

#### AMENDED AND RESTATED

#### ARTICLES OF INCORPORATION

OF

### PARTNERSHIP FOR BETTER HEALTH, INC.

In compliance with the requirements of 15 Pa. C.S.A. Section 5915 (relating to articles of amendment) the articles of incorporation of Carlisle Area Health and Wellness Foundation are amended and restated in their entirety to read as follows:

1. The name of the corporation is:

Partnership for Better Health, Inc.

2. The location and post office of the initial registered office of the corporation in this Commonwealth is:

274 Wilson Street Carlisle, PA 17013

- 3. The corporation is incorporated under the Pennsylvania Nonprofit Corporation Law of 1988, as amended, for the following purpose or purposes:
  - (a) The corporation is formed exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (as amended from time to time), or the corresponding provision of any future United States internal revenue law (the "Code"), to support, benefit and carry out the purposes of the Partnership for Better Health, Inc., which is an exempt organization described in Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code, and to:
    - (i) Engage in activities related to the promotion of health and the improvement of the health status of persons in the greater Carlisle, Pennsylvania area;
    - (ii) Improve community health;
    - (iii) Provide resources for the restoration and maintenance of health;
    - (iv) Bring high quality health care services to the greater Carlisle area;

- (v) Promote health education;
- (vi) Support health related research benefiting persons in the greater Carlisle area;
- (vii) Promote the general health and wellness of persons in the greater Carlisle area:
- (viii) Engage in certain fund-raising and related activities or programs;
- (ix) Engage in other activities directly or indirectly related to, or which may assist the accomplishment of such purposes, including, without limitation, making grants to other nonprofit organizations to enable them to carry out these activities; and
- (x) Take such action and perform such acts to accomplish its purposes with all the powers and authority conferred on nonprofit corporations by the laws of the Commonwealth of Pennsylvania, subject to limitations imposed on its actions under Section 501(c)(3) of the Code;
- (b) The corporation does not contemplate pecuniary gain or profit, incidental or otherwise. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, any Trustee, officer or other private person, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments, contributions and distributions in furtherance of the purposes of the corporation set forth in the foregoing paragraph (a) of this Article 3.
- (c) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, except as otherwise provided in Section 501(h) of the Code, and the corporation shall not participate or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other

717-243-1850

activities not permitted to be carried on (i) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code, or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

- (d) Upon dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of all of the assets of the corporation, to the extent permitted by law, to an organization or organizations qualifying for exemption from Federal income tax under Sections 501(a) and 501(c)(3) of the Code, including, without limitation, the Partnership for Better Health, Inc., so long as it is organized and operated for charitable, educational or scientific purposes, and qualify as an exempt organization under Section 501(c)(3) of the Code. Any remaining assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located exclusively for such charitable, educational or scientific purposes or to such organization or organizations as said court shall determine which are organized and operated exclusively for such purposes.
- 4. The corporation is to exist for a perpetual term.
- The corporation is organized upon a non-stock basis.
- 6. The corporation shall have no members.
- 7. All conditions, qualifications, requirements, privileges and regulations regarding the governing Board of the corporation shall be fixed and governed by the bylaws of the corporation.

# BYLAWS OF THE PARTNERSHIP FOR BETTER HEALTH

#### ARTICLE I Mission Statement

Section 1.1 Partnership for Better Health (herein also "the foundation") identifies and addresses health care needs and policies, promotes responsible health practices, and enhances access to and delivery of health services.

### ARTICLE II Board of Trustees

- Section 2.1 The general control of the property and affairs of Partnership for Better Health shall be vested in a Board of Trustees (herein the "Board"), as hereinafter provided.
- Section 2.2 The Board shall have 15 members. Of these members, one shall be nominated and appointed by the President Judge of the Court of Common Pleas of Cumberland County, Pennsylvania, and one member shall be nominated and appointed by the President Judge of the Court of Common Pleas of Perry County, Pennsylvania.

The remaining Trustees shall be selected by the Board in accordance with the responsibilities of the Governance Committee and the provisions of Sections 5.5 and Article V of these Bylaws. The Foundation's intent is to retain a broadly diversified Board that is representative of the community and interests that it serves.

- Section 2.3 Each Trustee may serve a maximum of two (2) consecutive terms, except in the case of a re-nomination to the Board requested by the Governance Committee in order for such Trustee to be nominated and elected as Chairperson. Past Trustees of the Board shall be eligible for service after a break in service of one (1) year or more.
- <u>Section 2.4</u> When a Trustee leaves the Board and has not completed the term, the Governance Committee will determine if an immediate replacement is necessary. Their suggestions regarding identifying and recommending an appropriate nominee or permitting the seat to remain open will be offered for the Board's approval.
- Section 2.5 Any Trustee absent from either three (3) consecutive meetings or more than fifty percent (50%) of the meetings over a twelve (12) month period without a reason satisfactory to the Board may be removed from membership by the Board. Attendance shall be reviewed annually by the Governance Committee and appropriate notice shall be given to Trustees in jeopardy of not meeting this minimum requirement.
- <u>Section 2.6</u> The Board shall have the responsibility of seeing that the objectives specified in the Articles of Incorporation are achieved. This shall include:
  - Approval of plans and policies appropriate for the support necessary to accomplish the mission of the Partnership for Better Health; and
  - Selection of the Executive Director and approval of their annual goals.
- Section 2.7 Not less than one week prior to July 1 of each year, the Board shall hold an Annual Organizational meeting to elect Officers and new Trustees, who become effective July 1 of such year.
- <u>Section 2.8</u> Contracts to which the Partnership for Better Health is a party may be executed by the Executive Director, Chairperson or Vice-Chairperson in accordance with Boardapproved policies and procedures.
- Section 2.9 The Board, or a Committee appointed thereby, shall conduct regular Board Performance Appraisals with the goal of assessing Board effectiveness, the relationship

\\CAHWFSBS\Foundation\Governance\Bylaws\2014 Bylaws 6-10-14\Revised Bylaws June 10 2014 doc

of the Board to the total community that the Partnership for Better Health serves, and prospective strategies for improved performance.

### ARTICLE III Executive Director

Section 3.1 The Executive Director shall be responsible for the administration and conduct of affairs of the Partnership for Better Health and shall be responsible to the Chairperson and Board. All employees of the Partnership for Better Health shall be responsible to the Executive Director and subject to the Executive Director's direction and authority to employ and discharge. The Executive Director shall be, ex-officio, entitled to attend meetings of the Board (excepting executive sessions thereof) and shall be an ex-officio member of all committees with voice but without vote.

### ARTICLE IV Officers

Section 4.1 The Officers of the Partnership for Better Health shall be Trustees serving as Chairperson, Vice-Chairperson, Secretary and Treasurer. All such Officers shall be elected by the Board at the Annual Organizational meeting, becoming effective as of July 1 and holding office for a period of one (1) year. Officers may serve only two (2) successive terms of office. Other offices may be created by the Board, with appointments to such offices to be made by the Board.

Section 4.2 The Chairperson shall preside at all meetings of the Board, shall act as Chairperson of the Executive Committee, shall be interested in all affairs of Partnership for Better Health and shall be ex-officio, a voting member of all Committees.

Section 4.3 The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson, and when so acting shall have all the power and authority of the Chairperson.

<u>Section 4.4</u> The Secretary shall oversee the maintenance of records of Board proceedings. The Secretary shall see that proper notice is given to all Trustees and others entitled to notice, of all regular and special meetings, and perform such other duties as may be required of the Secretary by the Board.

Section 4.5 The Treasurer shall oversee the use of all funds of the Partnership for Better Health. The Treasurer shall see that an accounting system is maintained in such a manner as to give a true and accurate accounting of the financial transactions of Partnership for Better Health, that reports of such transactions are presented promptly to the Officers and Board, and that all expenditures for operations are made to the best possible advantage. The Treasurer(s) accounts and other statements shall be audited at least once every year. In the performance of the duties of the office, the Treasurer shall have assistance deemed essential in the judgment of the Officers.

### ARTICLE V Committees

<u>Section 5.1</u> Committees of the Board shall be standing or special. Standing Committees shall be an Executive Committee, Community Investment Committee, Community Policy-and-Engagement.Committee, Finance Committee, and Governance Committee.

Section 5.2 All Chairpersons of the various committees of the Board, except the Executive Committee, shall be confirmed by the Board after their election and become effective July 1. The Chairpersons of these Committees may nominate persons for their respective

Committees, subject to the approval of the Governance Committee. Members of Committees who are not Trustees shall be confirmed by the Committee Chairperson in consultation with the Governance Committee and Executive Director for a maximum of three (3) full or partial fiscal year terms.

Section 5.3 Standing and special committees shall have the power to act only as conferred by the Board in specific matters. All committees shall have a Chairperson who shall be a member of the Board and Committee. Each committee shall have assistance deemed essential in the judgment of the Board.

#### Section 5.4 **Executive Committee**

Purpose: The Executive Committee serves to oversee the Foundation's human resource policies and acts on behalf of the Board to address critical issues as needed, with the exceptions noted under duties/functions.

-side to a comme

Composition: The Executive Committee shall consist of the Chairperson, Vice-Chairperson, Secretary, Treasurer and an at-large member?

Duties/Functions: The Executive Committee shall have the power to transact all regular business of the Partnership for Better Health except for: the taking of any action in conflict with the guidelines, resolutions or other actions that are inconsistent with the policies of the Board; or the making of any fundamental changes in Partnership for Better Health, as defined by Chapter 79 of the Pennsylvania Nonprofit Corporation Law.

The Executive Committee shall serve in the capacity of a human resource committee to recommend related policies to the Board. The committee shall oversee the performance of the Executive Director, seeking input from and reporting the results of their evaluation to the Board. An update on the Executive Director's goals should be provided to the Board no less than annually.

Meetings: The committee shall meet at the call of the Chairperson. The secretary shall oversee the recording of the minutes of all actions taken by the committee, with such actions being communicated to the Board no later than the next regular Board meeting.

#### Section 5.5 **Governance Committee**

Purpose: The Governance Committee shall oversee the process of selecting and nominating candidates for Board membership and the slate of Officers. The Committee shall: offer development and educational functions for the Trustees; support the placement of non-Board members on committees with the input of the respective committee Chairpersons and the Executive Director; and maintain an appropriate set of Bylaws to advance the mission of Partnership for Better Health and comply with appropriate regulatory standards.

Composition: The Governance Committee shall consist of at least three (3) Trustees, except the Board Chair and Vice Chair, who are appointed per section 5.2. A member will be recruited from each major committee: Community Investment Committee, Community Policy and Engagement Committee, and Finance Committee. One member shall serve as Chairperson.

**Duties/Functions:** 

- (a) Responsible for the annual review of existing Bylaws and making recommendations to the Board regarding any proposed revisions.
- -(b) Responsible-for-the open-solicitation, review-and-selection-of-a-proposed\_list-of-candidates for Board membership. Criteria for selecting and nominating Trustees shall include identified skills to fill vacant positions, and residence or employment within the service area or a demonstrated commitment to the same.

\CAHWFSBS\Foundation\Governance\Bylaws\2014 Bylaws 6-10-14\Revised Bylaws June 10 2014 doc

- (c) Member(s) of the Committee and the Executive Director shall conduct interviews with candidates to affirm skills, time and willingness to serve as Trustees. The Committee shall prepare a final list of recommended candidates for the Board.
- (d) The slate of prospective Officers shall also be prepared for the Board based upon an open solicitation of recommendations. The Board acts upon the recommendations of the Governance Committee.

4 . 4, 4 , "

Meetings: The committee shall meet at the call of its Chairperson and not less than twice a year.

#### Section 5.6.a Finance Committee

Purpose: The Finance Committee shall recommend to the Board of Trustees policies regarding financial matters that ensure Partnership for Better Health's fiscal health, compliance and existence in perpetuity. The Committee shall oversee budgeting, regulatory compliance and investment management of Partnership for Better Health's assets. The Committee shall oversee the Audit Subcommittee and shall engage a certified public accounting firm to perform the annual audit.

Composition: The Finance Committee shall consist of at least three (3) Trustees, one of whom shall be the Treasurer. Other persons may be appointed, as per section 5.2.

Duties/Functions: The Finance Committee shall: review and make recommendations to the Board on Partnership for Better Health's financial position; recommend an annual budget to the Board; monitor public support in compliance with the applicable provisions of the United States Internal Revenue Code and regulations; and determine spending and investment policies for Board approval. It shall ensure the protection and maintenance of Partnership for Better Health's property and monitor adequate insurance policies to minimize exposure.

Meetings: The Finance Committee shall meet at the call of its Chairperson and not less than four times a year.

#### Section 5.6.b Audit Subcommittee

Purpose: The Audit Subcommittee shall recommend and oversee policies and procedures regarding Partnership for Better Health's audit and regulatory compliance. As a subcommittee, the Audit Subcommittee shall report to the Finance Committee and make recommendations to the Board of Trustees.

Composition: The Audit Subcommittee shall consist of at least three (3) members, appointed as per section 5.2. The Chairperson shall be a Trustee. Membership shall be diversified and must include at least one member who is independent of both the Board and Finance Committee.

Duties/Functions: The Audit Subcommittee shall review, monitor and communicate all matters of significance related to the results of the annual audit. The Committee serves to ensure fair, transparent and accurate reporting, in accordance with the law and the Audit Subcommittee's Charter.

The subcommittee shall minimize organizational risks and exposures. The Subcommittee's Chair, or a selected designee thereof, shall serve as a point of contact for audit and regulatory compliance matters, and investigations of prospective improprieties or dishonorable acts.

Meetings: The Audit Subcommittee shall meet at the call of its Chairperson and not less than once a year.

#### Section 5.7 Community Investment: Committee (1900) 1 1816.

Purpose: The purpose of the Community Investment Committee is to recommend grant and initiative related policies for Board approval and to report regularly to the Board on grantmaking and initiative activities.

Composition: The Community Investment Committee shall consist of at least three (3) Trustees. Other community members may be appointed, as per section 5:2.2

Duties/Functions: The Community Investment Committee shall recommend grant and initiative related policies for Board approval and, based upon established criteria, approve and recommend grants, initiatives and related community investments to the Board.

Meetings: The Community Investment Committee shall meet regularly throughout the year or at the call of the committee Chairperson(s)

#### Section 5.8 Community Policy and Engagement Committee

Purpose: The purpose of the Community Policy and Engagement Committee is to serve as an advocate for public health and wellness; and to be a local resource for our elected officials and the public, in accordance with the Committee's guiding principles.

1. 1. C. Y. M. (4. 2) 特别 (2. 1. 1. ) 格

Composition: The Community Policy and Engagement Committee shall consist of at least three (3) Trustees. Other community members may be appointed, as per section 5.2.

Duties/Functions: The Community Policy and Engagement Committee shall be knowledgeable about public needs and policies most affecting the region's health, to serve as an advocate for public health and wellness, to develop positions for Board consideration on selected policies and to be a local resource for our elected officials.

Meetings: The Community Policy and Engagement Committee shall meet regularly throughout the year or at the call of the committee Chairperson.

Section 5.9 Special Committees shall be appointed by the Chairperson from time to time, as needed.

#### ARTICLE VI Board Meetings

Section 6.1 Meetings of the Board shall be regular or special. Regular meetings of the Board shall be held at least quarterly. Special meetings may be called by the Chairperson or upon the written request of five (5) Trustees, with the time, place and objective of the meeting to be stated in a written notice.

Section 6.2 Sufficient notice of any meeting shall be made at least five (5) days before the time set for the meeting. In the case of a special meeting, the notice calling the meeting shall contain a statement of the business to be transacted at such meeting and no other business than that stated in the notice shall be transacted.

Section 6.3 A quorum at any regular or special meeting shall be a minimum of eight (8) Trustees.

Section 6.4 Voting by proxy is prohibited.

Section 6.5 Trustees not physically present may vote if they are able to both listen to and participate in the discussion of the Board through telephonic or other technological means.

<u>Section 6.6</u>—If approved by the Board-or Executive Committee, a-matter-may-bebrought to a vote of the Trustees between meetings via email, facsimile or other electronic or technological means. This methodology of voting shall be limited to issues that are urgent, critical or pressing or when the Board has agreed to do so in order to conclude a matter that

\\CAHWFSBS\Foundation\Governance\Bylaws\2014 Bylaws 6-10-14\Revised Bylaws June 10 2014 doc

- 5 -

had been discussed at a prior meeting. The Board or Executive Committee shall determine in advance what percentage of participation by the Trustees is necessary for the vote to be official; however, in no event shall the approved number of participating Trustees be below 11 members.

Section 6.8 All Trustees shall have one vote except for the Chairperson who shall abstain from all regular voting; provided, however, that, in the case of a split vote of the Board or Executive Committee, the Chairperson shall then cast a vote for the purpose of resolving the same.

### ARTICLE VII

Section 7.1 No Trustee shall vote on or participate in any deliberations relating to any matter in which such Trustee shall be interested in any appreciable degree, either directly or indirectly. Such Trustee shall disclose any such direct or indirect interest which disclosure shall be entered within the minute book of the Partnership for Better Health. The foregoing shall be interpreted to include any Trustee who has an interest in the sale or furnishing of supplies, materials or services to the Partnership for Better Health. Trustees, staff and committee volunteers shall complete annual disclosure and conflict of interest forms, which shall be reviewed by the Executive Director and Chairperson.

### ARTICLE VIII Indemnifications

Section 8.1 The Partnership for Better Health shall indemnify as of right any person (and such person's heirs, executors and administrators) who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, and including shareholder derivative actions by reason of the fact that such person is or was a Trustee, Officer or representative of the Partnership for Better Health, or is or was serving at the request of Partnership for Better Health as a director, Trustee, Officer or representative of another corporation, partnership, joint venture, trust or other enterprise, in accordance with and to the fullest extent now or hereafter permitted by the laws of the Commonwealth of Pennsylvania. The foregoing right of indemnification shall be in addition to, and not exclusive of, any other rights to which those seeking indemnification otherwise may be entitled, and Partnership for Better Health may create a fund of any nature which may but need not be under the control of a Trustee or otherwise secure or insure in any manner its indemnification obligations to such person, whether or not Partnership for Better Health would have the power to indemnify such person against such liability under the provisions of these Bylaws. Indemnification shall not be made in any case where the act or failure to act giving rise to the claim for indemnification is determined by a court to have constituted willful misconduct or recklessness. Otherwise, indemnification will be made. Expenses incurred by an Officer, Trustee, employee or agent in defending a civil or criminal action, suit or proceeding may be paid by the Partnership for Better Health in advance of the final disposition of such action, suit or proceeding upon receipt of an undertaking by or on behalf of such person to repay such amount if it shall ultimately be determined that such person is not entitled to be indemnified by the Partnership for Better Health.

Section 8.2 A Trustee will not be personally liable for monetary damages as a result of any act or failure to act unless such action or inaction constitutes both: (a) a breach of or

\\CAHWFSBS\Foundation\Governance\Bylaws\2014 Bylaws 6-10-14\Revised Bylaws June 10 2014 doc

failure to perform such Trustee's duties as a Trustee, including the duties as a member of any Committee of the Board upon which such Trustee may serve, in good faith, in a manner such Trustee reasonably believes to be in the best interest of the Partnership for Better Health and with such care, including reasonable inquiry skill and diligence as a person of ordinary prudence would use under similar circumstances and (b) self dealing, willful misconduct or recklessness. In performing the duties of a Trustee, a Trustee may rely on information, opinions, reports or statements, including financial statements and other financial data, prepared or presented by Officers or employees of the Partnership for Better Health, attorneys, public accountants or other experts or committees of the Board upon which the Trustee does not serve, provided that the Trustee reasonably believes that such persons or Committee are competent with respect to the matter in question and the Trustee has no actual knowledge that would cause such reliance to be unwarranted. Trustees may, in considering the best interests of the Partnership for Better Health, consider the effects of any action upon employees, suppliers, customers, and communities in which Partnership for Better Health has offices or other establishments, as well as all other pertinent factors.

### ARTICLE IX Amendments

Section 9.1 These Bylaws may be amended by a two-thirds (2/3) majority of the Trustees. Any proposed alteration to these Bylaws shall be filed with the Secretary five (5) days before the same shall be presented for consideration and adoption; the same to be considered and adopted only at a meeting of the Board. The Secretary shall submit a copy of the proposed alterations or amendments to each Trustee at least five (5) days prior to the day for consideration and adoption. The filing and distribution requirements may be waived by attendance and affirmative vote of a two-thirds (2/3) majority of the Trustees.

I, the undersigned, being the Secretary of the Partnership for Better Health, hereby assent and certify that the foregoing Bylaws originally adopted by the Board of Trustees on April 9, 2002 and amended by foundation Board actions on July 10, 2002, February 11, 2003, June 14, 2005, December 13, 2005, May 8, 2007, May 12, 2009, June 8, 2010, May 8, 2012, June 25, 2013 and June 10, 2014.

Jeff Gayman, Secretary

5-10-14

Date

7 -