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Form **990-P**F

Return of Private Foundation

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

	For	calendar year 2013 or tax year beginning JUL	1, 2013	, and ending	<u>JUN 30, 2014</u>					
	Nar	me of foundation			A Employer identification	number				
					00 4050455					
		ORTH PENN COMMUNITY HEALTH	23-1352175							
		mber and street (or P O box number if mail is not delivered to street ac	ddress)	· ·	B Telephone number					
		2506 N. BROAD ST.	-t-l anda	206	215-716-54					
	-	y or town, state or province, country, and ZIP or foreign pos COLMAR,PA 18915	siai code		C If exemption application is p	ending, check here F				
		Check all that apply: Initial return	Initial return of a fo	rmer nublic charity	D 1. Foreign organizations	check here				
	u c	Final return	Amended return	Title: public charity	D 1. Foreigh organizations	, CHECK HOLE				
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,				
	H C	Check type of organization: X Section 501(c)(3) exer			E If private foundation stat					
			ther taxable private founda		under section 507(b)(1)					
	1 Fa	air market value of all assets at end of year J Accounting	g method: Cash	X Accrual	F If the foundation is in a (60-month termination				
	(fr		er (specify)	~- <u></u>	under section 507(b)(1)					
			n (d) must be on cash b	oasis)						
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes				
		necessarily equal the amounts in column (a).)	· ·	income	ıncome	(cash basis only)				
		1 Contributions, gifts, grants, etc., received	13,869.							
		2 Check fittle foundation is not required to attach Sch B Interest on savings and temporary cash investments	216.	216.		STATEMENT 1				
		4 Dividends and interest from securities	3,939,452.	3,939,452.		STATEMENT 2				
		5a Gross rents	3,333, 132.	3,333,132.		DIIIIIIIII Z				
5		b Net rental income or (loss)								
2015	a.	6a Net gain or (loss) from sale of assets not on line 10	-7.745.							
_	Revenue	b Gross sales price for all assets on line 8a 37,03-6	FIVED							
ಬ	eve	7 Capital gain net income (from Part IV, line 2)	,LIVED	0.						
AR A	Щ	8 Net short-term capital gain	9 2015							
Ž		9 Income modifications MAR Gross sales less returns	30 7015							
a		10a and allowances								
岁		b Less Cost of goods sold c Gross profit or (loss)	JEIN, U							
Z		11 Other income	265,204.	264,003.	264.003.	STATEMENT 3				
SCANNED MAR		12 Total. Add lines 1 through 11	4,210,996.	4,203,671.	264,003.					
		13 Compensation of officers, directors, trustees, etc	160,173.	0.	0.	145,688.				
		14 Other employee salaries and wages	214,582.	0.	0.	206,716.				
	G	15 Pension plans, employee benefits	101,933.	<u> </u>	0.	99,348.				
	Jses		15,072.	0.	0.	12,155.				
	<u>6</u>	b Accounting fees STMT 5	17,458.	0.	0.	18,708.				
	ы	c Other professional fees STMT 6	209,030. 158,808.	0. 114,455.	0. 114,455.	225,083.				
	ativ	17 Interest	73,686.	114,455.	114,455.	44,467. 4,348.				
	str	19 Depreciation and depletion	214,196.	130,015.	130,015.	4,540.				
	ni.	20 Occupancy	109,622.	19,533.	19,533.	84,860.				
	Ad	21 Travel, conferences, and meetings	32,887.	0.	0.	30,519.				
	perating and Administrative Expens	22 Printing and publications								
	ng 8	23 Other expenses STMT 8	88,648.	0.	0.	62,118.				
	rati	24 Total operating and administrative								
			1,396,095.	<u> 264,003.</u>	264,003.					
	0	25 Contributions, girts, grants paid	483,995.	·· · · · · · · · · · · · · · · · · · ·		632,687.				
		26 Total expenses and disbursements.	1 000 000	264 002	264 202	1 566 605				
		Add lines 24 and 25	1,880,090.	264,003.	264,003.	1,566,697.				
		27 Subtract line 26 from line 12:	2,330,906.							
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	2,330,300.	3,939,668.						
		C Adjusted net income (if negative, enter -0-)			0.					
	2225									

<u>For</u>	m 99	0-PF (2013) NORTH PENN COMMUNITY HEA			-1352175 Page 2
ГР	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
<u> </u>	uit	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	60,752.	43,669	
	2	Savings and temporary cash investments	130,624.	109,625	. 109,625.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	j	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
	•	Less; allowance for doubtful accounts			
ra.	Q	Investoring for releasing			
Assets		Inventories for sale or use Prepaid expenses and deferred charges	14,187.	45,185	. 45,185.
Ass	l	Investments - U.S. and state government obligations	14,107.	45,105	45,105.
	1	· • • • • • • • • • • • • • • • • • • •			
	1	Investments - corporate stock			+
	l	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans	25 445 445	40 055 540	10 255 510
	13	Investments - other STMT 10	37,417,145.	40,375,510	. 40,375,510.
	14	Land, buildings, and equipment basis ► 8,355,890.			
		Less accumulated depreciation STMT $11 \triangleright 2,171,649$.		6,184,241	
	15	Other assets (describe ► STATEMENT 12)	786,527.	895,991	. 895,991.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	44,792,336.	47,654,221	47,654,221.
ģ	17	Accounts payable and accrued expenses	67,194.	81,447	<u>.</u>]
	18	Grants payable	243,692.	95,000	•
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			7
abı	21	Mortgages and other notes payable	3,907,248.	3,827,808	7
ゴ	22	Other liabilities (describe ► STATEMENT 13)	948,149.	1,052,603	
		,			7
	23	Total liabilities (add lines 17 through 22)	5,166,283.	5,056,858	
		Foundations that follow SFAS 117, check here			7
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	38,575,351.	41,507,694	
J.C	25	Temporarily restricted	575,365.	600,866	
or Fund Balances	26	Permanently restricted	475,337.	488,803	
ā	20	Foundations that do not follow SFAS 117, check here	475,5571	400,003	
ᆵ		·			
P	0.7	and complete lines 27 through 31.			
Net Assets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund			-
188	28				-
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	20 626 052	42 E07 2C2	\dashv
ž	30	Total net assets or fund balances	39,626,053.	42,597,363	4
			44 702 226	AT CEA 221	
	31	Total liabilities and net assets/fund balances	44,792,336.	47,654,221	<u>•1</u>
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	~ .	D. M. C. Halana atha and C. D. M. Jane (2) has	00		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		20 606 052
	•	st agree with end-of-year figure reported on prior year's return)	•	· · · · -	1 39,626,053.
2		r amount from Part I, line 27a			2,330,906.
3		r increases not included in line 2 (itemize)	SEE STA	TEMENT 9	698,886.
4		lines 1, 2, and 3			4 42,655,845.
5	Deci	eases not included in line 2 (itemize) CHANGE IN VALU	E OF INTEREST	RATE SWAP	58,482.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		$\frac{42,597,363}{}$
					Form 990-PF (2013)
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Form 990-PF (2013)

2,064,690.

1,580,839.

7

8

Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4 . . .

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) I Exempt operating foundations described in section 4940(c)(z), check here ▶ and enter 1% of No		990-PF (2013) NORTH PENN COMMUNITY HEALTH FOUNDATION 23-13		F	age 4
Date of ruleing or determination letter:			e instru	CTIOI	15)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		l l			
of Part, line 27b. All other domestic coundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) visits and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 5 Subditle A (income) tax (domestic section 4947(a)(1) visits and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3, lizaro or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, lizaro or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, lizaro or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 2, lizaro or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, lizaro or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, lizaro or less, enter -0- 6 Bect 20,000. 4 Bectury prohibitions erroneously withheld 7 Total credests and payments. Add lines 5 are of the 16 from 2200 a statched 8 Enter any penalty for underpayment of estimated tax. Chick chere If Form 2220 a statched 9 Tax due, If the lold clinics 5 and 6 is more than line 7, rinet amount owed 9 Tax due, If the lold clinics 5 and 6 is more than line 7, rinet amount owed 9 Tax due, If the lold clinics 5 and 6 is more than line 7, rinet amount owed 9 Tax due, If the lold clinics 5 and 6 is more than line 7, rinet amount owed 9 Tax due, If the lold clinics 5 and 6 is more than 10 rinet and tax be 22,307. Refunded 10 0 oversyment. If line 7 is more than the total of lines 5 and 6 is more than 10 rinet and tax be 10 0 oversyment. If line 7 is more than 10 during the year (either develop or midretly) or political purposes (see instructions for the definition)? 10 During the tax year, did the foundation afternot to influence any national, state, or local legislation or did it participate or miervene in amy political carapagin? 10 During the tax with 10 during the year (either develop or midretly) for political pu			_		
a All other domestic foundations enter 2% of line 27h. Exempt foreign organizations either 4% of Part I, line 12, col. (b). 2	þ	1 1		8,7	<u>93.</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 3 78 , 793 . Add lines 1 and 2 3 78 , 793 . Add lines 1 and 2 0 . Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 78 , 793 . Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 78 , 793 . Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 78 , 793 . Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 78 , 793 . Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 6 6					
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4 Subtute A (income) tax (domeste section 4977a)/1 yrusts and taxable foundations only. Others enter -0-) 5 Tax hazed on investment income. Subtract line 4 from ine 3. if zero or less, enter -0- 5 Tax hazed on investment income. Subtract line 4 from ine 3. if zero or less, enter -0- 6 Tax pand with application for extension of time to file (Form 8668). 6 Backup withholding erroneously withheld at source 6 Backup withholding erroneously withheld 7 Total credits and psyments. Add lines 5a through 8d 8 Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 sero tesh line 17, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than 1900 during the serial state fax by 22, 307. Refusedes 11 □ During the tax year, did the foundation attempt to influence any restorial, state, or local legislation or did practicable or melevere in any political campaign? 10 Dut spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 11 Enter the amount of 1900 during the year (either directly) for political purposes (see instructions for the definition)? 12 If the answers "Yes" to 18 or 18, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 If the toundation file form 1120-Pol. for this year? 11 Enter the amount (farmy) of tax on political expenditures (section 4955) imposed during the year? 12 If Yes, attach a detailed description of the activities. 2 Dut the toundation made any changes, not previously been reported to the IRS? 2 If Yes, attach and establed description of the activities. 3 Has the foundation are possed in any activities that we not previously been reporte	2	l l			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: 8 2013 estimated bar payments and 2012 overpayment credited to 2013 8 8 1,100. 6 Exempt foreign organizations - tax withheld at source 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6s through 6d. 8 20,000. 6 Enter any peasity for underpayment of estimated tax. Check here if form 2220 is attached 8 101,100. 8 2 101,100. 8 10 101,100. 8 10 101,100. 8 10 101,100. 8 10 101,100. 8 10 101,100. 9 Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 0 verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10 22,307. 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax because the amount overpaid 10 10 22,307. 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax because the amount overpaid 11 0. 12 2,307. Refunded but 10 0. 13 22,307. Refunded but 10 0. 14 22,307. Refunded but 10 0. 15 22,307. Refunded but 10 0. 16 22,307. Refunded but 10 0. 17 22,307. Refunded but 10 0. 18 22,307. Refunded but 10 0. 19 Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 10 the foundation file form 112-POI. for the year? 11 Enter the amount (if any) pad by the foundation directly in indirectly line political purposes (see instructions for the definition)? 10 The spenditude of the spenditure seed of the activities. 10 the foundation file form 112-POI. for the year? 11 Enter the amount (if any) pad by the foundation directly indirectly line political purposes (see instructions for the definition)? 12 His the foundation file form 112-POI. for the year? 13 Enter the reminurement (if any) pad by the foundation directly expended to the in		7.00 11100 7.010 2		B, 7	
6 Credits/Payments: a 2013 estimated tax payments and 2012 overpayment credited to 2013 been proteogin organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 20,000 6 3 8 20,000 6 4 8 20,000 6 5 20,000 7 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments and 8 is more than time? - retire amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, either the amount of line 10 to be: Credited to 2014 estimated tax 10 Overpayment. If line 7 is more than the total of lines 5 and 8, either the amount of line 10 to be: Credited to 2014 estimated tax 10 Overpayment. If line 7 is more than the total of lines 5 and 8, either the amount of line 10 to be: Credited to 2014 estimated tax 10 Overpayment. If line 7 is more than the total of lines 5 and 8, either the amount of line 10 to be: Credited to 2014 estimated tax 10 During the tax year, did the foundation alternative by the secondation of the activities 1 a During the tax year, did the foundation alternative by the secondation of the activation of the activation and protection of the definition of the definition of the definition of the activation and the activatives and copies of any materials published or distributed by the foundation in connection with the activities. 2 bit the toundation file form 1120-P0. If or the year? 3 Ce Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ \$ 0. 2 Enter the rembursement (if any) paid by the foundation managers. \$ \$ 0. 3 X 4 bit the foundation have understood business gross income of \$1,000 or more during the year? 4 N/A 5 X 5 Was there a liquidation, termination, dissolution, or substantial contraction of the changes 4 bit the condation have understood business gross income of \$1,000 or more during the year? 5 Was there a liquidati		, , ,			
a 2013 estimated tax payments and 2012 overpayment credited to 2013 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8669) d Backup withholding erroneously withheld Total credits and payments. Add lines se atmorph 66 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Total credits and payments. Add lines se atmorph 66 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Total credits and payments. Add lines se atmorph 66 Total credits in Hife 7s more than the total of lines 5 and 8, enter the amount over 4 To extend the 11 file 7s more than the total of lines 5 and 8, enter the amount over 4 To extend the 11 file 7s more than the total of lines 5 and 8, enter the amount overpaid Toverpayment. If life 7s more than the total of lines 5 and 8, enter the amount overpaid Toverpayment. If life 7s more than the total of lines 5 and 8, enter the amount overpaid Toverpayment. If life 7s more than 1100 to be: Credited to 2014 estimated tax ▶ 22,307. Refunded ▶ 111 Tover 11 life 7s more than 1100 to the Credited to 2014 estimated tax ▶ 22,307. Refunded ▶ 111 Tover 11 life 7s more than 1100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? To but it spend more than 1100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? To but spend more than 1100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? To but spend more than 1100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? To but the foundation in connection with the activities. Did the toundation file Form 1120-POL for this year? To but the foundation file Form 1120-POL for this year? Life 8 that the foundation mach and the purpose of the foundation formation during the year (1) on the	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u></u>	B , 7	<u>93.</u>
b Exempt foreign organizations - Lax withheld at source c Tax pad with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 8 Tax dee. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 9 Tax dee. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owerd 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 10 overpayment. If line 7 is more than 10 overpaid 1		·			
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d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5a through 64 8 Enter any pearly for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 9 9 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Center the amount of line 10 to be: Credited to 2014 estimated tax. ► 22,307, Refunded 11 0.1 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax. ► 22,307, Refunded 11 0.2 12 Jan 10 Unrugh the six year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to 1 ar 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 Did the foundation file Form 1120-POL for this year? 1 Did the foundation file Form 1120-POL for this year? 1 Did the foundation file Form 1120-POL for this year? 1 Did the foundation engaged in any activities that have not previously been reported to the IRS? 2 Lists the foundation engaged in any activities that have not previously been reported to the IRS? 3 Lists the foundation have unrelated business gross income of \$1,000 or more during the year? 3 Lists the foundation have unrelated business gross income of \$1,000 or more during the year? 3 Lists the foundation have unrelated business gross income of \$1,000 or more during the year? 3 Lists the foundation have unrelated business gross income of \$1,000 or more during the year? 3 Lists the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Lists the requirements of section 508(6) (relati	þ				
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of stimated tax. Check here if Form 2220 is attached 8 Enter the amount of the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11	C				
8 Enter any penalty for underpayment of estimated tax. Check here	d				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over paid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11		Total distance and payments and an energy of the control of the co	10	<u>1,1</u>	00.
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7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			6		x
8a Enter the states to which the foundation reports or with which it is registered (see instructions) PA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	7			x	
PA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	′	Did the foundation have at least φ3,000 in assets at any time during the year. It is res, complete t art if, cor. (c), and t art xv	• •	1	
PA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	Ω-,	Fotor the states to which the foundation reports or with which it is registered (see instructions)			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	od		-	ĺ	
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	١.			1	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 99 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	ŭ		8b	x	
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	o				
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	3	• • • • • • • • • • • • • • • • • • • •	۵		x
	10				
	10	Die any persona bouding dupowings domination auring the tax year in 165, attaur a scriedule fishing tien names and addresses)-PF	

	990-PF (2013) NORTH PENN COMMUNITY HEALTH FOUNDATION 23-1352	175	1	Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.NPCHF.ORG			
14	The books are in care of ► RUSSELL JOHNSON, PRESIDENT, CEO Telephone no. ►215-71	6-5	400	
17	Located at ► 2506 N BROAD STREET, SUITE 206, COLMAR, PA ZIP+4 ►18			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	<u> </u>		
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)			
ł	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			•
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16	,	x
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2013?	1c	Ì	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013? Yes X No	İ	1	ŀ
	If "Yes," list the years			
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.)	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			ļ	
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
_	during the year? Yes X No		l	
1	b if "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
,	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A	3b		L
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X
			0-PF	(2013)

Form 990-PF (2013) NORTH PENN COMMUNITY HEA	orm 4700 May Bo B	N Poguirod ((<u> 23-13521</u>	15 Page 6
Part VII-B Statements Regarding Activities for Which F	Offit 4720 Way be F	tequireu (contini	uea)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		•	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			1 1
any voter registration drive?		·	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	n Regulations	!	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945		•	i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j				
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				Sb X
If "Yes" to 6b. file Form 8870.		•	· F	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ V ₆	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		•		7b
Part VIII Information About Officers, Directors, Trusto				<u>- </u>
Paid Employees, and Contractors	ccs, i dundation ma	nagers, riiging	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
	to position	enter-0-j	compensation	diowariocs
CDE CONTRACTANT 1.4		160,173.	9,818.	4,400.
SEE STATEMENT 14		100,173.	3,010.	4,400.
			,	
	*			
		1		
		1		
		. "11015"		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evança
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position	, ,	compensation	allowances
JENNIFER PEDRONI - 2506 N BROAD	VP ADMINISTRA		. 1	1
STREET, SUITE 206, COLMAR, PA 18915	37.50	83,981.	5,806.	0.
TAMELA LUCE - 2506 N BROAD STREET,	PROGRAM OFFIC	1		
SUITE 206, COLMAR, PA 18915	37.50	68,608.	4,769.	0.
				<u> </u>
Total number of other employees paid over \$50,000		•		0
			Form	990-PF (2013)
				()

Form **990-PF** (2013)

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0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

For	rm 990-PF (2013) NORTH PENN COMMUNITY HEALTH FOUNDATION	2	3-1352175 Page 8
P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	37,408,469.
b	Average of monthly cash balances	1b	1,501,195.
c	Fair market value of all other assets	1c	825,494.
d	Total (add lines 1a, b, and c)	1d	39,735,158.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	39,735,158.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	596,027.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,139,131.
6	Minimum investment return. Enter 5% of line 5	6	1,956,957.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 1,956,957. Minimum investment return from Part X, line 6 2a Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013. (This does not include the tax from Part VI.) ... 78,793. 2c 1,878,164. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years.

	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ΤΤ	
١.	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,566,697.
a	Expenses, continuations, grits, etc total from r art i, column (0), inte 20		1,300,037.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	14,142.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,580,839.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,580,839.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

	(2)	(b)	(c)	(d)
	(a) Corpus	Years prior to 2012	2012	2013
1 Distributable amount for 2013 from Part XI,		·		
line 7				1,878,164.
2 Undistributed income, if any, as of the end of 2013:				
a Enter amount for 2012 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011 393,635.				
e From 2012	202 625			
f Total of lines 3a through e	393,635.	*****		
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 1,580,839.	i		0.	
a Applied to 2012, but not more than line 2a			<u>U.</u>	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				1,580,839.
e Remaining amount distributed out of corpus	0.			1/300/033
5 Excess distributions carryover applied to 2013	297,325.			297,325.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	96,310.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously		İ		
assessed		0.		
d Subtract line 6c from line 6b. Taxable			<u> </u>	
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013, Subtract	I			
lines 4d and 5 from line 1. This amount must				•
be distributed in 2014				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
· · · · · · · · · · · · · · · · · · ·				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	96,310.			
10 Analysis of line 9:	70,310.			·
a Excess from 2009				
b Excess from 2010				
c Excess from 2011. 96,310.				
d Excess from 2012				
e Excess from 2013				
				Form 990-PF (2012)

Form 990-PF (2013) NORTH P Part XIV Private Operating Form		TY HEALTH E		N 23 N/A	3-13521/5 Page 10					
L	·····		17, question 5)	N/A						
1 a If the foundation has received a ruling or										
foundation, and the ruling is effective for 2013, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)										
1		ig touttuation described	Prior 3 years							
2 a Enter the lesser of the adjusted net	Tax year (a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total					
income from Part I or the minimum	(a) 2013	(0) 2012	(6) 2011	(4)2010	(0) 10111					
investment return from Part X for										
each year listed			 							
b 85% of line 2a										
c Qualifying distributions from Part XII,										
line 4 for each year listed			ļ							
d Amounts included in line 2c not		,								
used directly for active conduct of										
exempt activities										
e Qualifying distributions made directly										
for active conduct of exempt activities.										
Subtract line 2d from line 2c										
3 Complete 3a, b, or c for the										
alternative test relied upon: a "Assets" alternative test - enter:				,						
(1) Value of all assets			1							
(2) Value of assets qualifying										
under section 4942(j)(3)(B)(i)										
b "Endowment" alternative test - enter										
2/3 of minimum investment return shown in Part X, line 6 for each year										
listed										
c "Support" alternative test - enter:										
 Total support other than gross investment income (interest, 					i					
dividends, rents, payments on										
securities loans (section										
512(a)(5)), or royalties)										
(2) Support from general public and 5 or more exempt										
organizations as provided in										
section 4942(j)(3)(B)(iii)		ļ								
(3) Largest amount of support from										
an exempt organization										
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>	1: - 1 ¢c 000						
Part XV Supplementary Info			if the founda	ation nad \$5,000	or more in assets					
at any time during t		ructions.)								
1 Information Regarding Foundation				b th fa dah.a.a. b. afa	- 4616					
a List any managers of the foundation wh year (but only if they have contributed r			itributions received	by the foundation before	s the close of any tax					
• • •	11016 than \$5,000). (See	36611011 307 (4)(2)-)								
NONE	400/	t	/							
 b List any managers of the foundation who other entity) of which the foundation ha 	o own 10% or more of t s a 10% or greater intere	ne stock of a corporation	(or an equally large	e partion of the ownersh	ip of a partnership of					
	ou 1070 of grouter inter-	,01								
NONE	: O O:# 1	Cabalanabia ata F								
2 Information Regarding Contribut				dese not accept upople	utod requests for funds. If					
Check here Lifthe foundation of the foundation makes gifts, grants, etc.					ited requests for funds. If					
				•	<u> </u>					
a The name, address, and telephone num	ider or e-mail address of	the person to whom app	nications should be	addressed.						
CON COMMENSOR 10										
SEE STATEMENT 19 b The form in which applications should be	na cubmitted and inform	ation and materials they	chould include.							
b The form in which applications should i	se submitted and imorni	ation and materials they	3110010 11101000.		-					
c Any submission deadlines:										
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable field	s, kınds of ınstıtutio	ns, or other factors:						
-	•									

Form 990-PF (2013) NORTH PENN COMMUNIT
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	If recipient is an individual,	T Lymone		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
3 - 7				
ADVANCED LIVING MANAGEMENT		PC	MATCHING GRANT	
&DEVELOPMENT INC				
1292 ALLENTOWN ROAD				
LANSDALE, PA 19446		 		100
BENEFITS DATA TRUST		PC	PLANNING GRANT: BDT	
2 LOGAN SQUARE, SUITE 550			WILL PARTNER WITH THE	
PHILADELPHIA, PA 19103			HEALTH PROMOTION	
			COUNCIL, PHILABUNDANCE	
		<u> </u>	AND AREA HEALTH	5,000
CATHOLIC SOCIAL SERVICES		PC	PLANNING GRANT:	
353 E. JOHNSON HIGHWAY			CATHOLIC SOCIAL	
NORRISTOWN, PA 19401-2020	ļ		SERVICES WILL PARTNER	
	İ	1	WITH NORRISTOWN	
		·	MINISTRIES AND	5,000
CATHOLIC SOCIAL SERVICES		PC	OPERATING AND CAPACITY	
353 E. JOHNSON HIGHWAY			BUILDING SUPPORT	
NORRISTOWN, PA 19401-2020		<u> </u>		20,00
DELAWARE VALLEY GRANTMAKERS		PC	IN SUPORT OF SPARKING	
230 SOUTH BROAD STREET, SUITE 402			SOLUTIONS, DVG'S	
PHILADELPHIA, PA 19102			STRATEGIC PLANNING	
CEE C	OMMITATURA MITOM CHIEF	Pm/C)	FRAMEWORK	5,000
Total SEE C b Approved for future payment	ONTINUATION SHE	ET(S)	3a	632,68
MANNA ON MAIN STREET		PC	TRANSFORMING CHILD	
700 LAWN AVENUE, PO BOX 902			FOOD SECURITY IN THE	
LANSDALE, PA 19446			NORTH PENN REGION THROUGH IMPROVING	
			HEALTH FOOD ACCESS TO	25,00
NHS MONTGOMERY COUNTY		PC	TO DEVELOP AN	
400 N. BROAD STREET			INTEGRATED BEHAVIORAL	
LANSDALE, PA 19446			HEALTH AND PRIMARY	
			CARE PARTNERSHIP BETWEEN NHS MONTGOMERY	20,00
PHILABUNDANCE		PC	MAXIMIZE AND INCREASE	
3616 SOUTH GALLOWAY STREET			THE ACQUISITION AND	
PHILADELPHIA, PA 19148			DISTRIBUTION OF	
			PRODUCE AND OTHER	25 00
	ONTINUATION SHE		NUTRITIOUS FOOD TO	25,00 95,00

Form **990-PF** (2013)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Excfu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		6008		
a					
b			 		
c		<u> </u>			
d				<u></u>	
e					
f			_		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	216.	
4 Dividends and interest from securities			14	3,939,452.	
5 Net rental income or (loss) from real estate:				5/55/152.	
· · ·					
a Debt-financed property			\vdash		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			[[
than inventory			18	-7,745.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	1,201.	
b RENTAL INCOME					264,003.
С					
d					
<u> </u>					
12 Subtotal. Add columns (b), (d), and (e)		0.		3 933 124	264,003.
13 Total. Add line 12, columns (b), (d), and (e)	L			13	
(See worksheet in line 13 instructions to verify calculations.)		• • •		13	4,131,141.
					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	æmp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	pplishment of
the foundation's exempt purposes (other than b					
11B RENTAL INCOME FROM NON-	PROFIT	CENTER WHIC	НН	OUSES THE FOU	NDATION AND
SIX UNRELATED HEALTH AN					
COMMUNITY.					
		· <u>- · · · · · · · · · · · · · · · · · ·</u>			
		····			
					
					
					
					
				-	
					
		<u> </u>			
323621 10-10-13					Form 990-PF (2013)

`	Exempt Organiz	zations						
1 Did the	organization directly or indire	ctly engage in any o	of the following	with any other organization	n described in sectio	n 501(c) of		Yes No
	de (other than section 501(c)(3							
	ers from the reporting foundati							
(1) Ca	• -		one enteringe				1a(1)	Х
						• •	1a(2)	X
	her assets		• • • • • • • • • • • • • • • • • • • •				18121	- ^ -
	ransactions:						1	
	les of assets to a noncharitable						1b(1)	X
(2) Pu	irchases of assets from a nonc	charitable exempt o	rganization				1b(2)	<u> </u>
(3) Re	ental of facilities, equipment, or	r other assets					1b(3)	X
(4) Re	embursement arrangements						15(4)	X
	ans or loan guarantees						1b(5)	X
	rformance of services or mem	hershin or fundrais	sına solicitation	 S	• •	•	1b(6)	X
٠,	g of facilities, equipment, maili	•	-	• • • • • • • • • • • • • • • • • • • •	••••		1c	X
		-				 arket value of the goods, o		
	nswer to any of the above is "Y			• •				ti5,
	ices given by the reporting fou			i iess than fair market vaid	e in any transaction t	or snamny arrangement, si	IOW III	
	(d) the value of the goods, ot				1 (4)			
a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description of	of transfers, transactions, and s	haring arr	angements
			N/A					
						····		
						•		
-		·			_		.	
					-			-
						······································		
			·					
						· · · · · · · · · · · · · · · · · · ·		
0- 1- 4	foundation dispaths or indispath	u offiliated with or i	ralated to one o	or more toy everent organi	zatione described			
	foundation directly or indirectly		-		Zalions described	۲	Yes	X No
	ion 501(c) of the Code (other t		(3)) or in secu	on 52//		L_		ואו ניאו
b If Yes	"complete the following sched	Jule.	<u>-</u>	(1) Torre of secondary	1 .	Nonematics of solutional		
	(a) Name of orga	nization		(b) Type of organization	(1	c) Description of relations	пр	
	N/A					······································		
				-				
				·····				
Ur	nder penalties of perjury, I declare th	nat I have examined thi	s return, Including	accompanying schedules and	statements, and to the b	est of my knowledge	. the IDC -	tion this
	id belief, it is true, correct, and comp				nation of which preparer i	has any knowledge retu	im with the	discuss this e preparer
Here	(//. 1		-	13-72-15	TIC ICC			(see instr)?
	Constitute of officer or trustee	<i>y</i> - <i>uy</i> -		Date	Title	RER, CFO	X. Yes	No No
	Signature of officer or trustee		D	Date	Title	Check If PTIN		
	Print/Type preparer's nam	ne	Preparer's sig	inature	سا / ۲:۰۱	<i>,</i> — [
			Horai	CHUZOU -	3/10/2015	self- employed		
Paid	KAREN GRIES	3	KAREN (SRIES/'			<u>0078</u>	
Prepare	Firm's name CLIE	TONLARSC	NALLEN	LLP		Firm's EIN ► 41-0'	7467	49
Use On								
	Firm's address ▶ 610	W. GERN	IANTOWN	PIKE, STE.	400			
		YMOUTH ME				Phone no. 215-6	47_7	900
		THOUTH HE	1111 T T 1110 '	TU TAME				D-PF (2013)
						F(אביב ווווע	J-FI (2013)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

NO	ORTH PENN COMMUNITY HEALTH FOUNDATION	23-1352175				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule X For an organization	e)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo					
contributor. Comp	plete Parts I and II.					
Special Rules						
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributions for a If this box is chec purpose. Do not d	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \bigsim \$					
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule E in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

Part I	Contributors (see instructions).	. Use duplicate copies of Part	I if additional space is needed.
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		<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SPIERS TRUST, C/O WELLS FARGO WEALTH MGT ONE WST FOURTH ST, D4000-0062 WINSTON-SALEM, NC 27101	\$9,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Employer identification number

NORTH PENN COMMUNITY HEALTH FOUNDATION

23-1352175

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)

Name of organi	zation			Employer identification number	
NORTH P Part III	ENN COMMUNITY HEALTH FO Exclusively religious, charitable, etc., individing year. Complete columns (a) through (e) and the state of exclusively religious, charitable, etc., or	ual contributions to section 501(o following line entry. For organizatio contributions of \$1,000 or less for	ons comoleting Part III. enter		
(a) No. from Part I	Use duplicate copies of Part III if additional s	space is needed. (c) Use of gift	(d) Desc	ription of how gift is held	
- -		(e) Transfer of git	ft		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift _\ is held	
	Transferee's name, address, and	(e) Transfer of git		nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, and	(e) Transfer of git	er of gift Relationship of transferor to transferee		
(a) No. from Part ((b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gi	ft		
 - -	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	

ORM 990-PF INTER	EST ON SAVINO	S AND TEM	IPORARY	CASH I	INVESTMENTS	STATEMENT	1
OURCE		REVE	(A) (B) REVENUE NET INVESTMENT PER BOOKS INCOME		INVESTMENT	(C) ADJUSTED NET INCOME	
ARIOUS		216.		216.	2:	16.	
OTAL TO PART I, L	INE 3		216.		216.	2	16.
ORM 990-PF	DIVIDENDS	AND INTER	REST FRO	OM SECT	JRITIES	STATEMENT	2
OURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOK!	(B) NET INVES MENT INCO		
'ARIOUS	3,939,452.		0. 3,	939,452	2. 3,939,45	2. 3,939,4	52.
O PART I, LINE 4	3,939,452.		0. 3,	939,452	3,939,45	2. 3,939,4	52.
'ORM 990-PF		OTHER 1	NCOME			STATEMENT	3
ESCRIPTION			(A) REVEN PER BO		(B) NET INVEST- MENT INCOME		
THER INCOME ENTAL INCOME				1,201. 4,003.		1,2 264,0	
OTAL TO FORM 990-	PF, PART I,	LINE 11 ==	26	5,204.		265,2	04.
ORM 990-PF		LEGAI	FEES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
LEGAL EXPENSES		15,072	•	0	•	0. 12,1	55.
TO FM 990-PF, PG 1		15,072		0		0. 12,1	55.

ORM 990-PF	ACCOUNTI	NG FEES	F2	'ATEMENT 5	
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CCOUNTING/AUDIT EXPENSE	17,458.	0. 0.		18,708.	
O FORM 990-PF, PG 1, LN 16B	17,458.	0.	0.	18,708.	
ORM 990-PF C	OTHER PROFES	SIONAL FEES	rz	'ATEMENT 6	
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ROGRAMMATIC/BOARD/OTHER ONSULTING	209,030.	0.	0.	225,083.	
'O FORM 990-PF, PG 1, LN 16C	209,030.	0.	0.	225,083.	
'ORM 990-PF	TAX	ES	ST	'ATEMENT 7	
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX REAL ESTATE TAXES	69,338. 4,348.	0.	0.	0. 4,348.	
O FORM 990-PF, PG 1, LN 18	73,686.	0.	0.	4,348.	
ORM 990-PF	OTHER E	XPENSES	Si	CATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DFFICE SUPPLIES & COMPUTER MAINTENANCE TELEPHONE & CABLE	19,050.	0.	0.	17,679.	
(COMMUNICATIONS)	12,350.	0.	0.	12,876.	

	-			_	
NORTH PENN COMMUNITY HEALTH FO	UNDATION			23-1352	175
NSURANCE	14,597.	0.	0.	14,5	96.
UES & SUBSCRIPTIONS	8,107.	0.	0.	8,0	
ISCELLANEOUS	9,103.	0.	0.	7,7	
OSPITAL RELATED EXPENSES	24,605.	0.	0.	.,,,	0.
O FORM 990-PF, PG 1, LN 23	88,648.	0.	0.	62,1	18.
ORM 990-PF OTHER INCREASES IN	NET ASSETS O	R FUND BALANCES	ST	ATEMENT	 9
					
ESCRIPTION				AMOUNT	
NREALIZED GAIN ON SECURITIES				659,9	
HANGE IN BENEFICIAL INTEREST IN		25,5			
HANGE IN BENEFICIAL INTEREST IN		13,4	66.		
'OTAL TO FORM 990-PF, PART III,	LINE 3			698,8	86.
ORM 990-PF (THER INVESTME	nts	STA	ATEMENT	10
)ESCRIPTION	VALUATI METHOD	DOOK VALU		IR MARKE VALUE	T
JORTH PENN HOSPITAL DEFERRED	FMV			·	
COMPENSATION PLAN		519,5		519,5	
MUTUAL FUNDS	FMV	39,738,0	15.	39,738,0	15.
ALTERNATIVE INVESTMENTS	FMV	117,9	56.	117,9	56.
COTAL TO FORM 990-PF, PART II, I	LINE 13	40,375,5	510.	40,375,5	10.
FORM 990-PF DEPRECIATION OF AS	CLITH TON PURP	FOR TNVESTMENT	יים פיי	ATEMENT	11
- DEFRECIATION OF A		TOW THAPPINE	. 512	T I I I I I I I I I I I I I I I I I I I	
	COST OR	ACCUMULATE	ED		
DESCRIPTION	OTHER BASI	S DEPRECIATI	ON B	OOK VALU	E
LAND	1,906,4	78.	0.	1,906,4	78.
LAND IMPROVEMENTS	698,9			498,7	
BUILDING	4,420,8			3,730,1	
LEASEHOLD IMPROVEMENTS	898,7			12,7	
FURNITURE, FIXUTRES AND EQUIPMENT	430,8	31. 394,7	705.	36,1	26.

FOTAL TO FM 990-PF, PART II, LN 14 8,355,890. 2,171,649. 6,184,241.

ORM 990-PF	OTHER ASSETS		STATEMENT 12
ESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ENEFICIAL INTEREST IN PERPETUAL RUSTS ENEFICIAL INTEREST IN REMAINDER	211,162.	224,628.	224,628.
RUSTS OAN REFINANCING FEES, NET	575,365. 0.	600,866. 70,497.	600,866. 70,497.
O FORM 990-PF, PART II, LINE 15	786,527.	895,991.	895,991.
ORM 990-PF OT		STATEMENT 13	
ESCRIPTION	BOY AMOUNT	EOY AMOUNT	
IABILITIES IN RELATION TO NORTH OSPITAL NTEREST RATE SWAP 'ENANT SECURITY DEPOSITS	472,267. 458,775. 17,107.	519,539. 517,257. 15,807.	
'OTAL TO FORM 990-PF, PART II, LI	948,149.	1,052,603.	

STATEMENT 14

ORM 990-PF

AME AND ADDRESS			TITLE AND AVRG HRS/WK			EXPENSE
USSELL JOHNSON 506 N BROAD STREET, OLMAR, PA 18915	SUITE	206	PRESIDENT, CEO 50.00	160,173.	9,818.	4,400.
USSELL HENSEL 506 N BROAD STREET, OLMAR, PA 18915	SUITE	206	CHAIRPERSON 2.00	0 -	0.	0.
IANCY ALBA DUNLEAVY 506 N BROAD STREET, OLMAR, PA 18915			VICE CHAIRPERSON	0.	0.	0.
LFREDO DE LA PENA :506 N BROAD STREET, :OLMAR, PA 18915	SUITE	206	SECRETARY 2.00	0.	0.	0.
CENNETH AMEY 1506 N BROAD STREET, 10LMAR, PA 18915	SUITE	206	TREASURER 1.00	0.	0.	0.
SILL STEVENS 1506 N BROAD STREET, 1 BROAD STREET, SUIT COLMAR, PA 18915			DIRECTOR 1.00	0.	0.	0.
SANDY VASOLI 2506 N BROAD STREET, COLMAR, PA 18915			DIRECTOR 1.00	0.	0.	0.
GEORGE MARKS 2506 N BROAD STREET, COLMAR, PA 18915	SUITE	206	DIRECTOR 1.00	0.	0.	0.
ELIZABETH STYER 2506 N BROAD STREET, COLMAR, PA 18915	SUITE	206	DIRECTOR 1.00	0.	0.	0.
DAVID H CROSSON 2506 N BROAD STREET, COLMAR, PA 18915	SUITE	206	DIRECTOR 1.00	0.	0.	0.

PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

NORTH PENN COMMUNITY HEALTH FOUNDATION		23	-1352175
AUL POCALYKO DIRECTOR 506 N BROAD STREET, SUITE 206 1.00 OLMAR, PA 18915	0.	0.	0.
OTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	160,173.	9,818.	4,400.
	· · · · · · · · · · · · · · · · · · ·		

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

.CTIVITY ONE

ORM 990-PF

OMMUNITY PARTNERS CENTER FOR HEALTH AND HUMAN SERVICES: HE FOUNDATION, THROUGH A SUBSIDIARY COMPANY, 2506 LLC, PERATES A MULTI-TENANT NONPROFIT CENTER, COMMUNITY PARTNERS ENTER FOR HEALTH AND HUMAN SERVICES (WWW.CPCHHS.ORG) 2506 LC IS GOVERNED BY A BOARD OF MANAGERS APPOINTED BY THE ORTH PENN COMMUNITY HEALTH FOUNDATION. THE BOARD OF MANAGERS IS COMPRISED OF 5 INDIVIDUALS, 3 OF WHOM ARE TENANT EPRESENTATIVES. THE FOUNDATION'S OFFICE IS LOCATED IN THE OMMUNITY PARTNERS CENTER ALONG WITH 6 OTHER LOCAL NONPROFIT RGANIZATIONS SERVING THE NORTH PENN COMMUNITY. THE OMMUNITY PARTNERS CENTER IS DESIGNED TO ENCOURAGE OLLABORATION, EXPLORATION AND DEVELOPMENT OF SYNERGIES TO SUPPORT THE EFFORTS OF LOCAL NONPROFITS IN PROVIDING THE LIGHEST CALIBER PROGRAM AND SERVICES.

6 NONPROFIT ORGANIZATIONS UTILIZED THE COMMUNITY PARTNERS ENTER FREE MEETING ROOMS FOR APPROX. 724 MEETINGS WITH OVER 0,300 PEOPLE ATTENDING. THE VALUE OF THE FREE MEETING ROOM PACE IS APPROX. \$200,000.

						EXPENSES	
'O F	ORM 990-PF,	PART IX-A,	LINE 1			506,8	84.
'ORM	990-PF	SUMMARY	OF DIRECT	CHARITABLE	ACTIVITIES	STATEMENT	16

'CTIVITY TWO

IORTH PENN COMMONS: FOUR RESPECTED AND EFFECTIVE NONPROFIT DESCRIPTIONS IN THE LANSDALE, MONTGOMERY COUNTY, PENNSYLVANIA COMMUNITY ADVANCED LIVING COMMUNITIES, MANNA ON MAIN STREET, NORTH PENN YMCA AND THE PEAK CENTER - HAVE DEVELOPED AN INNOVATIVE PARTNERSHIP KNOWN AS NORTH PENN COMMONS (WWW.NORTHPENNCOMMONS.ORG) THAT WILL LEVERAGE THEIR

STATEMENT

O-LOCATION ON A SINGLE CAMPUS AND BUILD UPON THE INDIVIDUAL ORE COMPETENCIES OF EACH PARTNER. THE PARTNERSHIP IS ESIGNED TO FOSTER THE DEVELOPMENT OF NEW AND HIGH QUALITY ROGRAMS/SERVICES, PROVIDE BETTER ACCESS TO MEMBERS AND LIENTS, SHARE EXPENSES, AND USE PHILANTHROPIC AND VOLUNTEER ESOURCES MOST EFFECTIVELY FOR THE BENEFIT OF THE COMMUNITY.

S A FUNDER OF EACH OF THE ORGANIZATIONS, THE NORTH PENN OMMUNITY HEALTH FOUNDATION SAW THE OPPORTUNITY FOR OLLABORATION AND BROUGHT THE LEADERS OF THE FOUR AGENCIES OGETHER TO DISCUSS A COORDINATED APPROACH.

EXPENSES

O FORM 990-PF, PART IX-A, LINE 2

173,800.

ORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

17

CTIVITY THREE

OUR WAY HOME MONTGOMER COUNTY: THE FOUNDATION HAS OMMITTED \$600,000 OVER THREE YEARS TO YOUR WAY HOME ONTGOMERY COUNTY (YWH), A PUBLIC/PRIVATE PARTNERSHIP TO END OMELESSNESS IN MONTGOMERY COUNTY, PA, TO IMPROVE THE OUSING STABILITY, ECONOMIC SECURITY AND HEALTH OF ALL ONTGOMERY COUNTY RESIDENTS. YWH'S GOAL IS TO REDUCE OMELESSNESS IN MONTGOMERY COUNTY BY OVER 50% IN THE NEXT IVE YEARS WHILE EXITING PEOPLE FROM HOMELESSNESS TO ERMANENT HOUSING MORE RAPIDLY.

'HE PRESIDENT, CEO SERVES ON THE LEADERSHIP COUNCIL, 'OMPRISED OF PUBLIC, PRIVATE AND NONPROFIT PARTNERS, WHO ETS THE STRATEGIC DIRECTION AND GUIDES PRIVATE SECTOR NVESTMENTS IN SERVICES, CAPACITY BUILDING, LEARNING, 'VALUATION AND COMMUNICATIONS.

'HE FOUNDATION PROVIDES FUNDING FOR A NUMBER OF CONSULTANTS 'O SUPPORT EFFORTS TO SCALE THE POSITIVE SOCIAL IMPACT OF WH THROUGH EVALUATION, COMMUNICATIONS AND A LEARNING 'OLLABORATIVE STRUCTURE.

EXPENSES

'O FORM 990-PF, PART IX-A, LINE 3

127,521.

ORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

CTIVITY FOUR

HE ACADEMY: THE ACADEMY IS A FOUNDATION-LED CAPACITY UILDING PROGRAM FOR THE HEALTH AND HUMAN SERVICES COMMUNITY ERVING THE NORTH PENN AND SURROUNDING COMMUNITIES. THROUGH SERIES OF HIGH QUALITY WORKSHOPS, ROUNDTABLES, TRAININGS ND OTHER GATHERINGS, THE ACADEMY HELPS ORGANIZATIONS TRENGTHEN THEIR BUSINESS AND MANAGEMENT ACUMEN. WORKSHOPS ND TRAININGS ARE DELIVERED BY LOCAL AND ATIONALLY-RECOGNIZED PROFESSIONALS WITH EXPERTISE IN A WIDE ANGE OF DISCIPLINES.

HE FOUNDATION CONCEIVED OF THE ACADEMY AS A WAY TO HAVE REATER IMPACT IN THE HEALTH AND HUMAN SERVICE COMMUNITY EYOND THAT OF A TYPICAL GRANT. THESE EDUCATIONAL PPORTUNITIES ARE AVAILABLE TO BOARD MEMBERS, EXECUTIVES AND ENIOR STAFF AND ARE OFFERED FREE OF CHARGE. SINCE NCEPTION, THE ACADEMY HAS OFFERED MORE THAN 100 WORKSHOPS IN VARIOUS ASPECTS OF NONPROFIT MANAGEMENT AND GOVERNANCE TO UNDREDS OF NONPROFIT LEADERS.

EXPENSES

O FORM 990-PF, PART IX-A, LINE 4

27,500.

ORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 19

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

USSELL JOHNSON 506 N BROAD STREET, SUITE 206 OLMAR, PA 18915

'ELEPHONE NUMBER NAME OF GRANT PROGRAM

215-716-5400

HEALTH OPPORTUNITIES FUND

'ORM AND CONTENT OF APPLICATIONS

'OR THE HEALTH OPPORTUNITIES FUND, THE FOUNDATION ONLY ACCEPTS APPLICATIONS 'IA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT [TTP://NPCHF.ORG/GRANTS-PROGRAM/APPLY-GRANT.

MY SUBMISSION DEADLINES

PROPOSAL SUBMISSION DEADLINES ARE POSTED ON THE FOUNDATION'S WEBSITE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

O BE ELIGIBLE FOR GRANTS SUPPORT, AN ORGANIZATION MUST PROVIDE A SERVICE OR PROGRAM THAT BENEFITS THE RESIDENTS OF ONE OR MORE MONTGOMERY COUNTY. >ENNSYLVANIA COMMUNITIES. ORGANIZATIONS DO NOT NEED TO BE PHYSICALLY JOCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT. WIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S VEBSITE.

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

USSELL JOHNSON 506 N BROAD STREET, SUITE 206 OLMAR, PA 18915

'ELEPHONE NUMBER NAME OF GRANT PROGRAM

215-716-5400 HOUSING FUND

'ORM AND CONTENT OF APPLICATIONS

'HE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY. MORE THAN EVEN YEARS OF WORK AND THOUGHT HAVE GONE INTO DEVELOPING AN INTEGRATED OST-EFFECTIVE APPROACH TO HOUSING KNOWN AS YOUR WAY HOME MONTGOMERY OUNTY. THE FOUNDATION CONTINUES TO PARTNER WITH OTHER FUNDERS AND THE CONTGOMERY COUNTY DEPARTMENTAL LEADERS TO LAUNCH AND IMPLEMENT THE YOUR WAY IOME MONTGOMERY COUNTY PLAN.

MY SUBMISSION DEADLINES

HE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION WILL JOIN OTHER FUNDERS AND STAKEHOLDERS IN SELECTING THE JON-PROFIT ORGANIZATION TO LEAD THIS INITIATIVE.

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

USSELL JOHNSON 506 N BROAD STREET, SUITE 206 OLMAR, PA 18915

'ELEPHONE NUMBER NAME OF GRANT PROGRAM

215-716-5400 FOOD SECURITY & NUTRITION FUND

'ORM AND CONTENT OF APPLICATIONS

'OR THE FOOD SECURITY & NUTRITION FUND, THE FOUNDATION ONLY ACCEPTS PPLICATIONS VIA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT TTP://NPCHF.ORG/GRANTS-PROGRAM/APPLY-GRANT.

NY SUBMISSION DEADLINES

'ROPOSAL SUBMISSION DEADLINES ARE POSTED ON THE FOUNDATION'S WEBSITE.

ESTRICTIONS AND LIMITATIONS ON AWARDS

'O BE ELIGIBLE FOR GRANTS SUPPORT, AN ORGANIZATION MUST PROVIDE A SERVICE OR PROGRAM THAT BENEFITS THE RESIDENTS OF ONE OR MORE MONTGOMERY COUNTY. 'ENNSYLVANIA COMMUNITIES. ORGANIZATIONS DO NOT NEED TO BE PHYSICALLY OCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT. UIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S EBSITE.

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

USSELL JOHNSON 506 N BROAD STREET, SUITE 206 OLMAR, PA 18915

ELEPHONE NUMBER NAME OF GRANT PROGRAM

215-716-5400 CATALYST FUND

ORM AND CONTENT OF APPLICATIONS

HE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY. THE FUND IS ESIGNED TO PROVIDE STRATEGIC SUPPORT TO STAKEHOLDER GROUPS WORKING IN ARTNERSHIP WITH THE FOUNDATION TO DEVELOP SYSTEMS CHANGE OPPORTUNITIES HAT ALIGN WITH ITS INTERESTS.

NY SUBMISSION DEADLINES

HE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY.

ESTRICTIONS AND LIMITATIONS ON AWARDS

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



ASSET DETAIL							
Asser Description Cash & Equivalents	QUANTITY	PRICE	Market Value as of 06/30/14	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT VIELD
MONEY MARKET SECURED MARKET DEPOSIT ACCOUNT Accepted in Jourset of Jacome Portfolio	955 410		\$955.41	\$955.41	\$0.00	\$0.10	001%
SECURED MARKET DEPOSIT ACCOUNT Total Money Market	22,146.950		22,146 95 \$23,102.36	22,14695 \$23,102.36	000	2.21 \$2.31	0.01
Totaf Cash & Equivalents			\$23,102.36	\$23,102.36	\$0.00	\$2.31	0.01%
Asset Description Fixed Income	QUANTITY	PRICE	MARKET VALUE AS OF 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT
DOMESTIC MUTUAL FUNDS							
DODGE & COX INCOME FD COM #147 SYMBOL: DODIX CUSIP: 256210105	2,602.129	\$13890	\$36,143 <i>5</i> 7	\$33,302.96	\$2,840.61	\$1,105.90	3 06%
JPMORGAN HIGH YIELD FUND SELECT SHARES #3580 SYMBOL: OHYFX CUSIP: 4812C0803	1,218 489	8170	9) 526'6	9,843 50	11156	575.13	5 78
NUVEEN HIGH YIELD MUNICIPAL BOND FUND-CLAS R #1668 SYMBOL: NHMRX CUSIP: 67065Q772	568 265	16830	9,563 90	9,336 60	227.30	565.99	5 92
PIMCO TOTAL RETURN FUND INSTITUTIONAL SHARES #35 SYMBOL: PTTRX CUSIP: 693390700	3,326.173	10970	36,488.12	34,121 58	2,366.54	775 00	2.12
T ROWE PRICE INSTITUTIONAL FLOAT RATE FUND #170 SYMBOL: RPIFX CUSIP: 77958B402	803 757	10 290	8,270.66	8,275.44	- 4.78	346,42	4.19
T ROWE PRICE SHORT TERM BOND FUND #55	4,653 256	4 800	22,335 63	22,362.79	-27.16	332.10	1.49
SYMBOL: PRWBX CUSIP: 77957P105 Total Domestic Mutual Funds			\$122,756.94	\$117,242.87	\$5,514.07	\$3,700.54	3.01% 5 of 66



Asset Description Fixed Income (continued)	QUANTITY	Price	MARKET VALUE AS OF 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT YIELD
INTERNATIONAL MUTUAL FUNDS DREYFUS EMERGING MARKETS DEBT LOCAL CURRENCY FUND CLASS 1 #6083	965318	\$14620	\$14,112.95	\$13,434.69	\$678.26	\$229.75	1.63%
SYMBOL: UDBIX COSIF: 281980494 DREYFUS INTERNATIONAL BOND FUND CLASS I #6094	726.000	17210	12,49446	12,363.78	130.68	209.81	1 68
SYMBOL: DIBRX CUSIP: 261980668 FIDELITY ADVISORS EMERGING MARKETS INCOME FUND CLASS I	611212	14390	8,795.34	8,286.36	508.98	381.40	434
SYMBOL: FMKIX CUSIP: 315920702 PIMCO FOREIGN BOND FUND USD HEDGED INSTL #103	1,158.248	10 890	12,613.32	11,855.61	15771	301.14	2.39
SYMBOL: PFORX CUSIP: 693390882 Total International Mutual Funds			\$48,016.07	\$45,940.44	\$2,075.63	\$1,122.10	2.34%
Total Fixed Income			\$170,773.01	\$163,183.31	\$7,589.70	\$4,822.64	



Period Covered: July 1, 2013 - June 30, 2014

Asser Description Equities	QUANTITY	Price	Макет Value as of 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL ÍNCOME	CURRENT YIELD
DOMESTIC MUTUAL FUNDS							
ARTISAN MID CAP FUND CLASS INS #1333 SYMBOL: APHMX CUSIP: 04314H600	419192	\$51.050	\$21,399.75	\$16,84818	\$4,551 57	\$0.00	%000
DIAMOND HILL LONG-SHORT FUND CLASS I #11	481.009	23 830	11,462.44	8,332.77	3,12967	41 09	036
SYMBOL: DHLSX CUSIP: 252645833							
HARBOR CAPITAL APPRECIATION FUND CLASS INST #2012	577 907	59.220	34,223 65	21,39910	12,82455	2606	0.08
SYMBOL: HACAX CUSIP: 411511504							
ISHARES CORE S & P 500 ETF SYMBOL: IVV CUSIP: 464287200	57.000	197 000	11,229 00	7,693.33	3,535 67	201 78	180
JP MORGAN MID CAP VALUE FUND-CLASS I	567 204	37.990	21,548 08	15,683.94	5,864.14	173.56	0.80
#738 SYMBOL: FLMVX CUSIP: 339128100							
KALMAR "GROWTH WITH VALUE" SMALL CAP CLASS-INS #4 SYMBOL: KGSIX CUSIP: 483438305	498 491	21 720	10,827.22	8,748.35	2,078 87	000	000
MFS VALUE FUND-CLASS I SYMBOL: MEIIX CUSIP: 552983694	965.660	34.530	33,344,24	25,062.27	8,281 97	682.72	2.05
STRATTON SMALL-CAP VALUE FUND #37 SYMBOL: STSCX CUSIP: 863137105	135 698	78.310	10,626.51	10,56955	56.96	0.00	0.00
Total Domestic Mutual Funds			\$154,660.89	\$114,337.49	\$40,323.40	\$1,125.21	0.73%



Period Covered⁻ July 1, 2013 - June 30, 2014

Asset Description Equities (continued)	QUANTITY	Price	Market Value as of 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT YIELD
INTERNATIONAL MUTUAL FUNDS							
ARTISAN INTERNATIONAL FUND #661 SYMBOL: ARTIX CUSIP: 04314H204	689 668	\$31.530	\$28,367 19	\$19,44400	\$8,923 19	\$510.12	1 80%
DODGE & COX INTERNATIONAL STOCK FUND #1048 SYMBOL: DODFX CUSIP: 256206103	598.961	46 440	27,815.75	18,092.25	9,723.50	41628	1.50
OPPENHEIMER DEVELOPING MKT-Y #788 SYMBOL: ODVYX CUSIP: 683974505	701 012	39820	27,914.30	24,545 17	3,36913	11426	0.41
VANGUARD FTSE EMERGING MARKETS ETF SYMBOL: VWO CUSIP: 922042858	213.000	43.130	9,186.69	8,935.13	251.56	230.89	251
Total International Mutual Funds			\$93,283.93	\$71,016.55	\$22,267.38	\$1,271.55	1.36%
Total Equities			\$247,944.82	\$185,354.04	\$62,590.78	\$2,396.76	0.97%

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Asser Description Complementary Strategies	QUANTITY	PRICE	MARKET VALUE AS OF 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT YIELD
OTHER ASG GLOBAL ALTERNATIVES FUND CLASS Y #1993	088 886	\$11 280	\$11,155.69	\$11,373.26	-\$21757	\$000	%00.0
SYMBOL: GAFYX CUSIF: 638/21885 DRIEHAUS ACTIVE INCOME FUND SYMBOL: LCMAX CUSIF: 262028855	1,032 551	10.730	11,07927	10,832.69	246.58	234.39	212
EATON VANCE GLOBAL MACCO ABSOLUTE RETURN FUND CLASS I #008B SYMBOL: EIGMX CUSIP: 277923728	868 475	9310	8,085 50	8,300.95	- 215 45	33697	417
MERGER FD SH BEN INT SYMBOL: MERFX CUSIP: 589509108	848.395	16470	13,973 07	13,44087	532 20	263.85	1.89
NEUBERGER BERMAN LONG SHORT FUND CLASS INS #1830 SYMBOL: NLSIX CUSIP: 64128R608	1,511,752	12 960	19,592.31	19,501,60	90.71	10.43	0.05
Total Other			\$63,885.84	\$63,449.37	\$436.47	\$845.64	1.32%
Total Complementary Strategies			\$63,885.84	\$63,449.37	\$436.47	\$845.64	1.32%



Period Covered: July 1, 2013 - June 30, 2014

Asset Description Real Assets	QUANTITY	PRICE	MARKET VALUE AS OF 06/30/14	Cost Basis	Unrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT YIELD
REAL ASSET FUNDS CREDIT SUISSE COMMODITY RETURN STRATEGY FUND CLASS-1 #2156	2,171 404	\$7.700	\$16,719.81	\$16,42341	\$296.40	\$0.00	%00'0
SYMBOL: CRSOX CUSIP: 22544R305 SPOR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	445.000	44.240	19,686.80	16,616.29	3,07051	861.08	4.37
SYMBOL: RWX CUSIP: 78463X863 VANGUARD REIT VIPER CXXXROL: XXIO CLISTS: 622608553	260 000	74840	19,458.40	13,588.36	5,870 04	721.24	371
SIMBOL: VNQ CUSIF: 922900555 Total Real Asset Funds			\$55,865.01	\$46,628.06	\$9,236.95	\$1,582.32	2.83%
Total Real Assets			\$55,865.01	\$46,628.06	\$9,236.95	\$1,582.32	2.83%
TOTAL ASSETS			ACCOUNT VALUE AS OF 06/30/14 \$561,571.04	CosT Basis \$481,717.14	UNREALIZED GAIN/LOSS \$79,853.90	Estimated Annual Income \$9,649.67	





Investor Statement

From: 04/01/2014 To: 06/30/2014

North Penn Community Health Fund

Investor Name: North Penn Community Health Fund

Portfolio Description MDF Special Investments SPC,	Ltd.						Currency USD
	Opening NV M	Net ovement	Ending Units	Ending Valuation	Ending MV	Period RoR	Year RoR
MPPLTD March 2009 Segregated Portfolio Class A - USD	18,680.03	0.00	254.7235	71.1296	18,118.39	-3 01%	-2.61%
Total in USD	18,680 03	0.00	254 7235		18,118 39 1220 04		

Should you have any queries regarding the contents of this statement please contact the Investor Services Department at the address provided below

Notes: 1. This is a statement of registered shares only. 2. Please note slight variations may occur due to rounding. 3. Any errors or omissions on this statement should be communicated to us within 30 days. 4. Performance results are unaudited, net of all fees and expenses, and are time-weighted over the period specified above. Performance results for this account may differ from the fund performance for various reasons including, but not limited to, timing of investments. Past performance is not indicative of future results.

CACEIS as Administrator 1 Robert Speck Parkway, Suite 1510 Mississauga, ON L4Z 3M3, Canada www.caceis.com Investor Services
Tel: + 1 905 281 0001
Fax: + 1 905 248 5161
Email: na.ls.meridian@caceis com



North Penn Community Health Foundation

Austin Capital Safe Harbor Offshore Fund, LTD. FOR THE PERIOD: 6/01/14 - 6/30/14

RETURNS	PTD	YTD
Austin Capital Safe Harbor Offshore Fund, LTD.	1.38%	(11.96)%

Estimated time-weighted returns for this account. Due to timing of personal investments, this return may not equal funds

ACCOUNT VALUE	PTD	YTD
Beginning Capital	\$98,483	\$113,403
Capital Additions	\$0	\$0
Capital Withdrawals	\$0	\$0
Investment Gains/Losses	\$1,355	\$(13,565)
Estimated Ending Capital	\$99,838	\$99,838 1220.04

Differences of \$1 to \$2 are due to rounding

The information on this statement is being provided solely for the benefit of the investor to whom this statement is addressed and is not intended to be relied upon by the third party. If you are not the intended recipient, please delete and destroy all copies in your possession and notify the sender that you have received this statement in error.

This is not an offer to sell any securities or a solicitation to buy any securities. The information being provided is estimated and unaudited. The value shown above may vary significantly from the final unaudited net asset value and the final year-end audited net asset value.

Any questions regarding this statement can be addressed by contacting team@acminvestment.com.



Account Statement 06/01/2014 - 06/30/2014 Page 1 of 6

Registration:

NORTH PENN COMMUNITY HEALTH FDN

Account Summary - Current Month

	Share	Share 05/30/2019	Enging
Fund Name	Balance NAV	NAV	Market Value
	2,292,209 363 \$16 75	\$16 75	\$38,394,506 83
			\$38,394,506.83

Distributions may be reinvested or paid in cash at the election of the member. See the Transaction History section for information specific to each fund investment

The average cost basis is calculated using the single-category average cost basis method. It takes into account all purchases and redemptions, including shares acquired through relinvested dividends and capital gains distributions and wash sales, if any

Numbers may not add to totals due to rounding.



Account Statement 06/01/2014 - 06/30/2014 Page 1 of 6

Registration:

NORTH PENN COMMUNITY HEALTH FDN

	Share	Share 06/30/2014	Ending	
	Balance	NAV	Market Value	
TIFE MULTI-ASSET FUND	16,604 098	\$1675	\$278,118 64	
			\$278,118.64	

Distributions may be reinvested or paid in cash at the election of the member. See the Transaction History section for information specific to each fund investment.

The average cost basis is calculated using the single-category average cost basis method. It takes into account all purchases and redemptions, including shares acquired through reinvested dividends and capital gains distributions and wash sales, if any

Numbers may not add to totals due to rounding.

NORTH PENN COMMUNITY HEALTH FDN



ASSET DETAIL

Аsseт Descapenon Cash & Equivalents	QUANTITY	PRICE	Market Valué as of 06/30/14	Cost Basis	UNREALIZÊD GAIN/LOSS	CURRENT:	ACCRUED
MONEY MARKET SECURED MARKET DEPOSIT ACCOUNT Accet Hald in Invested Involve Particular	8,851.930		\$8,851.93	\$8,851.93	\$0.00	0.01%	\$0,14
SECURED MARKET DEPOSÍT ACCOUNT Total Money Market	460,900.60C		460,900.6p \$469,752,53	460,900.60 \$469,752.53	0.00	0.01 % 10.0	3,68 \$3.82
Total Ćash & Equivalents			\$469,752.53	\$469,752,53	\$0.00	0.01%	\$3,82
Asset Description . Fixed Income	Рая Valug	मुभए	Маккет Vацие as of 06/30/14	Čošī Basis	UNREALIZED YIELDTO' GAIN/LOSS MATURITY	Yield to' Aaturity	ACCRUED.
MUNICIPAL BONDS ALLEGHENY CNTY PA HGR EDU BLDG DUQUESNE UNIV-SER A DTD 03/19/13 4.000 03/01/2017	200,000,006	\$108.593	\$217,186.00	\$218,185.96	ት የ99 9 ች	0.74%	\$2,666.67
CUSIP: 01728RJPS MOODY'S RATING: AZ STANDARD & POOR'S RATING: A y CARLISLE PA AREA SCH DIST	150,000,000	100.296	150,444.00	148,880.25	1,563.75	m m	1,700 00.
SER D DTD 09/15/09 3,400 03/01/2019 CUSIP: 142508KP4 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: N/R	200,000,000	100.605	201,210.00	00.962,991	,710.80	2.72	1,500.00
SEK A CDTD 1/10/09 3.000 10/01/2016 CUSIP: 289218JW0 ' MOODY'S RATING'N'R STANDARD & POOR'S RATING: AA							



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Accaued Income	2,266.67	,766.67	2,000.00	633.33	1,233.33	675.00
Үівца то Матикіт	9.28	1.06	1.00	274	0.79	2.17
ÜNREALIZED YIELD TO GAIN/LOSS MATURITY	2,511.3(1,490.95	- 546.00	638.00	. 1,086.00	2,033.34
Cost Basis	198,588.69	213,209.05	109,399.00	100,000,00	217,886,00.	99,385.66
Ū	. 10	21	2	10	21	ଦ
Market Value as of 06/30/14	201,100.00	214,700.00	108,853.00	100,638.00	216,800,00	101,419.0 <u>0</u>
MAR	50,	21,2	100	100	216	10
PRICE	100.550	107.350,	108:853	100.638	108:400	101.419
Pan Value	200,000.000	200,000,000	100,000.000	100,000,000	200'000'000	190,000.000.
Δ,	200,	, 200,	100,	1001	200'	100,
(portoite	ontinued)	1707.74.4 (2018)	THOS.	2016. 2016.	5	2018 ING: ÄAA 2017 ING: N/R
9	0NDS (A)	2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/200000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15/2000 05/15	77 PA HOS ASTER GE 300 07/01.	1TY PA 200-10/15 3 G: N/R	TWP PA	000 07/15 1 G: AAA 00R'S RAT TWP PA 700 04/01. 4 4 G: AA2
Asset Description Eivard Income (constituted)	MUNICIPAL BONDS (continued) ERIE CNTY PA DTD 09/15/09 3.400 09/01/2019 CUSIP: 295173MR6 MOODY'S RATING: N/R	STANDARD & POOK 3 KATING: AA HAMPDEN TWP PA. DTD 11/28/12:3:000 05/15/2018 CUSIP: 4087934G2 MOODY'S RATING: N/R	LANCASTER CNTY PA HOSP AUTH HTLH SYS-LANCASTER GEN - DTD 06/28/12 4,000 07/01/2017 CUSIP: 514045ZW6 MOODY'S RATING' À\A\S\S\S\S\S\S\S\S\S\S\S\S\S\S\S\S\S\S\	LEBANON COUNTY PA DTD 09/10/09 3.000-10/15/2016. CUSIP: 522426LW3 MOODY'S RATING: N/R	LOWER MERION TWP PA	DTD 04/17/14 3.000 07/15/2018 CUSIP: 5482535M1 MOODY'S RATING: AAA STANDARD & POOR'S RATING: ÁA'A' LOWER PAXTON TWP PA SER C CUSIP: 548383GV4 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: N/R
Asser D Fixa	MUNI ERIE CI OTO O CUSIP: MOOD	HAMP DTD 1 MOOD	MOOD MOOD MOOD	LEBAN DITO O CUSIP: MOOC	LOWER	DTD 0. CUSIP: SER C CUSIP: MOOD STAND STAND STAND STAND



Accrúed. Income	75ò.oó	755.00	388,89	11.67.	5.83	
י פון מופן אדטמודא	0.42	2,67.	3.29	0.28:	0.28.	
UNREALIZED YIELD TO GAIN/LOSS MATURITY	626.76	1,535.67	2,751.53	305.12.	152.55	
Cost Basis	100,024,24	749,563.83	249,443.47	10,035.48	5,017.75	
MARKET VALUE AS OF 06/30/14	100,128,001	151,099.5¢	252,195.00	10,340,60	5,170,30	
Price	100.651	100.733	100.878	103.408	103,406	
PAR VALUE	100,000,000	150,000.000	250,000.000	10,000,000	0.00,000'5'.	
Asset Description,	Fixed Income (continued) MUNICIPAL BONDS (continued) MEADVILLEPA	JENA DETD 07/30/09 3.000 10/01/2014 CUSIP: 583257KC3 MOODY'S RATING: A2 STANDARD & POOR'S RATING. AA. MOHAWK AREA SCH DIST PA	DTD 08/24/09 3,000 11/01/2016 CUSIP: 608156GP4 MOODY'S RATING: N/R STANDARD & POOR'S RATING: A MONESSEN PA SCH DIST REF-SER A DTD 09/15/09 3,500 12/15/2018	CUSIP. 609269EV3 MOODY'S RATING: N/R STANDARD & POOR'S RATING. N/R MONTGOMERY CNTY PA. PREREFUNDED DTD 07/15/09 2.625 12/15/2015:	CUSING A STATING: N/R MOODY'S RATING: N/R STANDARD & POOR'S RATING: N/R MONTGOMERY CNTY PA. PREREFUNDED-2014-2-NTS-SER CDTD 07/15/09 2.625 12/15/2015 ESCROWED TO MATURITY CUSIP: 6135/9135 MOODY'S RATING: N/R	STANDARD & POOR'S RATING N/R

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Period Covered: April 1, 2014 - June 30, 2014

UNREAUZED YELDTO ACCRUED GAIN/LOSS MATURITE INCOME	2,681.06 0.21 99.17	965.71 2.599. 1,033.33	- 1,030.00 0.71 844.44	2,190.04 '0.35" 1,700.00	.17,820:15. 1.08 3,645.83
Cost Basis	85,301.59	99,358.29	208,130.00	150,286,46	250,489.85
MARKET VALUE AS OF 06/30/14	87,982.65	100,324 00	207,100.00	152,476.50	268,310.00
PRICE	103.50\$	100,324,	103.550	101.651	107.324
Par Value	85,000,000	100,000.000	200,000.000	150,000.000	250,000.000
Asser Description Fixed Income (continued)	MUNICIPAL BONDS (continued)* MONTGOMERY CNTY PA. UNREFUNDED-2014-2-NTS-SER C. DTD 07/15/09 2:625 12/15/2015 CUSIP; 613579U6G. MOODY'S RATING AA1	STANDARD & POOR'S RATING: N/R NEW HOPE SOLEBURY PA SCH DIST REF-SER A DTD 03/01/09 3.100 09/01/2017 CUSIP: 645500L56	MOODY'S RATING: AAI. STANDARD & POOR'S RĂTING! N/R NORTH FAYETTE TWP PA DTD 04/15/14 2,000 04/15/2017 CUSIP: 65938187	STANDARD & POOR'S RATING: 44後、 PENN DELCO PA SCH DIST SER B DID 11/23/09 3,000 02/15/2015	MOODY'S RATING: N'R STANDARD & POOR'S RATING: AA PENNSYLVANIA ST HIGHER EDL CARNEGIE MELLON UNIV UTD 08/20/09 3.500 08/01/2017 CUSIP: 70917 RXD2



UNREALIZEĎ YJELD TÓ ACCRUED GAIN/LOSS MATURITY INCOME	1.22	1,331.37. 2.04 527.78	987.44 0.16 479.17	678 <i>57</i> 3.30, 1,133.33	430 748 12 C35 N71 KX
Cost Basis (107,225.73	99,253.63	150,326.5&	99,662 ₄ 43	\$3,269,153.42 \$3
MARKET VALUE As OF 06/30/14	-	100,585.00	151,314,00	100,341.00	\$3,308,401.55
JE PHĆA	·	100.585	100.826	ið . 100.341,	
Par Value	100,000.000	100,000.000	150,000, 000	100,000.009	
Asset Description	Fixed Income (continued) MUNICIPAL BONDS (continued) PENNSYLVANIA ST TURNPIKE COMMI SER B DTD 12/22/09 3.125 12/01/2018 CUSIP: 709223YF2 MOODY'S RATING: À1 STANDARD & POOR'S RATING: Á+	PHILIPSBURG-OSCEOLA PA AREA. DTD 09/08/09 2 500 10/15/2015 CUSIP: 718703FE6 MOODY'S RATING: A2 STANDARD & POOR'S RATING: À&	STATE COLLEGE BÖRO PA DTD 11/10/09 2.500.11/15/2014 CUSIP: 856647HL9 MOODY'S RATING: NYR STANDARD & POOR'S RATING: AA	WARMINSTER TWP PA MUN AUTH SWR DTD 03/01/09 3 400 03/01/2018 CUSIP: 934357FN9 MOODY'S RATING: AZ STANDARD & POOR'S RATING. AA	Total Municipal Bonds

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Asser Descaipnoù Equitiés	Quantity	PRICE	Мавкет Value, as of 06/30/14	Cost Basis	ÜNREALZED GAIN/LOSS	CURRENT YIELD	Accrued
CONSUMER DISCRETIONARY HOME DEPOT INC	2,500.000	\$80.960	\$202,400.00	\$68,995.00	\$133,405.00-	2.32%	\$0.00
LOWES COS INC SYMBOLLOW CUSIP: 548661197	4,000.000	47.990	191,960.00	92,960.00	00'000'66	1.92	0.00
MCDONALDS CORP SYMBOL; MCD CUSIP-580135101	1,125.000	100.740	113,332.50	00.606,89	49,423.50	3.22	000
TARGET CORP SYMBOL: TGT CUSIP: 87612E106	2,000;000	57.950	115,900.00	77,836.00	38,064.00	3.59	0.00
WALT DISNEY CQ SYMBOL: DIS CUSIP: 254687106	6,800.000	85.740	514,440,00	65,049 69	449,390.31	j.00	å.00
Total Consumer Discretionary			\$1,138,032,50	\$368,749.69	\$769,282,81	1.88%	\$0.00
CONSUMER STAPLES							
COLGATE PALMOLIVE CO SYMBOL: CL CUSIP: 194162103	4,000.000	\$68.180.	\$272,720.00	\$26,964.30	\$245,755.70	2.11%	\$0.00.
PROCTER & GAMBLE CO SYMBOL: PG CUSIP: 742718109	78,000,000	78.59G	628,720,00	93,966,48	534,753.52	3.27	0,00
Total Consumer Staples			\$901,440.00	\$120,930.78	\$780,509.22	2.92%	\$0.00
ENERGY							
CHEVRON CORP SYMBOL: CVX CUSIP; 166764100	6,160.000	\$130.550	\$804,188.00	\$123,617.89	\$680,570.11	3.28%	\$0.00
CONOCOPHILLIPS SYMBOL: COP CUSIP: 208255CT04	7,870.000	85.730	160,315.10	46,372.93	113,942.17	3.22	00:00
PHILLIPS & SS CUSIP: 718546104	935,000	80:430	75,202.05	13,781.34	61,420.73	2,49	0.00
Total Energy.			\$1,039,705.15	\$183,772.16	\$855,932.99	3,21%	\$0.0 <i>\$</i>



Accrued Income	\$875.00	00°0	645.00	\$1,520,00	\$0.00	00.0	.00.00	0.00	0.00	0.00	\$0,00:		\$2,090.00	1,680.00	0.00	\$3,770.00	14 of 33
Current Vield	2,17%	2.78	1.78	2.20%	2.15%	2.98.	1.19	2.97	2.68	3.5Ó	2.79%	-	3,35%	1.92	0,05	7.02%	
UNREALIZED S GAIN/LOSS	\$89,327.10	40,320.00	44,380.30	\$174,027.40	\$151,305.50	214,845,16-	62,510.00	102,040,15	43,192.0Q	294,391.19	\$868,284.00		\$240,317,34	163,862.00	112,671.60	\$516,850.94	
Cost Basis	\$71,970.40	74,920,00	100,228,70	\$247,119.10	\$20,474,50	22,202,84	99,650.00	84,723,35	61,428.00	149,473.2T	\$437,951.90	,	\$9,342,66	186,37870	38,768.40	\$234,489.06	
Market Value as of 06/30/14	\$161,297.50	115,240.00	144,609.00	\$421,146.50	\$171,780.00	237,048,00	162,160.00	186,763.50	104,620.00	443,864.40	\$1,306,235.90		\$249,660,00	350,240.00	151,440.00	\$751,340.00	
PAICE	\$92,170	\$7.620°	67.260		\$40.900	56.440	81,08Q ²	48:510	104 62Ď	.29.680			\$26.280	87,560	252.400		
Quantity	1,750.000	2,000.000	2,150,00a.		4,200000	4,200.000	2,000.000	3,850.000	000 000′1	14,955.000			9,500.000	4,000.000	000.009		
Aššer Descalitylóla. Equities (continued)	FINANCIALS CHUBB CORP	SYMBOL: (B. CUSIP: 1712344) JPMORGAN CHASE & CO	STATE STREET CORP SYMBOL: STATE STREET CORP	Total Financials	HEALTH CARE ABBOTT LABS	SYMBOL: ABT CUSIF: 002824100 ABBVIE INC	STMBOL: ABBY COSIT: 00207 1103 AETNA INC-NEW SYMBOL: AET CLISTO, 0001277308	BRISTOL MYERS SQUIBB CO.	JOHNSON & JOHNSON SYMBOL IN CUSIN: 478160104	PFIZER INC SYMBOL: PEF CUSIP: 717081103	Total Health Care	INDUSTRIALS	GENERAL ELECTRIC CO. SYMBOL: GE CUSIP: 369604103	ILLINOIS TOOL WORKS INC. SYMBOI : ITW CUSIP. 453408109	PRECISION CASTPARTS CORP.	Total Industrials.	





Asset Description ·	QUANTITY	PRICE	MARKET VALUE AS OF 06/30/14	Cost Basis	Unrealized Gain/Loss	CURRENT YIELD	Accrued Income
INFORMATION TECHNOLOGY							
HEWLETT PACKARD CO SYMBOL: HPQ CUSIP: 428236103	6,500,000	\$33.680	\$218,920.00	\$178,946.50	\$39,973.50	1 90%	\$1,040.00
INTEL CORP COMM	16,400.000	30.900	506,760.00*	58,937.50	447,822.50	16.5	0.00
SYMBOL: NTC CUSIP: 458140100							
INTERNATIONAL BUSINESS MACHS CORP	550.000	181,270	99,698.50	64,514.29	35,184.21	2.43	0.00
SYMBOL: IBM CUSIP: 459200101							
MICROSOFT CORP SYMBOL: MSFT CUSIP: 594918104	10,000 000	41.700	417,000.00	249,180,55	167,819,45	2.69	ò,od
Total Information Technology.			\$1,242,378.50	\$551,578.84	5690,799.66	2.62%	\$1,040.00
MATERIALS			•				
PRAXAIR INC COM SYMBOL: PX CUSIP: 74005P104	2,000,000	\$132.840	\$265,680.00	\$192,456.00	\$163,224.00	1.96%	\$0.00
Total Materials			\$265,680.00	\$102,456.00	\$163,224.00	1.96%	\$0.00
TELECOMMUNICATION SERVICES							
CENTURYLINK, INC. 5YMBOL: CTL. CUSIP: 156700106	2,250.000	\$36.200	\$81,450,00.	\$71,318.25	\$10,131.75	5.97%	\$0,00
FRONTIER COMMUNICATIONS CORPORATION SYMBOL: FTR CUSIP: 35906A108	240,000	5.840	1,401,60	1,958.64	- 557.04	685	0.00
VERIZON COMMUNICATIONS. SYMBOL: VZ CUSIP: 92343V104:	1,000.000	48.930.	48,930.00	33,313.14	15,616.86	4.33	ōo'a
Total Telecommunication Seryices			\$131,781.60	\$106,590.03	\$25,191.57	5.37%	\$0.00
SOUTHERN CO SYMBOL: SO CUSIP! 842587107	3,500.000	\$45.380	\$158,830,00	\$107,135:00	\$51,695.00	4.63%	\$0.05.
Total Utilities			\$158,830.00	\$107,135.00	\$51,695.00	4.63%	00'05

15 of 33



Asser Description Equities (continued)	QUANTITY	Pace	MARKET VALUE AS OF DG/30/14	Ćost Basis	UNREALIZED GAIN/LOSS	Current Yield	Accruen
INTERNATIONAL EQUITIES ACE LIMITED CUSIP: H00238105	1,350.000	\$103,700	\$139,995.00	\$70,050.15	\$69,944,85	2.51%	\$0.00
EATON CORP PLC	1,549.000	77.180	119,551.82	80,401.77	39,150.05	2.54	0.00
Total International Equities			\$259,546,82	\$150,451.92	\$109,094.90	2.52%	\$0.00
ISHARES RUSSELL MID-CAP ETF SYMBOL: WR CITIED 464387469	10,092.000	\$162,560	\$1,640,555.52	\$681,684.94	\$958,870.58	1.28%	\$6.00
JIMBOL IM COSII: 40/20/45/ ISHARES RUSSELL 2000 ETF SYMBOL: IWM CLISIP: 464/387655	3,191,300	118.810	379,122.71	165,835,53	213,287.18	1.22	0,00
Total Domestic Mutual Funds			\$2,019,678.23	\$847,520.47.	\$1,172,157.76	1.27%	\$0.00
Total Equíties			\$9,635,795.20	\$3,458,744.95	\$6,177,050.25	2.35%	\$6,330.00
Asser Description Real Assets	QUANTITY	Price	Market Value as of 06/30/14 ·	CostBásis	Unrealized Gain/Loss	Cunrent Vield	ACCRUED INCOME
REAL ASSET FUNDS · SPOR DOW JONES REIT ETF SYMBOL: RWR CUSIP, 78464A602	13,276.000	\$83.000	\$1,101,908.00	\$505,181.30.	\$596,726.70	3.04%	\$0.00
Total Real Asset Funds			\$1,101,908.00`.	\$505,181.80,	\$596,726,70	3.04%	\$0.00
Total Real Assets			\$1,101,908.00	\$505,181.30	\$596,726.70	3.04%	\$0.00
TOTALASSETS		v	ACCOUNTVALUE AS OF 06/30/14 \$14,515,857.28	Cost Basis \$7,702,832.20	Unrealized Gain/Loss ^{.,} \$6,813,025.08	· (5)	Accause Income \$31,405.35



ING Life Insurance and Annuity Company PO Box 990067 Hartford, CT 06199-0067

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Statement of Account

Plan Summary April 1, 2014 Through June 30, 2014

CK1000 NORTH PENNSYLVANIA HOSPITAL VK1072

			ACTIVITY	¥.			
INVESTMENT OPTION	BEGINNING VALUE	CONTRIBUTIONS WITHDRAWALS	WITHDRAWALS	FEES	OTHER	CHANGE IN INVESTMENT VALUE	ENDING
Voya Growth and Income Port I	\$52,293 45	\$ 00	\$ 00	\$.00	\$.00	\$2,609 59	\$54,903 04
ING Fixed Plus Account	\$5 52	\$ 00	\$ 00	\$,00	\$ 00	\$ 04	\$5 56
Voya Small Company Portfolio I	\$26,119 76	\$ 00	\$ 00	\$ 00	\$ 00	\$547.38	\$26,667 14
Voya Index Plus MidCap Portfolio I	\$86,505 94	\$ 00	\$ 00	\$ 00	\$ 00	\$3,233.63	\$89,739 57
VY TRowePrice Grwth Eqty Port I	\$17,495 84	\$ 00	\$ 00	\$ 00	\$ 00	\$638 79	\$18,134 63
Voya International Index Port I	\$7,822 37	\$ 00	\$ 00	\$ 00	\$ 00	\$304 38	\$8,126 75
VY BlackRock Lrg Cp Grw Port Inst	\$7,417 69	\$ 00	\$ 00	\$ 00	\$ 00	\$309 62	\$7,727 31
TOTAL	\$197,660.57	\$.00	\$.00	\$.00	\$.00	\$7,643.43	\$205,304.00

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Statement of Account

Plan Summary April 1, 2014 Through June 30, 2014

CK1000 NORTH PENNSYLVANIA HOSPITAL VK1072

			ACTIVITY	Y			
INVESTMENT OPTION	BEGINNING VALUE	CONTRIBUTIONS	WITHDRAWALS	FEES	OTHER	CHANGE IN INVESTMENT VALUE	ENDING
ING Fixed Account	\$311,551 40	\$ 00	00 \$	\$ 00	\$ 00	\$2,683 60	\$314,235 00
TOTAL	\$311,551.40	8.00	8.00	8.00	8.00	\$2,683.60	\$314,235.00
Total Contributions			ACTIVITY	۶			
INVESTMENT OPTION	BEGINNING VALUE	CONTRIBUTIONS	WITHDRAWALS	FEES	OTHER	CHANGE IN INVESTMENT VALUE	ENDING
Vova Growth and Income Port I	\$52,293 45	\$ 00	\$ 00	\$ 00	\$ 00	\$2,609 59	\$54,903 04
ING Fixed Account	\$311,551 40	\$ 00	\$ 00	\$ 00	\$.00	\$2,683.60	\$314,235 00
ING Fixed Plus Account	\$5 52	\$ 00	\$ 00	\$ 00	\$ 00	\$ 04	\$5 56
Voya Small Company Portfolio I	\$26,119 76	\$ 00	\$ 00	\$ 00	\$ 00	\$547 38	\$26,667 14
Voya Index Plus MidCap Portfolio I	\$86,505 94	\$ 00	\$ 00	\$ 00	\$ 00	\$3,233 63	\$89,739 57
VY TRowePrice Grwth Eaty Port I	\$17,495 84	\$ 00	\$ 00	\$ 00	\$ 00	\$638 79	\$18,134 63
Yova International Index Port I	\$7,822 37	\$ 00	\$ 00	\$ 00	00 s	\$304 38	\$8,126 75
VY BlackRock Lrg Cp Grw Port Inst	\$7,417 69	\$ 00	\$.00	\$ 00	\$ 00	\$309 62	\$7,727 31
TOTAL	\$509,211.97	\$.00	\$.00	8.00	\$.00	\$10,327.03	\$519,539.00

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Control	
FAMILY SERVICE OF MONTGOMERY COUNTY		PC	IN CONTINUED SUPPORT	
3125 RIDGE PIKE			OF EFFORTS TO BECOME A	
EAGLEVILLE, PA 19403			HIGH-PERFORMING	
			ORRGANIZATION.	30,000
		70	VA TICULTANG CODANIE	
FAMILY SERVICE OF MONTGOMERY COUNTY		PC	MATCHING GRANT	
3125 RIDGE PIKE				1 220
EAGLEVILLE, PA 19403	 			1,320
GRAND VIEW HOSPITAL		PC	TO FULLY INTEGRATE A	
700 LAWN AVENUE, PO BOX 902			BREASTFEEDING	
SELLERSVILLE, PA 18960			EDUCATION AND TRAINING	
			PROGRAM WITHIN THE	
			HOSPITAL'S CONTINUING	15,000
			GTV NOVEW GDANE FOR	
GREATER HARLEYSVILLE AND NORTH PENN		PC	A SIX MONTH GRANT FOR	
SENIOR SERVICES			FURTHERANCE OF THE	
312 ALUMNI AVE			NORTH PENN COMMONS	
HARLEYSVILLE, PA 19438			PROJECT	50,000
GREATER NORTH PENN COLLABORATIVE FOR		PC	TO SUPPORT ITS	
HEALTH AND HUMAN SERVICES			PROGRAMS AND	
P. O. BOX 66			ACTIVITIES, INCLUDING	
HARLEYSVILLE, PA 19438			A REVIEW OF THE	
	 	<u> </u>	COMMUNITY'S UNMET	1,692
GREATER NORTH PENN COLLABORATIVE FOR		PC	GENERAL OPERATING	
HEALTH AND HUMAN SERVICES		•	SUPPORT	
			BUFFORI	
P. O. BOX 66				15,000
HARLEYSVILLE, PA 19438				13,000
HEALTH PROMOTION COUNCIL OF SE		PC	IN SUPPORT OF THE	
PENNSYLVANIA, INC.			THIRD AND FINAL YEAR	
260 SOUTH BROAD STREET, 18TH FLOOR			OF THE CULTIVATING	
PHILADELPHIA, PA 19102-5085			COMMUNITIES CAMPAIGN	37,000
HEALTH PROMOTION COUNCIL OF SE		PC	PLANNING GRANT: HPC	•
PENNSYLVANIA, INC.			WILL PARTNER WITH THE	
260 SOUTH BROAD STREET, 18TH FLOOR			BENEFITS DATA TRUST	
PHILADELPHIA, PA 19102-5085		-	PHILABUNDANCE AND AREA	
THIMBUUTH, IN 19102 5005			HEALTH SYSTEMS TO HELP	5,000
INDIAN CREEK FOUNDATION		PC	MATCHING GRANT	
420 COWPATH ROAD				
SOUDERTON PA 18964				100
<u></u>				
JEWISH HEALTHCARE FOUNDATION OF		PC	PENNSYLVANIA HEALTH	
PITTSBURGH			FUNDERS COLLABORATIVE	
650 SMITHFIELD STREET, SUITE 2400				
PITTSBURGH PA 15222				7,500
Total from continuation sheets				597 587

(01)			_
' '			
show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
or substantial contributor	recipient		
	PC	CONVENE A WORKGROUP TO	
		IDENTIFY SERVICE GAPS	
		AND DEVELOP STRATEGIES	
		1	
 		ELIGIBLE POPULATION	50,000.
	ng	CAMBUTANG GRAAM	
	PC	MATCHING GRANT	
			100
			100.
	PC	MATCHING GRANT	
		!	3,000.
	PC	PLANNING GRANT: MANNA	,
		SEEKS TO TRANSFORM	
			5,000
			-
	PC	MATCHING GRANT	
			500
	PC	MATCHING GRANT	
			500
	DG.	DETECTOR & WENCYME AND	
	PC)	
		1	10 250
	PC PC		10,250
	10		
		1	
		- f	25,000
	PC		
		SNAP COLLECTIVE IMPACT	
		INCREASE SNAP	
L		PARTICIPATION RATES IN	5,000
	PC	FURNISH PHILANTHROPIC	*
i	1		
		BUILDING WORK AND	
	any foundation manager	If recipient is an individual, show any relationship to any foundation manager or substantial contributor PC PC PC PC PC PC PC PC PC P	If recipient is an individual, show any relationship to any foundation manager or substantial contributor PC CONVENE A WORKGROUP TO IDENTIFY SERVICE GAPS AND DEVELOP STRATEGIES TO BEST SERVE THE DUAL ELIGIBLE POPULATION PC MATCHING GRANT PC PC MATCHING GRANT PC PC PLANNING GRANT PC PC PLANNING GRANT PC PC PLANNING GRANT PC PC PLANING GRANT PC PC PLANING GRANT PC PC PLANING GRANT PC PC PC PLANING GRANT PC PC PC PC PC PC PC PC PC P

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor NETWORK OF VICTIM ASSISTANCE DEVELOP AND PILOT A HEALTHY RELATIONSHIPS 2370 YORK ROAD, SUITE B1 CURRICULUM FOR TEENS JAMISON, PA 18929 WITH DEVELOPMENTAL 25,000. D<u>IS</u>ABILITI<u>ES RECEIVING</u> NHS MONTGOMERY COUNTY PC TO DEVELOP AN 400 N. BROAD STREET INTEGRATED BEHAVIORAL HEALTH AND PRIMARY LANSDALE, PA 19446 CARE PARTNERSHIP BETWEEN NHS MONTGOMERY 21,000. NORRISTOWN MINISTRIES INC. PC PLANNING GRANT: 530 CHURCH STREET, 1ST FLOOR NORRISTOWN MINISTRIES NORRISTOWN, PA 19401 WILL PARTNER WITH CATHOLIC SOCIAL SERVICES AND ADVOCATES 5,000. PHILABUNDANCE PC MAXIMIZE AND INCREASE 3616 SOUTH GALLOWAY STREET THE ACQUISITION AND DISTRIBUTION OF PHILADELPHIA, PA 19148 PRODUCE AND OTHER NUTRITIOUS FOOD TO 25,000. PC CONVENE COMMUNITY POLISHER RESEARCH INSTITUTE OF THE CONVERSATIONS AND MADLYN AND LEONARD ABRAMSON CENTER FOR J IMPLEMENT A PREVIOUSLY DEVELOPED ACTION PLAN 1425 HORSHAM ROAD TO BETTER MEET THE NORTH WALES PA 19454 14 625. REGIONAL HOUSING LEGAL SERVICES PC MATCHING GRANT 2 SOUTH EASTON ROAD GLENSIDE PA 19038-7615 500. REGIONAL HOUSING LEGAL SERVICES PC ASSIST THE SUPPORTIVE 2 SOUTH EASTON ROAD HOUSING COMMUNITY AND GLENSIDE, PA 19038-7615 THE PA HOUSING FINANCE AGENCY (PHFA) TO DEVISE INNOVATIVE 15,000. SENIOR ADULT ACTIVITY CENTER OF PC N PARTNERSHIP WITH THE HARLEYSVILLE AREA BENEFITS DATA TRUST. 312 ALUMNI AVE HELP OLDER ADULTS HARLEYSVILLE, PA 19438 ACHIEVE GREATER FINANCIAL SECURITY AND 40,000. ST. JAMES' EPISCOPAL CHURCH, PC IN SUPPORT OF COLLEGEVILLE DEVELOPING THE 3768 GERMANTOWN PIKE ORGANIZATION'S FIRST COLLEGEVILLE PA 19426 STRATEGIC PLAN 4.000. ST. JAMES EPISCOPAL CHURCH PC PLANNING GRANT: OUTREACH HOUSE WILL COLLEGEVILLE OFFER CAREER 3768 GERMANTOWN PIKE COLLEGEVILLE, PA 19426 COUNSELING AND JOB PLACEMENT SERVICES TO 5,000. Total from continuation sheets

3 Grants and Contributions Paid During the Y		1		_
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		_
THE FOOD TRUST		PC	PLANNING GRANT: THE	
ONE PENN CENTER, SUITE 900, 1617JOHN			FOOD TRUST WILL	
F KENNEDY BLVD PHILADELPHIA, PA			CONVENE A CROSS-SECTOR	
19103			COLLABORATIVE OF	
			STAKEHOLDERS SERVING	5,000
THE OPEN LINK		PC	PLANNING GRANT: THE	
452 PENN STREET			OPEN LINK WILL EXPLORE	
PENNSBURG, PA 18073			HOW TO PROVIDE FOOD	
			PANTRIES AND SOUP	
			KITCHENS IN MONTGOMERY	5,000
THE OPEN LINK		PC	MATCHING GRANT	
452 PENN STREET				
PENNSBURG PA 18073				500
VNA COMMUNITY SERVICES INC.		PC	PERSONAL NAVIGATOR	
1421 HIGHLAND AVENUE			PROGRAM	
ABINGTON PA 19001				25,000
VNA-COMMUNITY SERVICES, INC.		PC	ENROLLING MONTGOMERY	
1421 HIGHLAND AVENUE			COUNTY: OUTREACH	
ABINGTON, PA 19001			STRATEGIES TO REACH	
			VULNERABLE POPULATIONS	
	<u> </u>	ļ	IN MONTGOMERY COUNTY	15,000
VNA-COMMUNITY SERVICES, INC.		PC	FOR THE CONTINUED	
1421 HIGHLAND AVENUE			SUPPORT OF THE	
ABINGTON, PA 19001		_	PERSONAL NAVIGATOR	
			PROGRAM, AN ACCESS AND	
			ENROLLMENT PROGRAM	25,00
				-
Total from continuation sheets		<u> </u>		

23-1352175

Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient FOR THE CONTINUED VNA COMMUNITY SERVICES INC. 1421 HIGHLAND AVENUE SUPPORT OF THE PERSONAL NAVIGATOR ABINGTON, PA 19001 PROGRAM, AN ACCESS AND ENROLLMENT PROGRAM 25,000. 25 000. Total from continuation sheets

NAME OF RECIPIENT - HEALTH PROMOTION COUNCIL OF SE PENNSYLVANIA, INC.

PLANNING GRANT: HPC WILL PARTNER WITH THE BENEFITS DATA TRUST,

PHILABUNDANCE AND AREA HEALTH SYSTEMS TO HELP LOW-INCOME SENIORS ACCESS

ESSENTIAL NUTRITION PROGRAMS AND HEALTHY FOOD. THIS PROJECT AIMS TO

INCREASE FOOD SECURITY BY ENHANCING THE CONNECTION BETWEEN HEALTHCARE

AND SOCIAL SERVICES.

323655 05-01-13

AND FOOD SECURITY OF AREA CHILDREN AND FAMILIES.

NAME OF RECIPIENT - MANNA ON MAIN STREET TRANSFORMING CHILD FOOD SECURITY IN THE NORTH PENN REGION THROUGH IMPROVING HEALTH FOOD ACCESS TO CHILDREN AND FAMILIES, FURTHER CHILD AND FAMILY NUTRITION EDUCATION, DEVELOP A SUMMER FEEDING PROGRAM AND IMPROVE THE FINANCIAL AND FOOD SECURITY OF FAMILIES IN THE NORTH PENN AREA

NAME OF RECIPIENT - MONTGOMERY COUNTY COMMUNITY ACTION DEVELOPMENT COM PLANNING GRANT: THE SNAP COLLECTIVE IMPACT INITIATIVE SEEKS TO INCREASE SNAP PARTICIPATION RATES IN MONTGOMERY COUNTY THROUGH THREE PRIMARY METHODS: BUILD A COALITION TO ASSIST IN SNAP ENROLLMENT PROCESS, INCREASE INFORMATION AND AWARENESS OF SNAP BENEFITS AND HOW TO ACCESS THEM, AND INCREASE DIRECT ENROLLMENT THROUGH THE DPW ONLINE APPLICATION SYSTEM (COMPASS).

NORTH PENN COMMUNITY HEALTH FOUNDATION 23-1352175 Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - MONTGOMERY COUNTY FOUNDATION, INC.
FURNISH PHILANTHROPIC RESOURCES AND SERVICES IN SUPPORT OF CAPACITY
BUILDING WORK AND SCALING IMPACT ACTIVITIES THROUGH YOUR WAY HOME
MONTGOMERY COUNTY.
(HTTP://NPCHF.ORG/RESOURCES/YOUR-WAY-HOME-MONTGOMERY-COUNTY)
NAME OF RECIPIENT - NETWORK OF VICTIM ASSISTANCE
DEVELOP AND PILOT A HEALTHY RELATIONSHIPS CURRICULUM FOR TEENS WITH
DEVELOPMENTAL DISABILITIES RECEIVING SERVICES AT INDIAN CREEK
FOUNDATION
NAME OF RECIPIENT - NHS MONTGOMERY COUNTY
TO DEVELOP AN INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE PARTNERSHIP
BETWEEN NHS MONTGOMERY COUNTY AND GWYNEDD MERCY UNIVERSITY (GMU) HEALTH
CENTER
NAME OF RECIPIENT - NORRISTOWN MINISTRIES INC.
PLANNING GRANT: NORRISTOWN MINISTRIES WILL PARTNER WITH CATHOLIC SOCIAL
SERVICES AND ADVOCATES AGAINST HUNGER TO INVESTIGATE POTENTIAL
STRATEGIES TO IMPROVE THE EMERGENCY FOOD SAFETY NET IN THE NORRISTOWN
AREA.
NAME OF RECIPIENT - PHILABUNDANCE
MAXIMIZE AND INCREASE THE ACQUISITION AND DISTRIBUTION OF PRODUCE AND
OTHER NUTRITIOUS FOOD TO THOSE IN NEED ACROSS MONTGOMERY COUNTY
NAME OF RECIPIENT - POLISHER RESEARCH INSTITUTE OF THE MADLYN AND LEONARD
ABRAMSON CENTER FOR J
323855 05-01-13

NORTH PENN COMMUNITY HEALTH FOUNDATION 23-1352175 Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
CONVENE COMMUNITY CONVERSATIONS AND IMPLEMENT A PREVIOUSLY DEVELOPED
ACTION PLAN TO BETTER MEET THE NEEDS OF THE COUNTY'S DUAL ELIGIBLE
ELDERLY, (THOSE WHO QUALIFY FOR BOTH MEDICAID AND MEDICARE)
NAME OF RECIPIENT - REGIONAL HOUSING LEGAL SERVICES
ASSIST THE SUPPORTIVE HOUSING COMMUNITY AND THE PA HOUSING FINANCE
AGENCY (PHFA) TO DEVISE INNOVATIVE MEANS OF COMBINING EXISTING FEDERAL
FUNDING STREAMS TO BUILD AND OPERATE SUPPORTIVE HOUSING FOR
LOWER-INCOME, DISABLED PEOPLE
NAME OF RECIPIENT - SENIOR ADULT ACTIVITY CENTER OF HARLEYSVILLE AREA
N PARTNERSHIP WITH THE BENEFITS DATA TRUST, HELP OLDER ADULTS ACHIEVE
GREATER FINANCIAL SECURITY AND BETTER HEALTH BY ASSISTING THOSE WHO ARE
ELIGIBLE TO ENROLL IN PUBLIC BENEFIT PROGRAMS
NAME OF RECIPIENT - ST. JAMES EPISCOPAL CHURCH, COLLEGEVILLE
PLANNING GRANT: OUTREACH HOUSE WILL OFFER CAREER COUNSELING AND JOB
PLACEMENT SERVICES TO FOOD INSECURE CLIENTS BY REFERRAL FROM FOOD BANKS
(PANTRIES, SOUP KITCHENS ETC.) AND OTHER ORGANIZATIONS TO REDUCE OR
ELIMINATE FOOD INSECURITY THROUGH EMPLOYMENT.
NAME OF RECIPIENT - THE FOOD TRUST
PLANNING GRANT: THE FOOD TRUST WILL CONVENE A CROSS-SECTOR
COLLABORATIVE OF STAKEHOLDERS SERVING NARBERTH, MERION, PENN WYNNE,
WYNNEWOOD AND ARDMORE COMMUNITIES IN MONTGOMERY COUNTY TO IDENTIFY
COMPREHENSIVE AND REPLICABLE STRATEGIES TO ADDRESS HUNGER AND FOOD
TNSECURITY IN THE SENTOR POPULATION.

NORTH PENN COMMUNITY HEALTH FOUNDATION 23-1352175 Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - THE OPEN LINK
PLANNING GRANT: THE OPEN LINK WILL EXPLORE HOW TO PROVIDE FOOD PANTRIES
AND SOUP KITCHENS IN MONTGOMERY COUNTY WITH CONSISTENT ACCCESS TO
PLENTIFUL, HIGH QUALITY FOOD BY DESIGNING AN IMPROVED VIRTUAL AND
PHYSICAL LOCUS FOR DISTRIBUTION AS WELL AS A FOOD DISTRIBUTION
TRANSPORTATION SYSTEM FOR THE COUNTY.
NAME OF RECIPIENT - VNA-COMMUNITY SERVICES, INC.
ENROLLING MONTGOMERY COUNTY: OUTREACH STRATEGIES TO REACH VULNERABLE
POPULATIONS IN MONTGOMERY COUNTY TO HELP FILL THE GAP IN HEALTH
EXCHANGE MARKETPLACE ENROLLMENT.
NAME OF RECIPIENT - VNA-COMMUNITY SERVICES, INC.
FOR THE CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM, AN ACCESS
AND ENROLLMENT PROGRAM THAT IMPROVES THE SELF-SUFFICIENCY AND
INDEPENDENCE OF INDIVIDUALS BY SECURING AND RETAINING THE HEALTH,
UTILITY, HOUSING, FOOD SECURITY, FINANCIAL AND PRESCRIPTION BENEFITS
FOR WHICH THEY ARE ELIGIBLE
FOR WITCH THAT TAKE ABLOTDAD

Part XV Supplementary Information 23-1352175
3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - MANNA ON MAIN STREET
TRANSFORMING CHILD FOOD SECURITY IN THE NORTH PENN REGION THROUGH
IMPROVING HEALTH FOOD ACCESS TO CHILDREN AND FAMILIES, FURTHER CHILD
AND FAMILY NUTRITION EDUCATION, DEVELOP A SUMMER FEEDING PROGRAM AND
IMPROVE THE FINANCIAL AND FOOD SECURITY OF FAMILIES IN THE NORTH PENN
AREA.
NAME OF RECIPIENT - NHS MONTGOMERY COUNTY
TO DEVELOP AN INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE PARTNERSHIP
BETWEEN NHS MONTGOMERY COUNTY AND GWYNEDD MERCY UNIVERSITY (GMU) HEALTH
CENTER
NAME OF RECIPIENT - PHILABUNDANCE
MAXIMIZE AND INCREASE THE ACQUISITION AND DISTRIBUTION OF PRODUCE AND
OTHER NUTRITIOUS FOOD TO THOSE IN NEED ACROSS MONTGOMERY COUNTY
NAME OF RECIPIENT - VNA COMMUNITY SERVICES INC.
FOR THE CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM, AN ACCESS
AND ENROLLMENT PROGRAM THAT IMPROVES THE SELF-SUFFICIENCY AND
INDEPENDENCE OF INDIVIDUALS BY SECURING AND RETAINING THE HEALTH,
UTILITY, HOUSING, FOOD SECURITY, FINANCIAL AND PRESCRIPTION BENEFITS
FOR WHICH THEY ARE ELIGIBLE