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EXTENDED TO FEBRUARY 16, 2016

## Return of Private Foundation

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

OMB No 1545-0052

2014

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2014 or tax year beginning JUL 1, 2014, and ending JUN 30, 2015

Name of foundation  
**NORTH PENN COMMUNITY HEALTH FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address)  
**2506 N. BROAD ST.**

City or town, state or province, country, and ZIP or foreign postal code  
**COLMAR, PA 18915**

Room/suite  
**206**

A Employer identification number  
**23-1352175**

B Telephone number  
**215-716-5400**

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐  
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
**\$ 45,583,889.** (Part I, column (d) must be on cash basis.)

J Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	12,438.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	395.	395.		STATEMENT 1
4	Dividends and interest from securities	2,513,903.	2,513,903.		STATEMENT 2
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-88,168.			
b	Gross sales price for all assets on line 6a	74,944.			
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income	275,880.	255,159.	20,721.	STATEMENT 3
12	Total. Add lines 1 through 11	2,714,448.	2,769,457.	20,721.	
13	Compensation of officers, directors, trustees, etc.	169,594.	0.	0.	173,690.
14	Other employee salaries and wages	198,706.	0.	0.	197,542.
15	Pension plans, employee benefits	90,403.	0.	0.	89,851.
16a	Legal fees	38,735.	0.	0.	31,586.
b	Accounting fees	17,000.	0.	0.	17,000.
c	Other professional fees	227,737.	0.	0.	242,673.
17	Interest	138,265.	105,158.	105,158.	35,989.
18	Taxes	227,185.	0.	0.	4,415.
19	Depreciation and depletion	204,478.	130,716.	130,716.	
20	Occupancy	107,133.	19,285.	19,285.	97,479.
21	Travel, conferences, and meetings	61,023.	0.	0.	61,515.
22	Printing and publications				
23	Other expenses	129,289.	0.	0.	80,345.
24	Total operating and administrative expenses. Add lines 13 through 23	1,609,548.	255,159.	255,159.	1,032,085.
25	Contributions, gifts, grants paid	512,400.			506,400.
26	Total expenses and disbursements. Add lines 24 and 25	2,121,948.	255,159.	255,159.	1,538,485.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	592,500.			
b	Net investment income (if negative, enter -0-)		2,514,298.		
c	Adjusted net income (if negative, enter -0-)			0.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	43,669.	37,853.	37,853.
	2 Savings and temporary cash investments	109,625.	592,585.	592,585.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	45,185.	34,385.	34,385.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Liabilities	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	40,375,510.	37,982,403.	37,982,403.
	14 Land, buildings, and equipment basis ▶ 8,369,285.			
	Less accumulated depreciation STMT 12 ▶ 2,346,508.	6,184,241.	6,022,777.	6,022,777.
	15 Other assets (describe ▶ STATEMENT 13)	895,991.	913,886.	913,886.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	47,654,221.	45,583,889.	45,583,889.
	17 Accounts payable and accrued expenses	81,447.	58,250.	
	18 Grants payable	95,000.	101,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	3,827,808.	3,731,615.	
	22 Other liabilities (describe ▶ STATEMENT 14)	1,052,603.	1,203,857.	
	23 Total liabilities (add lines 17 through 22)	5,056,858.	5,094,722.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	41,507,694.	39,374,434.	
	25 Temporarily restricted	600,866.	637,226.	
	26 Permanently restricted	488,803.	477,507.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	42,597,363.	40,489,167.	
	31 Total liabilities and net assets/fund balances	47,654,221.	45,583,889.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	42,597,363.
2 Enter amount from Part I, line 27a	2	592,500.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9	3	43,592.
4 Add lines 1, 2, and 3	4	43,233,455.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 10	5	2,744,288.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	40,489,167.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>		<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a <b>74,944.</b>		<b>163,112.</b>	<b>-88,168.</b>
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<b>-88,168.</b>
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	<b>-88,168.</b>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 }		3	<b>N/A</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	<b>1,580,839.</b>	<b>39,139,131.</b>	<b>.040390</b>
2012	<b>1,463,854.</b>	<b>35,959,467.</b>	<b>.040708</b>
2011	<b>2,476,351.</b>	<b>34,398,562.</b>	<b>.071990</b>
2010	<b>1,845,390.</b>	<b>37,112,424.</b>	<b>.049724</b>
2009	<b>1,482,099.</b>	<b>34,249,956.</b>	<b>.043273</b>

2- Total of line 1, column (d)	2	<b>.246085</b>
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	<b>.049217</b>
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	<b>38,691,582.</b>
5 Multiply line 4 by line 3	5	<b>1,904,284.</b>
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	<b>25,143.</b>
7 Add lines 5 and 6	7	<b>1,929,427.</b>
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. See the Part VI instructions.	8	<b>1,574,328.</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a. Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b. Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	50,286.
c. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2. Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3. Add lines 1 and 2		3	50,286.
4. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	50,286.
6. Credits/Payments:			
a. 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	67,307.	
b. Exempt foreign organizations - tax withheld at source	6b		
c. Tax paid with application for extension of time to file (Form 8868)	6c		
d. Backup withholding erroneously withheld	6d		
7. Total credits and payments. Add lines 6a through 6d	7	67,307.	
8. Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	17,021.	
11. Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> 17,021. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b. Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c. Did the foundation file Form 1120-POL for this year?		X
d. Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2. Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes <b>STMT 22</b>	X	
4a. Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b. If "Yes," has it filed a tax return on Form 990-T for this year?		
5. Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
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	X	
8a. Enter the states to which the foundation reports or with which it is registered (see instructions) <u>PA</u>		
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	X	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10. Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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? Website address ► <u>WWW.NPCHF.ORG</u>	13	X	
14	The books are in care of ► <u>RUSSELL JOHNSON, PRESIDENT, CEO</u> Telephone no. ► <u>215-716-5400</u> Located at ► <u>2506 N BROAD STREET, SUITE 206, COLMAR, PA</u> ZIP+4 ► <u>18915</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes No	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here		X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		X
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2014 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 2014.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2014?		X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		169,594.	8,820.	4,800.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JENNIFER PEDRONI - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	VP ADMINISTRATION	87,793.	5,455.	0.
TAMELA LUCE - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	PROGRAM OFFICER	74,734.	4,612.	0.

Total number of other employees paid over \$50,000

0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SCHULTZ & WILLIAMS - 325 CHESTNUT STREET, SUITE 700, PHILADELPHIA, PA 19106-2422	DEVELOPMENT	82,222.
HLADIK, ONORATO & FEDERMAN, LLP - 298 WISSAHICKON AVENUE, PO BOX 1489, NORTH WALES, HOUSING INNOVATIONS LLC	LEGAL SERVICES	60,544.
235 WALNUT ROAD, LAKE PEEKSKILL, NY 10537	EVALUATION	55,000.

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE STATEMENT 16	121,553.
2 SEE STATEMENT 17	121,868.
3 SEE STATEMENT 18	261,533.
4 SEE STATEMENT 19	25,000.

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	37,287,841.
b	Average of monthly cash balances	1b	1,142,395.
c	Fair market value of all other assets	1c	850,558.
d	<b>Total</b> (add lines 1a, b, and c)	1d	39,280,794.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	39,280,794.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	589,212.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,691,582.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	1,934,579.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,934,579.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	50,286.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	50,286.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,884,293.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,884,293.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,884,293.

**Part XII****Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,538,485.
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	35,843.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,574,328.
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	1,574,328.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2014)

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,884,293.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011	96,310.			
d From 2012				
e From 2013				
f Total of lines 3a through e	96,310.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 1,574,328.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				1,574,328.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	96,310.			96,310.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				213,655.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

N/A

- ▶

☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income**

[illegible]

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**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)			**	
a Paid during the year				
ADVANCED LIVING MANAGEMENT AND DEVELOPMENT INC 1292 ALLENTOWN ROAD LANSDALE, PA 19446		PC	BEREAVEMENT	100.
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454		PC	MATCHING	3,000.
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454		PC	HONORARIUM	500.
CHILD HOME & COMMUNITY, INC. 204 N. WEST ST. #101 DOYLESTOWN, PA 18901		PC	HONORARIUM	3,000.
CHILD HOME & COMMUNITY, INC. 204 N. WEST ST. #101 DOYLESTOWN, PA 18901		PC	HONORARIUM	3,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	506,400.
b Approved for future payment				
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141		PC	EINSTEIN PATIENT CARE MANAGEMENT (EPCM)	21,000.
MANNA ON MAIN STREET 713 W. MAIN ST, PO BOX 763 LANSDALE, PA 19446		PC	TRANSFORMING CHILD FOOD SECURITY IN THE NORTH PENN REGION	27,500.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	MONTGO ANTI-HUNGER NETWORK - MAHN - (FORMERLY MONTGOMERY COUNTY FOOD DISTRIBUTION NETWORK	32,500.
Total			SEE CONTINUATION SHEET(S) ▶ 3b	101,000.





**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Name of the organization

NORTH PENN COMMUNITY HEALTH FOUNDATION

Employer identification number

23-1352175

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>	<b>MARY SPIERS TRUST, C/O WELLS FARGO WEALTH MGT</b>  <b>ONE WST FOURTH ST, D4000-0062</b>  <b>WINSTON-SALEM, NC 27101</b>	\$ <b>8,800.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**NORTH PENN COMMUNITY HEALTH FOUNDATION****23-1352175****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number
<b>NORTH PENN COMMUNITY HEALTH FOUNDATION</b>	<b>23-1352175</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY SERVICES OF MONTGOMERY COUNTY 3125 RIDGE PIKE EAGLEVILLE, PA 19403		PC	MATCHING	500.
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	HONORARIUM	500.
MANNA ON MAIN STREET 713 W. MAIN ST, PO BOX 763 LANSDALE, PA 19446		PC	HONORARIUM	500.
MANNA ON MAIN STREET 713 W. MAIN ST, PO BOX 763 LANSDALE, PA 19446		PC	HONORARIUM	3,000.
ELDERNET OF LOWER MERION AND NARBERTH 9 S. BRYN MAWR AVE. BRYN MAWR, PA 19010		PC	HONORARIUM	500.
THE PHILADELPHIA FOUNDATION 1234 MARKET ST., SUITE 1800 PHILADELPHIA, PA 19107		PC	IN SUPPORT OF THE GREATER PHILADELPHIA REPOSITIONING INITIATIVE.	15,000.
REGIONAL HOUSING LEGAL SERVICES 2 SOUTH EASTON ROAD GLENSIDE, PA 19038-7615		PC	IN SUPPORT OF HOUSING SYSTEM TRANSFORMATION IN MONTGOMERY COUNTY.	15,000.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN SUPPORT OF SUCCESSION PLANNING AND EXECUTIVE SEARCH.	5,000.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN HONOR OF RUSSELL JOHNSON'S BOARD SERVICE.	2,500.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN SUPPORT OF DIVERSITY, EQUITY AND INCLUSION ACTION PLAN.	5,000.
Total from continuation sheets				496,800.

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
N. PENN YOUNG MEN'S CHRISTIAN ASSOCIATION 2506 N. BROAD STREET, SUITE 208 COLMAR, PA 18915		PC	IN SUPPORT OF NORTH PENN COMMONS	17,500.
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	TO SUPPORT THE FOOD PANTRY'S TRANSITION TO A CHOICE MODEL.	10,000.
THE OPEN LINK 452 PENN STREET PENNSBURG, PA 18073		PC	IN SUPPORT OF A SURVEY TO IDENTIFY THE NEEDS OF THIS AGENCY'S FOOD PANTRY CLIENTS.	6,700.
COMMUNITY INTERFAITH OF CENTRAL MONTGOMERY COUNTY 506 HAWS AVE. NORRISTOWN, PA 19401		PC	"TO SUPPORT THEIR FOOD PANTRY'S TRANSITION TO A CHOICE MODEL.	7,500.
NORRISTOWN MINISTRIES INC. 530 CHURCH STREET, 1ST FLOOR NORRISTOWN, PA 19401		PC	TO DEVELOP AND CONDUCT A NEEDS ASSESSMENT SURVEY TO BETTER UNDERSTAND THEIR CLIENTS' NEEDS.	10,000.
THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	"FOR A COLLABORATION BETWEEN THE POTTSTOWN CLUSTER, KEYSTONE OPPORTUNITY CENTER, THE OPEN DOOR AND	10,000.
ELDERNET OF LOWER MERION AND NARBERTH 9 S. BRYN MAWR AVE. BRYN MAWR, PA 19010		PC	TO SUPPORT TECHNOLOGY UPGRADES FOR ITS ADA MATCH COMMUNITY RESOURCE CENTER AND FOOD PANTRY.	3,000.
CHELLEN BAPTIST CHURCH CHELTEN- A CHURCH OF HOPE, 1601 N. LIMEKILN PIKE DRESHER, PA 19025		PC	TO FUND A TRAINING SEMINAR FOR THIS AND OTHER NEARBY ORGANIZATIONS THAT WORK WITH LOW-INCOME	2,500.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	MAXIMIZE AND INCREASE THE ACQUISITION AND DISTRIBUTION OF PRODUCE AND OTHER NUTRITIOUS FOOD TO	25,000.
MANNA ON MAIN STREET 713 W. MAIN ST, PO BOX 763 LANSDALE, PA 19446		PC	TRANSFORMING CHILD FOOD SECURITY IN THE NORTH PENN REGION THROUGH IMPROVING HEALTH FOOD ACCESS TO	25,000.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	OPERATIONAL AND CAPACITY BUILDING SUPPORT TO TRANSFORM THEIR SERVICES TO BETTER MEET CLIENT	35,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK,	32,500.
MANNA ON MAIN STREET 713 W. MAIN ST, PO BOX 763 LANSDALE, PA 19446		PC	MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY	27,500.
VNA-COMMUNITY SERVICES, INC. 1421 HIGHLAND AVENUE ABINGTON, PA 19001		PC	FOR THE CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM, AN ACCESS AND ENROLLMENT PROGRAM	25,000.
NHS MONTGOMERY COUNTY 400 N. BROAD STREET LANSDALE, PA 19446		PC	TO DEVELOP AN INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE PARTNERSHIP BETWEEN NHS MONTGOMERY	20,000.
VNA-COMMUNITY SERVICES, INC. 1421 HIGHLAND AVENUE ABINGTON, PA 19001		PC	VNA WILL WORK WITH A TEAM OF HUMAN SERVICE LEADERS TO DETERMINE WHAT SYSTEM TRANSFORMATIONS ARE	20,000.
GRAND VIEW HOSPITAL 700 LAWN AVENUE, PO BOX 902 SELLERSVILLE, PA 18960		PC	TO FULLY INTEGRATE A BREASTFEEDING EDUCATION AND TRAINING PROGRAM WITHIN THE HOSPITAL'S CONTINUING	15,000.
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141		PC	IN SUPPORT OF THE TRANSITIONS OF CARE PROGRAM TO IMPROVE THE DUAL ELIGIBLE ELDERLY PATIENT EXPERIENCE AND	21,000.
VNA-COMMUNITY SERVICES, INC. 1421 HIGHLAND AVENUE ABINGTON, PA 19001		PC	PLANNING GRANT TO SUPPORT THE DEVELOPMENT OF A TARGETED CASE MANAGEMENT MODEL FOR	15,000.
LEGAL AID OF SOUTHEASTERN PENNSYLVANIA 625 SWEDE STREET NORRISTOWN, PA 19401		PC	TO ASSESS THE INTERNAL READINESS AND EXTERNAL PARTNERSHIP OPPORTUNITIES TO INTEGRATE LEGAL	15,000.
Total from continuation sheets				

### 3 Grants and Contributions Paid During the Year (Continuation)

**Total from continuation sheets**

### 3 Grants and Contributions Approved for Future Payment (Continuation)

423835  
05-01-14

**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES

"FOR A COLLABORATION BETWEEN THE POTTSTOWN CLUSTER, KEYSTONE

OPPORTUNITY CENTER, THE OPEN DOOR AND NARBERTH COMMUNITY FOOD BANK TO

RESEARCH AVAILABLE SOFTWARE OPTIONS TO TRACK INVENTORY AND/OR CLIENT

DATA.

NAME OF RECIPIENT - CHELTEN BAPTIST CHURCH

TO FUND A TRAINING SEMINAR FOR THIS AND OTHER NEARBY ORGANIZATIONS THAT

WORK WITH LOW-INCOME INDIVIDUALS ON THE CAUSE AND EFFECT OF POVERTY AS

IT APPLIES FOOD SECURITY, AND IDENTIFY HOW TO BETTER SUPPORT CLIENTS IN

ATTAINING SELF-SUFFICIENCY.

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 - 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

NAME OF RECIPIENT - CATHOLIC SOCIAL SERVICES

OPERATIONAL AND CAPACITY BUILDING SUPPORT TO TRANSFORM THEIR SERVICES

TO BETTER MEET CLIENT NEEDS, AND WORK WITH PANTRIES AND OTHER PROVIDERS

IN THE NORRISTOWN AREA STRENGTHEN THE EMERGENCY FOOD SAFETY NET IN THAT

PORTION OF MONTGOMERY COUNTY.



## Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - PHILABUNDANCE

PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK, WORKING COLLECTIVELY TO IMPROVE THE ACQUISITION AND DISTRIBUTION OF NUTRITIOUS FOOD FOR THE EMERGENCY FOOD SAFETY NET IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - MANNA ON MAIN STREET

MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY FOOD ACCESS, FURTHERING CHILD AND FAMILY NUTRITION EDUCATION, STRENGTHENING THE SUMMER FOOD SAFETY NET AND IMPROVING FAMILY FINANCIAL AND FOOD SECURITY.

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

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 - VNA-COMMUNITY SERVICES, INC.

VNA WILL WORK WITH A TEAM OF HUMAN SERVICE LEADERS TO DETERMINE WHAT SYSTEM TRANSFORMATIONS ARE NEEDED TO IMPROVE THE EFFICACY AND COST EFFECTIVENESS OF PROVIDING ACCESS TO PUBLIC BENEFIT PROGRAMS TO

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

MONTGOMERY COUNTY RESIDENTS IN NEED.

NAME OF RECIPIENT - GRAND VIEW HOSPITAL

TO FULLY INTEGRATE A BREASTFEEDING EDUCATION AND TRAINING PROGRAM  
WITHIN THE HOSPITAL'S CONTINUING EDUCATION PROGRAMS FOR NURSES

NAME OF RECIPIENT - ALBERT EINSTEIN HEALTHCARE NETWORK

IN SUPPORT OF THE TRANSITIONS OF CARE PROGRAM TO IMPROVE THE DUAL  
ELIGIBLE ELDERLY PATIENT EXPERIENCE AND REDUCE 30-DAY RISK-ADJUSTED  
HOSPITAL READMISSION RATES.

NAME OF RECIPIENT - VNA-COMMUNITY SERVICES, INC.

PLANNING GRANT TO SUPPORT THE DEVELOPMENT OF A TARGETED CASE MANAGEMENT  
MODEL FOR THE DUAL ELIGIBLE ELDERLY.

NAME OF RECIPIENT - LEGAL AID OF SOUTHEASTERN PENNSYLVANIA

TO ASSESS THE INTERNAL READINESS AND EXTERNAL PARTNERSHIP OPPORTUNITIES  
TO INTEGRATE LEGAL SERVICES INTO HEALTH CARE FOR DUAL ELIGIBLE  
MONTGOMERY COUNTY RESIDENTS.

NAME OF RECIPIENT - PENN FOUNDATION, INC.

A PILOT PROJECT WITH GRAND VIEW HEALTH TO ASSIST DUAL-ELIGIBLE ELDERLY  
INDIVIDUALS WITH MULTIPLE CHRONIC CONDITIONS, PRIMARILY OR SECONDARILY  
INFLUENCED BY BEHAVIORAL HEALTH CONDITIONS.

NAME OF RECIPIENT - ELDERNET OF LOWER MERION AND NARBERTH

TO ASSESS THE FEASIBILITY OF A PILOT PROGRAM FOR AN ELDERNET DUAL  
ELIGIBLE CARE MANAGER TO ASSIST DUAL ELIGIBLE CLIENTS WITH MEDICAL

**Part XV** **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

ISSUES AND NEEDED COMMUNITY SUPPORTS.

**Part XV** Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - PHILABUNDANCE

MONTCO ANTI-HUNGER NETWORK - MAHN -(FORMERLY MONTGOMERY COUNTY FOOD  
DISTRIBUTION NETWORK IN YR. 1)

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
VARIOUS	395.	395.	0.
TOTAL TO PART I, LINE 3	395.	395.	0.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
VARIOUS	2,513,903.	0.	2,513,903.	2,513,903.	0.
TO PART I, LINE 4	2,513,903.	0.	2,513,903.	2,513,903.	0.

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	20,721.	0.	20,721.
RENTAL INCOME	255,159.	255,159.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	275,880.	255,159.	20,721.

## FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	38,735.	0.	0.	31,586.
TO FM 990-PF, PG 1, LN 16A	38,735.	0.	0.	31,586.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDIT EXPENSE	17,000.	0.	0.	17,000.
TO FORM 990-PF, PG 1, LN 16B	17,000.	0.	0.	17,000.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAMMATIC/BOARD/OTHER CONSULTING	227,737.	0.	0.	242,673.
TO FORM 990-PF, PG 1, LN 16C	227,737.	0.	0.	242,673.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	222,770.	0.	0.	0.
REAL ESTATE TAXES	4,415.	0.	0.	4,415.
TO FORM 990-PF, PG 1, LN 18	227,185.	0.	0.	4,415.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES & COMPUTER MAINTENANCE	20,214.	0.	0.	21,768.
TELEPHONE & CABLE (COMMUNICATIONS)	15,812.	0.	0.	15,408.
POSTAGE	744.	0.	0.	793.

NORTH PENN COMMUNITY HEALTH FOUNDATION				23-1352175
INSURANCE	16,970.	0.	0.	16,970.
DUES & SUBSCRIPTIONS	14,100.	0.	0.	14,153.
MISCELLANEOUS	9,912.	0.	0.	11,253.
HOSPITAL RELATED EXPENSES	51,537.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	129,289.	0.	0.	80,345.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	9
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	36,360.
CHANGE IN VALUE OF INTEREST RATE SWAP	7,232.
TOTAL TO FORM 990-PF, PART III, LINE 3	43,592.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON SECURITIES	2,732,992.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	11,296.
TOTAL TO FORM 990-PF, PART III, LINE 5	2,744,288.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	520,254.	520,254.
MUTUAL FUNDS	FMV	37,433,855.	37,433,855.
ALTERNATIVE INVESTMENTS	FMV	28,294.	28,294.
TOTAL TO FORM 990-PF, PART II, LINE 13		37,982,403.	37,982,403.

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FORM 990-PF      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT 12

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,906,478.	0.	1,906,478.
LAND IMPROVEMENTS	698,949.	0.	698,949.
BUILDING	4,420,835.	1,074,873.	3,345,962.
LEASEHOLD IMPROVEMENTS	905,419.	894,102.	11,317.
FURNITURE, FIXTURES AND EQUIPMENT	437,604.	377,533.	60,071.
TOTAL TO FORM 990-PF, PART II, LN 14	8,369,285.	2,346,508.	6,022,777.

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FORM 990-PF      OTHER ASSETS      STATEMENT 13

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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	224,628.	213,332.	213,332.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	600,866.	637,226.	637,226.
LOAN REFINANCING FEES, NET	70,497.	63,328.	63,328.
TO FORM 990-PF, PART II, LINE 15	895,991.	913,886.	913,886.

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FORM 990-PF      OTHER LIABILITIES      STATEMENT 14

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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	519,539.	520,254.
INTEREST RATE SWAP	517,257.	510,026.
TENANT SECURITY DEPOSITS	15,807.	15,807.
DEFERRED TAX LIABILITY	0.	157,770.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,052,603.	1,203,857.



FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RUSSELL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	PRESIDENT, CEO 50.00	169,594.	8,820.	4,800.
KENNETH AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	CHAIRPERSON 2.00	0.	0.	0.
GEORGE MARKS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	VICE CHAIRPERSON 1.00	0.	0.	0.
SANDI VASOLI 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	SECRETARY 2.00	0.	0.	0.
PAUL POCALYKO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	TREASURER 1.00	0.	0.	0.
NICHOLAS BUCCI 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
LISA DICKSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
BILL STEVENS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR/SECRETARY 1.00	0.	0.	0.
ELIZABETH STYER 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
DAVID H CROSSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.

RUSSELL HENSEL	DIRECTOR			
2506 N BROAD STREET, SUITE 206	1.00	0.	0.	0.
COLMAR, PA 18915				
NANCY DUNLEAVY	DIRECTOR			
2506 N BROAD STREET, SUITE 206	1.00	0.	0.	0.
COLMAR, PA 18915				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	169,594.	8,820.	4,800.
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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	16
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## ACTIVITY ONE

COMMUNITY PARTNERS CENTER FOR HEALTH AND HUMAN SERVICES: THE FOUNDATION, THROUGH A SUBSIDIARY COMPANY, 2506 LLC, OPERATES A MULTI-TENANT NONPROFIT CENTER, COMMUNITY PARTNERS CENTER FOR HEALTH AND HUMAN SERVICES (WWW.CPCHHS.ORG). 2506 LLC IS GOVERNED BY A BOARD OF MANAGERS APPOINTED BY THE NORTH PENN COMMUNITY HEALTH FOUNDATION. THE BOARD OF MANAGERS IS COMPRISED OF FIVE INDIVIDUALS, THREE OF WHOM ARE TENANT REPRESENTATIVES. THE FOUNDATION'S OFFICE IS LOCATED IN THE COMMUNITY PARTNERS CENTER ALONG WITH LOCAL NONPROFIT ORGANIZATIONS SERVING THE NORTH PENN COMMUNITY. THE COMMUNITY PARTNERS CENTER IS DESIGNED TO ENCOURAGE COLLABORATION, EXPLORATION AND DEVELOPMENT OF SYNERGIES TO SUPPORT THE EFFORTS OF LOCAL NONPROFITS IN PROVIDING THE HIGHEST CALIBER PROGRAM AND SERVICES.

2506 LLC ALSO OWNS A RESIDENTIAL UNIT, ADJACENT TO THE MULTI-TENANT NONPROFIT CENTER THAT HAS BEEN MASTER LEASED TO A NONPROFIT ORGANIZATION TO SUBLET IN ACCORDANCE WITH A MORTGAGE AGREEMENT BETWEEN 2506 LLC AND MONTGOMERY COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT. 2506 LLC DOES NOT DERIVE INCOME FROM THIS LEASE.

IN FYE JUNE 30, 2015, 27 NONPROFIT ORGANIZATIONS UTILIZED THE COMMUNITY PARTNERS CENTER MEETING ROOMS FREE OF CHARGE. THESE ORGANIZATIONS HELD APPROXIMATELY 704 MEETINGS WITH OVER 9,800 PEOPLE ATTENDING. THE VALUE OF THE MEETING ROOMS CONTINUES TO BE RECOGNIZED BY THE NONPROFIT COMMUNITY AND ITS USAGE HAS INCREASED EACH YEAR SINCE THE BUILDING WAS OPENED. MEETINGS INCLUDED EDUCATIONAL TRAINING SESSIONS, COMMUNITY MEETINGS INCLUDING THE BUXMONT COLLABORATIVE FOR HEALTH AND HUMAN SERVICES, EARNED INCOME TAX ASSISTANCE WORKSHOPS, SUPPORT GROUPS, STAFF AND BOARD RETREATS, COUNTY LEADERSHIP MEETINGS, VOLUNTEER WORKSHOPS, PROGRAM PLANNING

MEETINGS AND MORE. THE ESTIMATED SAVINGS TO THESE ORGANIZATIONS WAS BETWEEN \$232,500 AND \$396,600 DEPENDING UPON THE USE OF THE VARIOUS TECHNOLOGIES AND SUPPORT SERVICES UTILIZED.

## EXPENSES

121,553.

TO FORM 990-PF, PART IX-A, LINE 1

FORM 990-PF

## SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

## ACTIVITY TWO

NORTH PENN COMMONS: FOUR RESPECTED AND EFFECTIVE NONPROFIT ORGANIZATIONS 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 CO-LOCATION ON A SINGLE CAMPUS AND BUILD UPON THE INDIVIDUAL CORE COMPETENCIES OF EACH PARTNER. THE PARTNERSHIP IS DESIGNED TO FOSTER THE DEVELOPMENT OF NEW AND HIGH QUALITY PROGRAMS/SERVICES, PROVIDE BETTER ACCESS TO MEMBERS AND CLIENTS, SHARE EXPENSES, AND USE PHILANTHROPIC AND VOLUNTEER RESOURCES MOST EFFECTIVELY FOR THE BENEFIT OF THE COMMUNITY.

AS A FUNDER OF EACH OF THE ORGANIZATIONS, THE NORTH PENN COMMUNITY HEALTH FOUNDATION SAW THE OPPORTUNITY FOR COLLABORATION AND BROUGHT THE LEADERS OF THE FOUR AGENCIES TOGETHER TO DISCUSS A COORDINATED APPROACH. AFTER A SERIES OF FACILITATED BOARD CHAIR AND CEO LEADERSHIP MEETINGS, THE FOUR AGENCIES PLEDGED TO WORK TOGETHER AND NEGOTIATED A SET OF LEGAL AGREEMENTS TO HELP GUIDE THEIR INVESTMENT IN THIS INNOVATIVE APPROACH TO COMMUNITY SERVICE.

THE FOUNDATION PROVIDES SUPPORT FOR THE COORDINATION OF THE DEVELOPMENT OF A FUNDRAISING PLAN AND THE SUPPORT OF THE CAPITAL CAMPAIGN, PROGRAM DEVELOPMENT COSTS AND OTHER CONSULTANTS NECESSARY TO COORDINATE THE PROJECT.

IN JULY 2013 THE PROJECT, NOW KNOWN AS NORTH PENN COMMONS, WAS AWARDED \$11.6 MILLION IN LOW-INCOME HOUSING TAX CREDITS OVER A TEN YEAR PERIOD. NORTH PENN COMMONS WILL BE HOME TO 60 AFFORDABLE INDEPENDENT LIVING UNITS FOR SENIORS, A LARGER UPGRADED SOUP KITCHEN, CHOICE FOOD PANTRY AND NORTH PENN COMMONS PUBLIC CAFE, PROGRAMS TO HELP OLDER ADULTS LIVE INDEPENDENTLY AND REMAIN ACTIVE AND AN UPGRADED AND EXPANDED ZERO-ENTRY FAMILY POOL, SIX LANE MULTI-PURPOSE POOL ALL CONNECTED BY AN ALL ACCESS LOBBY WHICH WILL SERVE AS THE HUB OF ACTIVITY FOR ALL RESIDENTS, MEMBERS, CLIENTS AND COMMUNITY MEMBERS. THE CENTER IS CURRENTLY UNDER CONSTRUCTION WITH AN ANTICIPATED OPENING DATE IN THE FALL OF 2016.

## EXPENSES

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

121,868.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	18
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## ACTIVITY THREE

YOUR WAY HOME MONTGOMERY COUNTY: THE FOUNDATION HAS COMMITTED A MINIMUM OF \$600,000 OVER THREE YEARS TO YOUR WAY HOME MONTGOMERY COUNTY (YWH), A PUBLIC - PRIVATE PARTNERSHIP TO END HOMELESSNESS IN MONTGOMERY COUNTY, PA, TO IMPROVE THE HOUSING STABILITY, ECONOMIC SECURITY AND HEALTH OF ALL MONTGOMERY COUNTY RESIDENTS. YWH'S GOAL IS TO MAKE THE EXPERIENCE OF HOMELESS BRIEF, RARE AND NON-RECURRING.

THE PRESIDENT, CEO SERVES AS CO-CHAIR OF THE LEADERSHIP COUNCIL, RISED OF PUBLIC, PRIVATE AND NONPROFIT PARTNERS, WHO SETS THE STRATEGIC DIRECTION AND GUIDES PRIVATE SECTOR INVESTMENTS IN SERVICES, CAPACITY BUILDING, LEARNING, EVALUATION AND COMMUNICATIONS.

THE FOUNDATION PROVIDES FUNDING FOR A NUMBER OF CONSULTANTS TO SUPPORT EFFORTS TO SCALE THE POSITIVE SOCIAL IMPACT OF YWH THROUGH EVALUATION, COMMUNICATIONS AND A LEARNING COLLABORATIVE STRUCTURE.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

261,533.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	19
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## ACTIVITY FOUR

BOARD SERVICE: THE PRESIDENT, CEO OF THE FOUNDATION SERVED AS BOARD SECRETARY OF THE PHILANTHROPY NETWORK GREATER PHILADELPHIA BOARD UNTIL MARCH 2015. PHILANTHROPY NETWORK IS A MEMBERSHIP ASSOCIATION OF FUNDERS DEDICATED TO ADVANCING THE MOST EFFECTIVE PRACTICE OF PHILANTHROPY IN THE

GREATER PHILADELPHIA REGION. HE ALSO SERVES AS CO-CHAIR FOR THE PENNSYLVANIA HEALTH FUNDERS COLLABORATIVE WHICH STRIVES TO IMPROVE THE EFFECTIVENESS OF HEALTH FUNDERS' INITIATIVES BY COLLABORATING, NETWORKING, SHARING BEST PRACTICES, AND CREATING A UNIFIED VOICE AMONG FUNDERS WORKING IN COMMUNITIES ACROSS PENNSYLVANIA. HE IS A FOUNDING MEMBER OF THE PENNSYLVANIA COALITION FOR ORAL HEALTH; A GOVERNING COMMITTEE MEMBER OF THE NONPROFIT REPOSITIONING FUND; AND A MEMBER OF THE GWYNEDD MERCY UNIVERSITY SCHOOL OF NURSING ADVISORY COMMITTEE.

THE VICE PRESIDENT OF ADMINISTRATION SERVES ON THE BOARD OF PHILANTHROPY NETWORK (STARTING IN APRIL 2015). SHE ALSO SERVES ON THE STEERING COMMITTEE OF THE NONPROFIT CENTERS NETWORK, A MEMBERSHIP ORGANIZATION OF NON-PROFIT CENTERS WHOSE MISSION IS TO INCREASE THE CAPACITY AND EFFECTIVENESS OF THE NONPROFIT SECTOR BY SUPPORTING THE DEVELOPMENT AND ONGOING OPERATIONS OF MULTI-TENANT NONPROFIT CENTERS AND OTHER QUALITY NONPROFIT WORKSPACE.

THE PROGRAM OFFICER SERVES AS THE CO-CHAIR OF THE FOOD FUNDERS AFFINITY GROUP OF PHILANTHROPY NETWORK.

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EXPENSES

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

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25,000.

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FORM 990-PF

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

STATEMENT 20

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDRUSSELL JOHNSON  
2506 N BROAD STREET, SUITE 206  
COLMAR, PA 18915TELEPHONE NUMBERNAME OF GRANT PROGRAM

215-716-5400

HEALTH OPPORTUNITIES FUND

FORM AND CONTENT OF APPLICATIONS

FOR THE HEALTH OPPORTUNITIES FUND, THE FOUNDATION ONLY ACCEPTS APPLICATIONS VIA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT [HTTP://NPCHF.ORG/GRANTS-PROGRAM/APPLY-GRANT](http://npchf.org/grants-program/apply-grant).

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RUSSELL JOHNSON  
2506 N BROAD STREET, SUITE 206  
COLMAR, PA 18915

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
215-716-5400	HOUSING FUND

FORM AND CONTENT OF APPLICATIONS

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY. MORE THAN SEVEN YEARS OF WORK AND THOUGHT HAVE GONE INTO DEVELOPING AN INTEGRATED COST-EFFECTIVE PUBLIC/PRIVATE PARTNERSHIP IN RESPONSE TO THE COUNTY'S HOUSING NEEDS KNOWN AS YOUR WAY HOME MONTGOMERY COUNTY. THE FOUNDATION CONTINUES TO PARTNER WITH OTHER FUNDERS AND THE MONTGOMERY COUNTY DEPARTMENTAL LEADERS TO IMPLEMENT THE YOUR WAY HOME MONTGOMERY COUNTY PLAN.

ANY SUBMISSION DEADLINES

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RUSSELL JOHNSON  
2506 N BROAD STREET, SUITE 206  
COLMAR, PA 18915

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
215-716-5400	FOOD SECURITY & NUTRITION FUND

FORM AND CONTENT OF APPLICATIONS

FOR THE FOOD SECURITY & NUTRITION FUND, THE FOUNDATION ONLY ACCEPTS APPLICATIONS VIA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT [HTTP://NPCHF.ORG/GRANTS-PROGRAM/APPLY-GRANT](http://NPCHF.ORG/GRANTS-PROGRAM/APPLY-GRANT).

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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



NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RUSSELL JOHNSON  
2506 N BROAD STREET, SUITE 206  
COLMAR, PA 18915

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
215-716-5400	CATALYST FUND

FORM AND CONTENT OF APPLICATIONS

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY. THE FUND IS DESIGNED TO PROVIDE STRATEGIC SUPPORT TO STAKEHOLDER GROUPS WORKING IN PARTNERSHIP WITH THE FOUNDATION TO DEVELOP SYSTEMS CHANGE OPPORTUNITIES THAT ALIGN WITH ITS INTERESTS.

ANY SUBMISSION DEADLINES

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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