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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE NEMOURS FOUNDATION		D Employer identification number 59-0634433
		Doing Business As		E Telephone number (904) 697-4100
		Number and street (or P.O. box if mail is not delivered to street address) 10140 CENTURION PARKWAY NORTH	Room/suite	G Gross receipts \$ 1,144,853,145
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32256		
	F Name and address of principal officer DAVID J BAILEY-PRESIDENT CEO 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 8516	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.nemours.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1931	M State of legal domicile FL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities provide leadership institutions & services to restore & improve the health of children through care & programs not readily available with one standard of quality regardless of recipient's financial status		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 4,98	
	6	Total number of volunteers (estimate if necessary)	6 84	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a -12,733,90	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -13,768,12	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 140,126,228	Current Year 98,492,542
	9	Program service revenue (Part VIII, line 2g)	506,864,345	563,160,178
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-22,104,421	-15,978,271
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,520,411	16,514,505
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,406,563	662,188,954
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	581,260	552,799
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	391,745,619	406,301,884
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,494,029	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	241,944,605	234,700,791
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	634,271,484	641,555,474
	19	Revenue less expenses Subtract line 18 from line 12	6,135,079	20,633,480
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,126,987,540	1,507,956,767
	21	Total liabilities (Part X, line 26)	382,996,834	613,070,744
	22	Net assets or fund balances Subtract line 21 from line 20	743,990,706	894,886,023

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-11</div> <div>Date</div> </div>
	<div> <div>Robert Bridges CFO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>300 North Greene Street Suite 400</div> <div>Greensboro, NC 27401</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (336) 275-3394</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

NEMOURS' MISSION IS TO PROVIDE LEADERSHIP, INSTITUTIONS, AND SERVICES TO RESTORE AND IMPROVE THE HEALTH OF CHILDREN THROUGH CARE AND PROGRAMS NOT READILY AVAILABLE, WITH ONE HIGH STANDARD OF QUALITY AND DISTINCTION REGARDLESS OF THE RECIPIENT'S FINANCIAL STATUS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 500,915,697 including grants of \$ 0) (Revenue \$ 578,825,275)

SEE SCHEDULE H, PART VI

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

















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

4e

Total program service expenses

\$ 500,915,697

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	453	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,981	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	13	
b	Enter the number of voting members that are independent . . .	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AL , FL , MD , NJ , NY , PA , VA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT BRIDGES CFO 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256 (904) 697-4100

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	15,002,616	647,155	583,465
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶654

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC AND AFFILIATES PO Box 905374 CHARLOTTE, NC 282905374	FACILITIES MGT	16,688,985
Stanley Beaman and Sears 180 Peachtree Street NW Suite 600 ATLANTA, GA 30303	Design & Develop	10,448,811
Skanska USA Building Inc 4030 Boy Scout Boulevard Suite 200 TAMPA, FL 33607	Construction	8,558,192
Lake Nona Property Holdings LLC 9801 Lake Nona Road ORLANDO, FL 32827	Permitting	3,117,200
Shoemaker Construction Co PO Box 888 CONSHOHOCKEN, PA 19428	Construction	2,954,132

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶108

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	407,755			
	d	Related organizations	1d	94,334,021			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,750,766			
	g	Noncash contributions included in lines 1a-1f \$ 259,496					
	h	Total. Add lines 1a-1f		98,492,542			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	900,099	551,613,366	551,613,366	0	0
	b	RESEARCH GRANTS	900,099	11,546,812	11,546,812	0	0
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		563,160,178			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		11,441,176	0	-12,733,908	24,175,084
	4	Income from investment of tax-exempt bond proceeds . . .		309	0	0	309
	5	Royalties		244,727	0	0	244,727
	6a	(i) Real					
		(ii) Personal					
		Gross Rents	386,849				
	b	Less rental expenses	150,285				
	c	Rental income or (loss)	236,564				
	d	Net rental income or (loss)		236,564	0	0	236,564
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	454,863,223				
	b	Less cost or other basis and sales expenses	482,282,979				
	c	Gain or (loss)	-27,419,756				
	d	Net gain or (loss)		-27,419,756	0	0	-27,419,756
	8a	Gross income from fundraising events (not including \$ 407,755 of contributions reported on line 1c) See Part IV, line 18		142,103			
	a						
b	Less direct expenses	230,927					
c	Net income or (loss) from fundraising events . . .		-88,824	-88,824	0	0	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue			Business Code				
11a	SPECIALIZED SERVICES		900,099	9,170,786	9,170,786	0	0
b	GRADUATE MEDICAL EDUCATION FUNDING		900,099	3,237,667	3,237,667	0	0
c	KIDSHEALTH ORG LICENSING FEE		900,099	1,923,852	1,923,852	0	0
d	All other revenue			1,789,733	1,421,619	0	368,114
e	Total. Add lines 11a-11d			16,122,038			
12	Total revenue. See Instructions			662,188,954	578,825,278	-12,733,908	-2,394,958

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	407,926	407,926		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	144,873	144,873		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	12,355,764	0	12,355,764	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	302,986,016	242,012,140	60,146,950	826,926
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,319,697	23,606,573	5,631,317	81,807
9	Other employee benefits	40,973,698	32,954,832	7,928,473	90,393
10	Payroll taxes	20,666,709	16,656,042	3,951,475	59,192
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	953,805	546,315	406,607	883
c	Accounting	412,445	236,620	175,825	0
d	Lobbying	318,455	0	318,455	0
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	800,329	459,149	341,180	0
g	Other	40,193,156	26,622,419	13,569,296	1,441
12	Advertising and promotion	2,236,772	1,529,952	706,820	0
13	Office expenses	67,472,664	60,125,951	7,158,359	188,354
14	Information technology	9,884,589	5,101,309	4,759,836	23,444
15	Royalties	0			
16	Occupancy	29,573,064	22,882,317	6,658,045	32,702
17	Travel	3,395,330	2,287,682	1,080,315	27,333
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,132,058	1,543,179	557,918	30,961
20	Interest	909,732	0	909,732	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,944,374	26,208,799	8,627,766	107,809
23	Insurance	8,399,865	8,128,577	269,636	1,652
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROVISION FOR BAD DEBT	25,452,845	25,452,845	0	0
b	REPAIRS AND MAINTENANCE	3,357,772	1,287,490	2,066,373	3,909
c	SUBSCRIPTIONS(MAGS & DB),BOOKS	1,749,806	1,600,800	146,809	2,197
d	MAINTENANCE CONTRACTS	1,498,903	576,478	922,425	0
e	EMPLOYEE RECRUITMENT AND ADVER	911,110	623,199	287,911	0
f	All other expenses	103,717	-79,770	168,461	15,026
25	Total functional expenses. Add lines 1 through 24f	641,555,474	500,915,697	139,145,748	1,494,029
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			790,974	1	4,041,057
	2	Savings and temporary cash investments			98,309,034	2	242,901,817
	3	Pledges and grants receivable, net			0	3	2,896,298
	4	Accounts receivable, net			68,246,303	4	70,983,455
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,355,478	8	1,974,400
	9	Prepaid expenses and deferred charges			7,346,228	9	6,904,668
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	754,477,943			
	b	Less accumulated depreciation	10b	320,057,260	397,481,538	10c	434,420,683
	11	Investments—publicly traded securities			456,992,892	11	623,668,232
	12	Investments—other securities See Part IV, line 11			74,137,102	12	79,014,908
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			0	14	254,944
	15	Other assets See Part IV, line 11			22,327,991	15	40,896,305
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,126,987,540	16	1,507,956,767	
Liabilities	17	Accounts payable and accrued expenses			25,775,602	17	71,921,730
	18	Grants payable				18	
	19	Deferred revenue			2,484,652	19	2,819,277
	20	Tax-exempt bond liabilities			72,180,000	20	371,184,545
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			35,598,589	24	0
	25	Other liabilities Complete Part X of Schedule D			246,957,991	25	167,145,192
	26	Total liabilities. Add lines 17 through 25			382,996,834	26	613,070,744
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			411,781,117	27	526,996,857
	28	Temporarily restricted net assets			327,848,459	28	363,322,480
	29	Permanently restricted net assets			4,361,130	29	4,566,686
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			743,990,706	33	894,886,023
	34	Total liabilities and net assets/fund balances			1,126,987,540	34	1,507,956,767

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE NEMOURS FOUNDATION	Employer identification number 59-0634433
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN P ANDERSON CHAIRMAN-BUSINESS & ETHICS COM	2 0	X						43,000	0	0
LEONARD L BERRY DIRECTOR	2 0	X						54,000	0	0
ROSA B HAKALA DIRECTOR	2 0	X						46,000	0	0
TERRI L KELLY DIRECTOR-CHAIRMAN CRITICAL SUP	2 0	X						47,000	0	0
J MICHAEL MCGINNIS DIRECTOR	2 0	X						43,000	0	0
RICHARD T CHRISTOPHER VICE CHAIRMAN	2 0	X						54,000	0	0
HUGH M DURDEN CHAIRMAN-NOMINATING & GOV COMM	2 0	X						0	139,116	0
JOHN F PORTER III DIRECTOR	2 0	X						0	114,343	0
WILLIAM T THOMPSON III DIRECTOR	2 0	X						0	132,297	0
WINFRED L THORNTON DIRECTOR	2 0	X						0	122,283	0
JOHN S LORD CHAIRMAN	2 0	X						0	139,116	0
ROBERT G RINEY DIRECTOR	2 0	X						43,500	0	0
TONI JENNINGS DIRECTOR	2 0	X						61,500	0	0
David J BAILEY MD PRESIDENT & CEO	40 0			X				1,353,123	0	15,819
ROBERT D BRIDGES EXECUTIVE VICE PRESIDENT & CFO	40 0			X				699,441	0	18,609
ROY PROUJANSKY MD EXECUTIVE VICE PRESIDENT & COO	40 0			X				747,099	0	21,855
DEBORAH I CHANG VP Policy & Prevention	40 0			X				356,767	0	4,055
TERRI M YOUNG VP Human Resources	40 0			X				259,601	0	15,356
THOMAS P FERRY VP Hospital Operations	40 0			X				908,132	0	23,307
RODNEY MCKENDREE VICE PRESIDENT FINANCE	40 0			X				238,897	0	20,700
GINA ALTIERI VP Corporate Services	40 0			X				291,209	0	17,047
B J CLARK MD VP Physican Practices Delaware	40 0			X				410,499	0	18,370
STEPHEN LAWLESS MD VP Quality & Safety	40 0			X				352,258	0	21,123
R JAY CUMMINGS VP Physican Practices Florida	40 0			X				531,585	0	15,050
JEFFREY E GREEN VICE PRESIDENT & CAO	40 0			X				383,692	0	18,865

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM W HIGGINBOTHAM II Manag Dir Corp Fin & Treasurer	40 0			X				170,513	0	19,047
STEVEN R SPARKS ESQ SR VP Gen Counsel & Secretary	40 0			X				290,780	0	22,767
DIANE GOIN ASST SECRETARY/ASST TREASURER	40 0			X				59,216	0	10,887
MARYLYNN GIROUARD ASSISTANT SECRETARY	40 0			X				59,386	0	11,237
PAUL KEMPINSKI COO - AIDHC	40 0			X				336,322	0	26,123
KAREN K BRYANT assistant treasurer	40 0			X				51,236	0	7,868
MICHAEL J ERHARD MD CHAIR, DEPARTMENT OF SURGERY	40 0				X			450,151	0	27,794
PAUL A PITEL MD CHAIR, DEPT OF PEDIATRICS	40 0				X			290,112	0	14,911
SAUL GOODWIN MD CHAIR, DEPT of ANESTHESIA	40 0				X			405,144	0	18,620
JAMES REILLY MD CHAIR, DEPARTMENT OF SURGERY	40 0				X			395,881	0	15,941
JAY S GREENSPAN MD CHAIR, DEPT OF PEDIATRICS	40 0				X			340,777	0	26,603
ANDREW T COSTARINO MD CHAIR, DEPT OF ANESTHESIA	40 0				X			441,170	0	4,695
WILLIAM G MACKENZIE MD CHAIR, DEPT OF ORTHOPEDICS	40 0				X			635,379	0	21,029
CHRISTIAN PIZARRO MD CHAIR, CARDIAC SERVICES	40 0				X			1,041,113	0	26,603
T E FIGUEROA MD Division Chief	40 0					X		558,116	0	20,552
SUKEN A SHAH MD ORTHOPAEDIC SURGEON	40 0					X		595,458	0	22,237
DEBBIE J MERINBAUM MD Chair, Department of Radiology	40 0					X		579,048	0	24,741
KIRK W DABNEY MD Orthopaedic Surgeon	40 0					X		512,142	0	15,624
JEFFREY CAMPBELL MD DIVISION CHIEF	40 0					X		627,268	0	21,045
TERESA H DUPREE Former VP Corp Ethics & RESPON	40 0						X	239,101	0	14,985

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR BAD DEBT	25,452,845	25,452,845	0	0
REPAIRS AND MAINTENANCE	3,357,772	1,287,490	2,066,373	3,909
SUBSCRIPTIONS(MAGS & DB),BOOKS	1,749,806	1,600,800	146,809	2,197
MAINTENANCE CONTRACTS	1,498,903	576,478	922,425	0
EMPLOYEE RECRUITMENT AND ADVER	911,110	623,199	287,911	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization THE NEMOURS FOUNDATION	Employer identification number 59-0634433
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		318,455													
c Total lobbying expenditures (add lines 1a and 1b)		318,455													
d Other exempt purpose expenditures		641,237,019													
e Total exempt purpose expenditures (add lines 1c and 1d)		641,555,474													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		226,811	535,041	318,455	1,080,307
d Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures			2,000	2,000	4,000

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____ 0
(ii) Assets included in Form 990, Part X	▶ \$ _____ 3,386,733

2

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

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

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	332,209,589	491,454,901			
b Contributions	3,615,644	1,989,556			
c Investment earnings or losses	46,910,682	-147,005,248			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	15,034,448	14,229,620			
f Administrative expenses	115,809	0			
g End of year balance	367,585,658	332,209,589			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 % %

b

Permanent endowment ▶ 1 200 % %

c

Term endowment ▶ 98 800 % %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	106,095	103,250,346		103,356,441
b Buildings		317,417,236	152,184,735	165,232,501
c Leasehold improvements		12,005,363	5,840,618	6,164,745
d Equipment		266,943,785	162,031,907	104,911,878
e Other		54,755,118		54,755,118
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				434,420,683

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	662,188,954
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	641,555,474
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,633,480
4	Net unrealized gains (losses) on investments	4	79,949,124
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	50,312,713
9	Total adjustments (net) Add lines 4 - 8	9	130,261,837
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	150,895,317

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	706,573,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	14,764,960
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	15,034,448
e	Add lines 2a through 2d	2e	29,799,408
3	Subtract line 2e from line 1	3	676,773,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-14,584,662
c	Add lines 4a and 4b	4c	-14,584,662
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	662,188,954

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	641,820,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	380,879
e	Add lines 2a through 2d	2e	380,879
3	Subtract line 2e from line 1	3	641,439,662
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	115,812
c	Add lines 4a and 4b	4c	115,812
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	641,555,474

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
other changes in net assets or fund balances	Schedule D, Part XI, Line 8	Pension liability adjustment 50,606,071 Loss on bond redemption (293,358) ----- 50,312,713 =====
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	Schedule D, Part XII, Line 2d	Net assets released from restriction - Ed Ball Fund 13,680,604 Net assets released from restriction - donations 1,353,844 ---- ----- 15,034,448 =====
OTHER REVENUE ON RETURN BUT NOT ON BOOKS	Schedule D, Part XII, Line 4b	Temp restricted contributions and pledges 3,919,152 Temp restricted investment income 4,170,535 Temp restricted realized gains/(losses) (22,444,024) Tax exempt bond revenue 344 Rental expenses (150,286) Fundraising expenses (230,927) Contributions received 150,544 ----- (14,584,662) =====
OTHER EXPENSES ON BOOKS BUT NOT ON RETURN	Schedule D, Part XIII, Line 2d	Tax exempt bond revenue (334) Rental expenses 150,286 Fundraising expenses 230,927 ----- 380,879 =====
OTHER EXPENSES ON RETURN BUT NOT ON BOOKS	Schedule D, Part XIII, Line 4b	Temp restricted investment expenses 114,543 Temp restricted occupancy expenses 1,269 ----- 115,812 =====
DESCRIPTION OF ORGANIZATION'S COLLECTIONS	SCHEDULE D, PART III, QUESTION 4	The Nemours Mansion is the 300-acre country estate of the late industrialist and philanthropist Alfred I. duPont. The mansion is located on the grounds of the renowned Alfred I. duPont Hospital for Children in Wilmington, Delaware. It derives its name from the town in France represented by Mr. duPont's great-great-grandfather, Pierre Samuel duPont de Nemours, as a member of the French Estates General in 1789. The mansion was built from 1909 to 1910 and is a fine example of a French chateau in the style of Louis XVIth. The 47,000 sq. ft. mansion looms over the surrounding formal gardens and is furnished with fine antiques, famous works of art, beautiful tapestries, and other treasures. The grounds surrounding the mansion extend for one third of a mile along the main vista from the house, and are among the finest examples of French-style gardens in the United States. The mansion and gardens are open for tours between May and December. Tour groups are kept small and include expert commentary by guides familiar with the duPont family history.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>DE Gala's</u>	<u>Jax Gala's</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	318,882	213,635	17,341	549,858	
	2	Less Charitable contributions	220,850	178,750	8,155	407,755	
3	Gross income (line 1 minus line 2)	98,032	34,885	9,186	142,103		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	69,741	13,632	1,352	84,725	
	7	Food and beverages	57,977	40,508	0	98,485	
	8	Entertainment	5,500	8,675	0	14,175	
	9	Other direct expenses	20,084	9,365	4,093	33,542	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					230,927
	11	Net income summary Combine lines 3, column d, and line 10. ▶					-88,824

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 250 %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?			
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			5,603,892	792,269	4,811,623	0 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			226,937,617	188,708,973	38,228,644	5 960 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	
d Total Charity Care and Means-Tested Government Programs			232,541,509	189,501,242	43,040,267	6 710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	134		29,298,513	3,001,484	26,297,029	4 100 %
f Health professions education (from Worksheet 5)	188		8,479,470	3,590,630	4,888,841	0 760 %
g Subsidized health services (from Worksheet 6)			0	0	0	
h Research (from Worksheet 7)	219		23,812,561	8,130,123	15,682,438	2 440 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	30		552,800	0	552,800	0 090 %
j Total Other Benefits	571		62,143,344	14,722,237	47,421,108	7 390 %
k Total. Add lines 7d and 7j	571		294,684,853	204,223,479	90,461,375	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	211,538,919	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5705,230	
6	Enter Medicare allowable costs of care relating to payments on line 5	6745,047	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7-39,817	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	No
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V **Facility Information**

Name and address	Other (Describe)
	ER—other
	ER—24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital

See Additional Data Table

Additional Data

Software ID:
Software Version:
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	
NEMOURS CHILDREN'S CLINIC - JACKSONVILLE 807 CHILDRENS WAY JACKSONVILLE, FL 32207	X		X						CHILDREN'S CLINIC	
ALFRED I DUPONT hospital for Children 1600 ROCKLAND ROAD WILMINGTON, DE 19803										
NEMOURS CHILDREN'S BRIGHTSTART 841 PRUDENTIAL DRIVE SUITE 1600 JACKSONVILLE, FL 32207									DYSLEXIA INITIATIVE	
NEMOUR'S CHILDREN'S CLINIC - PENSACOLA 5153 N 9TH AVENUE PENSACOLA, FL 32504									CHILDREN'S CLINIC	
Nemours Children's Clinic - Orlando 1717 S ORANGE AVENUE ORLANDO, FL 32806									CHILDREN'S CLINIC	
Nemours Pediatrics at Philadelphia Pike 222 Philadelphia Pike Wilmington, DE 19809									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT MIDDLETOWN 200 CLEAVER FARM RD SUITE 201 MIDDLETOWN, DE 19709									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT JESSUP STREET 1602 JESSUP STREET WILMINGTON, DE 19802									CHILDREN'S CLINIC satellite	
NEUMOURS PEDIATRICS AT Newark 1400 PEOPLES PLAZA SUITE 300 NEWARK, DE 19702									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT SEAFORD 121 S FRONT STREET SEAFORD, DE 19973									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT MILFORD 703 NORTH DUPONT HWY MILFORD, DE 19963									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT FOULK ROAD 910 FOULK ROAD SUITE 101 WILMINGTON, DE 19809									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT NEWTOWN SQUARE 3855 WEST CHESTER PIKE SUITE 280 NEWTOWN SQUARE, PA 19073									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Philadelphia 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107									CHILDREN'S CLINIC satellite	
Nemours Pediatrics at Philadelphia 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Egg Harbor 2500 ENGLISH CREEK AVE BLDG E egg harbor township, NJ 08234									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Voorhees 1000 WHITE HORSE RD SUITE 204 VOORHEES, NJ 08043									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Collegeville 599 ARCOLA ROAD COLLEGEVILLE, PA 19426									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT DOVER 102 WEST WATER STREET SUITE 1 DOVER, DE 19904									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT LANKENAU 100 EAST LANCASTER AVE STE 436 WYNWOOD, PA 19096									CHILDREN'S CLINIC satellite	
Nemours Milford 915 NORTH DUPONT HWY STE 104 MILFORD, DE 19963									Health CLINIC	
Nemours Children's Clinic - Vineland 2950 CALEGE DRIVE STE 2B VINELAND, NJ 08360									CHILDREN'S CLINIC satellite	
NEMOURS PEDIATRICS AT LANCASTER 2128 EMBASSY DR LANCASTER, PA 17603									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Orange Park 2300 PARK AVENUE ORANGE PARK, FL 32073									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Viera 7000 SPYGLASS CT STE 120 VIERA, FL 32940									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Destin 7720 US HWY 98 W STE 260 DESTIN, FL 32550									CHILDREN'S CLINIC satellite	
Nemours Children's Clinic - Lake Mary 755 RINEHART ROAD SUITE 105 LAKE MARY, FL 32746									lake mary children's clinic	
Nemours Wilmington 1600 Rockland Rd Wilmington, DE 19803									Cardiac Center	
Nemours Wilmington 1600 Rockland Rd Wilmington, DE 19803									Children's Clinic	
Nemours Wilmington 1600 Rockland Rd Wilmington, DE 19803									Health Clinic	
Nemours Pediatrics at St Francis 700 N Clayton Street Suite 400 Wilmington, DE 19805									Children's Clinic Satellite	
Atlanticare - Mainland Campus Pomona 72 West Jimmie Leeds Road Pomona, NJ 08205									Children's Clinic Satellite	
AtlantiCare - City Campus Atlantic City 1925 Pacific Avenue Atlantic City, NJ 08401									Children's Clinic Satellite	
Virtua Voorhees 101 Carnie Boulevard Voorhees, NJ 08043									Children's Clinic Satellite	
Nemours Children's Hospital 13535 Nemours Parkway Orlando, FL 32827									X	
Bryn Mawr Hospital 130 S Bryn Mawr Avenue Bryn Mawr, PA 19010										Pediatric Partners
Lancaster General Hospital 555 N Duke Avenue Lancaster, PA 17604	Pediatric Partners									
Nemours Children's Clinic - Philadelphia 1015 Chestnut Street Suite 601 Philadelphia, PA 19107	Children's Clinic Satellite									
Thomas Jefferson University Hospital 111 S 11th Street Philadephia, PA 19107									Pediatric Partners	

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
59-0634433

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

21

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Aggregate employee relief fund donations	9	9,000	59	fmv	gift baskets
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:
Software Version:
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY201 South Rosalind Ave Orlando,FL 32819	000000000	GOVT	60,592		fmv		Pledge discount
BOYS AND GIRLS CLUB OF DE669 S UNION STREET WILMINGTON,DE 19805	51-0068712	501(c)(3)	25,000		fmv		Sponsorship
RONALD MCDONALD HOUSE OF DE1901 ROCKLAND ROAD WILMINGTON,DE 19803	51-0295320	501(c)(3)	20,000		fmv		Sponsorship
ORLANDO REGIONAL HOSPITAL1414 KUHL AVENUE ORLANDO,FL 32806	59-2244943	501(c)(3)	14,635		fmv		Teen Express & Hug Me Program Pledge discount
JACKSONVILLE ZOO 370 ZOO PARKWAY JACKSONVILLE,FL 32218	59-1319010	501(c)(3)	12,500		fmv		Sponsorship
ST VINCENTS FOUNDATION INCPO BOX 41564 JACKSONVILLE,FL 32203	59-2219923	501(c)(3)	12,000		fmv		Sponsorship
UNIV OF DELAWAREPO BOX 7449 WIKESBARRE,PA 187737449	51-6000297	501(c)(3)	12,000		fmv		Sponsorship
NANTICOKE MEMORIAL HOSPITALMEDICAL STAFF OFFICE SEAFORD,DE 19973	51-0069243	501(c)(3)	10,000		fmv		Sponsorship
NAP FORD COMMUNITY SCHOOL649 WEST LIVINGSTON ST ORLANDO,FL 32801	59-3662275	501(c)(3)	10,000		fmv		Sponsorship
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE,FL 32202	59-0711482	501(c)(3)	10,000		fmv		Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLFSON CHILDRENS HOSPITAL800 PRUDENTIAL DRIVE JACKSONVILLE,FL 32207	59-2487135	501(c)(3)	9,000		fmv		Sponsorship
MARCH OF DIMES3012 MAIN ST VOORHEES,NJ 08043	13-1846366	501(c)(3)	8,000		fmv		Sponsorship
MARCH OF DIMES236-C N JAMES ST NEWPORT,DE 19804	13-1846366	501(c)(3)	7,500		fmv		Sponsorship
WILMINGTON RENAISSANCE CORP233 N KING STREET WILMINGTON,DE 19801	51-0347680	501(c)(3)	7,500		fmv		Sponsorship
DE TECHNICAL AND COMM COLLEGECORPCOMM PROG TERRY CAMPUS DOVER,DE 19904	51-0246178	501(c)(3)	7,000		fmv		Sponsorship
TOM COUGHLIN JAY FOUNDATIONPO BOX 50798 JACKSONVILLE BEACH,FL 32240	59-3426937	501(c)(3)	6,500		fmv		Sponsorship
AM HEART ASSOCIATION PO BOX 1590 HAGERSTOWN,MD 217411590	13-5613797	501(c)(3)	6,000		fmv		Sponsorship & donation to Heart Ball
COMMUNITY HOSPICE OF NE FLA4266 SUNBEAM ROAD JACKSONVILLE,FL 32257	59-1940256	501(c)(3)	6,000		fmv		Sponsorship
AMERICAN LIVER FOUNDATION111 PRESIDENTIAL BLVD PHILADELPHIA,PA 19004	36-2883000	501(c)(3)	5,500		fmv		Sponsorship
ATLANTICARE FOUNDATION6725 DELILAH RD EGG HARBOR TWP,NJ 08234	22-2148992	501(c)(3)	5,450		fmv		Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE5154 BAYOU BLVD PENSACOLA, FL 32503	59-2172279	501(c)(3)	5,183		fmv		Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
Travel Policy	Schedule J, Part I, Question 1A	Nemours has established a policy for the reimbursement of travel and related expenses incurred by its employees. All transportation and travel arrangements shall be the most economical under the circumstances. Excursion or coach fares shall be ordered whenever available. Approval of a vice president shall be required for any other class of travel. Each department has the right to limit travel expenditures based on budgetary restrictions and may limit coverage to certain categories of travel expense. First class travel may occur in situations for Nemours employees wherein other fares are not available. Or travel is for a long period of time or overseas. Board members also have the option of traveling first class. Effective, January 1, 2009, Nemours instituted a written policy regarding such travel.
Supplemental Employee Benefit Plan	Schedule J, Part I, Question 4B	The Nemours Foundation maintained a supplemental employee benefit plan ("SEBP") for certain members of The Nemours executive team as determined by the Board of Directors. In 2009, the following participated in the plan: President and Chief Executive Officer, Executive Vice President Enterprise Services and Chief Financial Officer, Executive Vice President Patient Operations and Chief Operating Officer, Senior Vice President, Hospital Operations, and Senior Vice President, Policy and Prevention. The SEBP provides each participant an employer provided annual "flexible" benefit allowance in the form of dollar credits which the participant may apply to any of the benefits offered under the plan: individual long-term disability insurance, unfunded nonqualified deferred compensation benefits subject to IRC section 457(f). Under the plan, each of the participants makes an annual election allocating his or her flexible benefit allowance for the upcoming year among the component benefits. The amount of the flexible benefit allowance may vary among the participants as determined by Nemours and Nemours may discontinue the flexible benefit allowances at any time. Contributions to the plan are disclosed in Form 990, Part VII, Column F and Schedule J, Part II, Column (C). In December 2009, Nemours opted to discontinue and liquidated the plan to the participants. The payouts from the plan are disclosed in Form 990, Schedule J, part II, column (B)(iii).
Incentive Compensation	Schedule J, Question 7	Certain employees of Nemours are eligible for incentive compensation. This compensation is based on qualitative and quantitative organizational goals and the achievement of such goals by the organization, its division and individuals.
Severance Payment	Schedule J, Part I, Question 4a	TERESA H DUPREE received a severance payment of \$91,004.

Software ID:

Software Version:

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David J BAILEY MD	(i) (ii)612,702 0	(i) (ii)149,397 0	(i) (ii)591,024 0	(i) (ii)6,040 0	(i) (ii)9,779 0	(i) (ii)1,368,942 0	(i) (ii)427,731 0
ROBERT D BRIDGES	(i) (ii)403,846 0	(i) (ii)76,331 0	(i) (ii)219,264 0	(i) (ii)5,720 0	(i) (ii)12,889 0	(i) (ii)718,050 0	(i) (ii)173,766 0
ROY PROUJANSKY MD	(i) (ii)416,968 0	(i) (ii)88,000 0	(i) (ii)242,131 0	(i) (ii)7,160 0	(i) (ii)14,695 0	(i) (ii)768,954 0	(i) (ii)167,402 0
DEBORAH I CHANG	(i) (ii)257,905 0	(i) (ii)39,471 0	(i) (ii)59,391 0	(i) (ii)3,746 0	(i) (ii)309 0	(i) (ii)360,822 0	(i) (ii)85,973 0
TERRI M YOUNG	(i) (ii)222,973 0	(i) (ii)35,750 0	(i) (ii)878 0	(i) (ii)5,041 0	(i) (ii)10,315 0	(i) (ii)274,957 0	(i) (ii)0 0
THOMAS P FERRY	(i) (ii)369,228 0	(i) (ii)82,895 0	(i) (ii)456,009 0	(i) (ii)8,920 0	(i) (ii)14,387 0	(i) (ii)931,439 0	(i) (ii)332,393 0
RODNEY MCKENDREE	(i) (ii)203,311 0	(i) (ii)35,400 0	(i) (ii)186 0	(i) (ii)5,521 0	(i) (ii)15,179 0	(i) (ii)259,597 0	(i) (ii)0 0
GINA ALTIERI	(i) (ii)249,255 0	(i) (ii)41,600 0	(i) (ii)354 0	(i) (ii)6,832 0	(i) (ii)10,215 0	(i) (ii)308,256 0	(i) (ii)0 0
B J CLARK MD	(i) (ii)333,690 0	(i) (ii)75,225 0	(i) (ii)1,584 0	(i) (ii)3,675 0	(i) (ii)14,695 0	(i) (ii)428,869 0	(i) (ii)0 0
STEPHEN LAWLESS MD	(i) (ii)298,075 0	(i) (ii)53,631 0	(i) (ii)552 0	(i) (ii)7,000 0	(i) (ii)14,123 0	(i) (ii)373,381 0	(i) (ii)0 0
R JAY CUMMINGS	(i) (ii)433,094 0	(i) (ii)96,907 0	(i) (ii)1,584 0	(i) (ii)7,640 0	(i) (ii)7,410 0	(i) (ii)546,635 0	(i) (ii)0 0
JEFFREY E GREEN	(i) (ii)327,385 0	(i) (ii)55,755 0	(i) (ii)552 0	(i) (ii)3,990 0	(i) (ii)14,875 0	(i) (ii)402,557 0	(i) (ii)0 0
WILLIAM W HIGGINBOTHAM II	(i) (ii)155,396 0	(i) (ii)14,985 0	(i) (ii)132 0	(i) (ii)3,228 0	(i) (ii)15,819 0	(i) (ii)189,560 0	(i) (ii)0 0
STEVEN R SPARKS ESQ	(i) (ii)247,234 0	(i) (ii)43,188 0	(i) (ii)358 0	(i) (ii)5,307 0	(i) (ii)17,460 0	(i) (ii)313,547 0	(i) (ii)0 0
PAUL KEMPINSKI	(i) (ii)283,940 0	(i) (ii)52,022 0	(i) (ii)360 0	(i) (ii)3,990 0	(i) (ii)22,133 0	(i) (ii)362,445 0	(i) (ii)0 0
MICHAEL J ERHARD MD	(i) (ii)381,362 0	(i) (ii)68,429 0	(i) (ii)360 0	(i) (ii)6,040 0	(i) (ii)21,754 0	(i) (ii)477,945 0	(i) (ii)0 0
PAUL A PITEL MD	(i) (ii)279,080 0	(i) (ii)10,000 0	(i) (ii)1,032 0	(i) (ii)7,320 0	(i) (ii)7,591 0	(i) (ii)305,023 0	(i) (ii)0 0
SAUL GOODWIN MD	(i) (ii)383,433 0	(i) (ii)20,127 0	(i) (ii)1,584 0	(i) (ii)4,350 0	(i) (ii)14,270 0	(i) (ii)423,764 0	(i) (ii)0 0
JAMES REILLY MD	(i) (ii)392,833 0	(i) (ii)0 0	(i) (ii)3,048 0	(i) (ii)6,680 0	(i) (ii)9,261 0	(i) (ii)411,822 0	(i) (ii)0 0
JAY S GREENSPAN MD	(i) (ii)324,725 0	(i) (ii)15,500 0	(i) (ii)552 0	(i) (ii)4,470 0	(i) (ii)22,133 0	(i) (ii)367,380 0	(i) (ii)0 0
ANDREW T COSTARINO MD	(i) (ii)417,166 0	(i) (ii)22,972 0	(i) (ii)1,032 0	(i) (ii)4,350 0	(i) (ii)345 0	(i) (ii)445,865 0	(i) (ii)0 0
WILLIAM G MACKENZIE MD	(i) (ii)594,347 0	(i) (ii)40,000 0	(i) (ii)1,032 0	(i) (ii)6,520 0	(i) (ii)14,509 0	(i) (ii)656,408 0	(i) (ii)0 0
CHRISTIAN PIZARRO MD	(i) (ii)1,025,753 0	(i) (ii)15,000 0	(i) (ii)360 0	(i) (ii)4,470 0	(i) (ii)22,133 0	(i) (ii)1,067,716 0	(i) (ii)0 0
T E FIGUEROA MD	(i) (ii)373,119 0	(i) (ii)184,445 0	(i) (ii)552 0	(i) (ii)6,520 0	(i) (ii)14,032 0	(i) (ii)578,668 0	(i) (ii)0 0
SUKEN A SHAH MD	(i) (ii)496,108 0	(i) (ii)99,110 0	(i) (ii)240 0	(i) (ii)4,470 0	(i) (ii)17,767 0	(i) (ii)617,695 0	(i) (ii)0 0
DEBBIE J MERINBAUM MD	(i) (ii)480,199 0	(i) (ii)98,297 0	(i) (ii)552 0	(i) (ii)6,520 0	(i) (ii)18,221 0	(i) (ii)603,789 0	(i) (ii)0 0
KIRK W DABNEY MD	(i) (ii)403,692 0	(i) (ii)107,898 0	(i) (ii)552 0	(i) (ii)7,160 0	(i) (ii)8,464 0	(i) (ii)527,766 0	(i) (ii)0 0
JEFFREY CAMPBELL MD	(i) (ii)548,892 0	(i) (ii)78,136 0	(i) (ii)240 0	(i) (ii)3,675 0	(i) (ii)17,370 0	(i) (ii)648,313 0	(i) (ii)0 0
TERESA H DUPREE	(i) (ii)87,202 0	(i) (ii)32,214 0	(i) (ii)119,685 0	(i) (ii)4,482 0	(i) (ii)10,503 0	(i) (ii)254,086 0	(i) (ii)0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization THE NEMOURS FOUNDATION	Employer identification number 59-0634433
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Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Delaware Health Facility Authority	51-0272458	246388NE8	01-26-2005	50,950,000	See Schedule O		X		X
B	Orange County Health Facility Authority	52-1035390	6845039Y0	01-26-2005	43,395,591	See Schedule O	X			X
C	ORANGE COUNTY HEALTH FACILITY AUTHORITY	52-1035390	6845036W0	10-15-2009	326,242,302	See Schedule O		X		X

Part II Proceeds

				A		B		C		D		E	
1	Total proceeds of issue			50,950,000		43,395,591		326,242,302					
2	Gross proceeds in reserve funds												
3	Proceeds in refunding or defeasance escrows			42,614,955		42,614,955		24,350,000					
4	Other unspent proceeds			225,897,276				225,897,276					
5	Issuance costs from proceeds			483,143		508,874		1,709,444					
6	Working capital expenditures from proceeds												
7	Capital expenditures from proceeds			50,466,857		11,472,023		74,285,582					
8	Year of substantial completion			2007		2008		2012					
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?			X		X		X					
10	Were the bonds issued as part of an advance refunding issue?			X		X		X					
11	Has the final allocation of proceeds been made?			X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X		X					

Part III Private Business Use

				A		B		C		D		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?			X			X	X					

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X			X	X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X			X	X					
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		3 500 %		0 %		2 550 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %				
6	Total of lines 4 and 5		3 500 %		0 %		2 550 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X			X	X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X		X			X				
b	Name of provider		XL Asset Funding		Bayerische Landesb						
c	Term of GIC		1 5		2 5						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	2,000	cost or sales price
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		10,370	cost or sales price
5 Clothing and household goods	X		105,859	cost or sales price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	1,146	cost or sales price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	2,900	cost or sales price
19 Food inventory	X	4	4,716	cost or sales price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Media production - video, paper, 25 Other ► (photos)	X	5	45,100	Cost or sales price
Travel vouchers for medical				
26 Other ► (transport)	X	1	30,000	Cost or sales price
27 Other ► (Advertising)	X	3	24,300	Cost or sales price
28 Other ► (Miscellaneous)	X	20	33,105	Cost or sales price
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Identifier	Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Section A, Questions 6, 7a & b	THE NEMOURS FOUNDATION'S (NEMOURS) ORGANIZATIONAL DOCUMENTS INCLUDE MEMBERS WHO CONSTITUTE A PORTION OF THE GOVERNING BODY SPECIFICALLY , THE MEMBERS ARE THOSE INDIVIDUALS WHO ALSO SERVE AS TRUSTEES OF THE ALFRED I DUPONT TESTAMENTARY TRUST (THE TRUST) THE TRUST'S PRIMARY PURPOSE IS TO PROVIDE FUNDING FOR NEMOURS' CHARITABLE ACTIVITIES IN THE COMMUNITIES IT SERVES AS TRUSTEES OF THE TRUST, THESE INDIVIDUALS ARE APPOINTED AS MEMBERS OF NEMOURS THE MEMBERS HAVE CERTAIN GENERAL OVERSIGHT RIGHTS AND SOME LIMITED RETAINED POWERS THE BOARD OF DIRECTORS, MADE UP OF MEMBER DIRECTORS (THOSE MEMBERS THAT OPT TO ALSO SERVE ON THE BOARD OF DIRECTORS) AND NON-MEMBER DIRECTORS, WHO ARE SELECTED BY THE MEMBERS OF NEMOURS THE BOARD OF DIRECTORS HAS FULL GOVERNANCE OVER THE ACTIVITIES OF NEMOURS
REVIEW OF FORM 990	FORM 990, PART VI, SECTION A, QUESTION 11	DURING SEPTEMBER 2010, MANAGEMENT DISTRIBUTED A DRAFT OF THE 2009 FORM 990 TO THE BUSINESS AND ETHICS COMMITTEE PRIOR TO THE SCHEDULED BOARD OF DIRECTORS MEETING ON SEPTEMBER 21, 2010 DURING THE COURSE OF THE BOARD OF DIRECTORS MEETING, MANAGEMENT PRESENTED AN OVERVIEW OF FORM 990 TO THE BUSINESS AND ETHICS COMMITTEE AND GAVE THE COMMITTEE MEMBERS AN OPPORTUNITY TO PROVIDE COMMENTS AND ASK QUESTIONS WITH RESPECT TO THE DRAFT BASED ON FEEDBACK PROVIDED FROM THE COMMITTEE MEMBERS, MANAGEMENT UPDA TED THE DRAFT FORM 990 UPON FINALIZATION OF THE RETURN, MANAGEMENT PROVIDED A FINAL COPY OF THE RETURN VIA E-MAIL TO THE BOARD OF DIRECTORS
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12	THE NEMOURS FOUNDATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS NEMOURS IS COMMITTED TO THE BELIEF THAT SOUND BUSINESS PRACTICES START WITH AN ABSOLUTE COMMITMENT FROM EACH EMPLOYEE TO ACT ETHICALLY IN CARRYING OUT NEMOURS BUSINESS, AND TO COMPLY WITH THE LAWS AND REGULATIONS THAT IMPACT ITS BUSINESS, THUS NEMOURS' EMPLOYEES MUST AVOID PARTICIPATING IN ACTIVITIES THAT CREATE OR APPEAR TO CREATE A CONFLICT OF INTEREST NEMOURS HAS SPECIFICALLY IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL CONFLICTS OF INTEREST FINANCIAL INTEREST, OUTSIDE EMPLOYMENT, PAID FACULTY ARRANGEMENTS, CONSULTANT OR RESEARCH CONTRACTS, ACCEPTANCE OF GIFTS, GRATUITIES, BUSINESS COURTESIES, TRAVEL, LODGING AND ENTERTAINMENT, MISUSE OF RESOURCES OR ASSETS, PERSONAL GAIN USING UNDUE INFLUENCE, DIRECT DEALINGS WITH VENDORS, USE OF CONFIDENTIAL INFORMATION, AND AN INDIVIDUAL'S SUPPORT OF POLITICAL CAUSES NEMOURS' POLICY REQUIRES CERTAIN INDIVIDUALS TO DISCLOSE PARTICIPATION IN ACTIVITIES OR CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST ON AN ANNUAL BASIS OR IF AT ANY TIME SUCH INDIVIDUAL BECOMES AWARE OF CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST THESE DISCLOSURES ARE REVIEWED BY THE CONFLICT OF INTEREST COMMITTEE AND THE BUSINESS & ETHICS COMMITTEE, AS NECESSARY
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, QUESTION 15	THE NEMOURS FOUNDATION'S BOARD OF DIRECTORS DESIGNATED THE CRITICAL SUPPORT COMMITTEE (CSC) TO SERVE AS A COMPENSATION COMMITTEE RESPONSIBLE FOR ESTABLISHING COMPENSATION PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE INUREMENT PROHIBITION THE PRACTICES AND PROCESSES ARE DESIGNED TO AVOID ANY CLAIM FOR INTERMEDIATE SANCTIONS AND TO SATISFY THE REQUIREMENTS TO OBTAIN THE REBUTTABLE PRESUMPTION THE CSC ANNUALLY REVIEWS OUTSIDE, INDEPENDENT DATA TO ESTABLISH THE COMPENSATION OF OUR OFFICERS AND KEY EMPLOYEES THE BOARD OF DIRECTORS REVIEWS AND SET FORTH THE COMPENSATION FOR THE CEO USING THE SAME PROCESS AS THE CSC THE COMMITTEE ENGAGES AND UTILIZES AN INDEPENDENT CONSULTING FIRM, TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS THE CSC MEETS WITH A REPRESENTATIVE FROM THE CONSULTING FIRM AND THE HUMAN RESOURCES DEPARTMENT WHEN REVIEWING COMPENSATION FOR THE SENIOR LEADERSHIP GROUP ON A YEARLY BASIS THE COMPANY PHILOSOPHY IS TO MATCH THE MARKET ON AVERAGE PAY , IDENTIFYING THE MEDIAN TOTAL CASH COMPENSATION IS GENERALLY TARGETED TO BE AT THE MEDIAN OF NEMOURS' PEERS
ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, QUESTION 19	GENERALLY , NEMOURS DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC HOWEVER, NEMOURS' ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE THROUGH FLORIDA'S SECRETARY OF STATE WEBSITE WWW.SUNBIZ.ORG ADDITIONALLY , NEMOURS' AUDITED FINANCIAL STATEMENTS CAN BE ACCESSED THROUGH DIGITAL ASSURANCE CERTIFICATION LLC, WEBSITE WWW.DACBOND.COM
TAX-EXEMPT BOND LIABILITIES	FORM 990, PART X, LINE 20 AND SCHEDULE K DESCRIPTION OF PURPOSE	DELAWARE HEALTH FACILITIES AUTHORITY REVENUE BONDS (ISSUED 1/26/2005) THE PROCEEDS OF THESE BONDS WERE USED TO FINANCE THE COST OF THE ACQUISITION, CONSTRUCTION, AND INSTALLATION OF CERTAIN HEALTH CARE FACILITIES USED IN CONNECTION WITH THE ALFRED I DUPONT HOSPITAL LOCATED IN WILMINGTON, DE THESE FACILITIES INCLUDE IMPROVEMENTS TO AN EXISTING TWO-STORY BUILDING AND MULTI-LEVEL PARKING STRUCTURE, CONSTRUCTION OF A MULTI-LEVEL PARKING STRUCTURE ON THE GROUNDS OF THE HOSPITAL, THE ACQUISITION AND INSTALLATION OF MEDICAL EQUIPMENT, FURNISHINGS AND OTHER CAPITAL IMPROVEMENTS AT THE HOSPITAL ORANGE COUNTY (FL) HEALTH FACILITIES AUTHORITY REVENUE BONDS (ISSUED 1/26/2005) THE PROCEEDS OF THESE BONDS WERE USED TO FINANCE THE COST OF THE ACQUISITION, CONSTRUCTION, AND INSTALLATION OF CERTAIN HEALTH CARE FACILITIES USED IN CONNECTION WITH THE NEMOURS CHILDRENS CLINIC LOCATED IN ORLANDO, FL THE FACILITIES INCLUDE THE CONSTRUCTION OF A MULTI-STORY BUILDING CONTAINING APPROXIMATELY 125,000 SQUARE FEET AND RELATED SURFACE PARKING PROVIDING APPROXIMATELY 500 SPACES, THE ACQUISITION AND INSTALLATION OF RELATED FACILITIES, EQUIPMENT, FIXTURES AND FURNISHINGS INCLUDING MEDICAL AND AMBULATORY SURGICAL FIXTURES, INFORMATION SYSTEMS AND COMMUNICATION EQUIPMENT AND THE PURCHASE OF 14.2 ACRES OF LAND ON SEPTEMBER 14, 2007, NEMOURS EFFECTED A PARTIAL LEGAL DEFEASANCE OF \$31,315,000, THE PRINCIPAL AMOUNT OF THE ORANGE COUNTY BONDS, AS A RESULT OF OBTAINING REGULATORY APPROVAL TO BUILD A CHILDREN'S HOSPITAL IN THE LAKE NONA AREA RATHER THAN THE PREVIOUSLY AGREED-UPON LOCATION THE UNSPENT BOND PROCEEDS OF APPROXIMATELY \$31,415,000 ALONG WITH A DEPOSIT FROM NEMOURS OF APPROXIMATELY \$1,317,000 WERE USED FOR THE PARTIAL DEFEASANCE OF THE BONDS AND DEPOSITED INTO A SEPARATE IRREVOCABLE TRUST FUND TO PROVIDE FOR FUTURE DEBT SERVICE PAYMENTS ON THE DEFEASED DEBT A NOTICE OF PARTIAL DEFEASANCE FOR THE BONDS WAS FILED WITH THE INTERNAL REVENUE SERVICE ON MAY 1, 2008, NEMOURS EFFECTED A LEGAL DEFEASANCE FOR THE REMAINING \$8,990,000 OUTSTANDING PRINCIPAL OF THE ORANGE COUNTY BONDS A CASH DEPOSIT FROM NEMOURS OF APPROXIMATELY \$9,883,000 WAS PLACED IN A SEPARATE IRREVOCABLE TRUST FUND TO PROVIDE FOR FUTURE DEBT SERVICE PAYMENTS ON THE DEFEASED DEBT A NOTICE OF DEFEASANCE FOR THE REMAINING OUTSTANDING BONDS WAS FILED WITH THE INTERNAL REVENUE SERVICE ORANGE COUNTY HEALTH FACILITIES AUTHORITY REVENUE BONDS (ISSUED 10/15/2009) A PORTION OF THE PROCEEDS OF THESE BONDS WERE USED TO REFUND ON A CURRENT BASIS ALL OF THE OUTSTANDING JACKSONVILLE HEALTH FACILITY AUTHORITY REVENUE BONDS (THE NEMOURS FOUNDATION PROJECT), SERIES 2007, ORIGINALLY ISSUED ON OCTOBER 3, 2007, THE PROCEEDS OF WHICH WERE USED TO FINANCE THE COST OF THE ACQUISITION, CONSTRUCTION, INSTALLATION AND EQUIPPING OF A NEW ADMINISTRATIVE FACILITY LOCATED IN JACKSONVILLE, FLORIDA, AND OWNED AND OPERATED BY NEMOURS, AND RELATED FIXTURES, FURNISHINGS AND EQUIPMENT THE REMAINING PORTION OF THE PROCEEDS OF THESE BONDS ARE BEING USED FOR THE PURPOSE OF PROVIDING FUNDS WHICH, TOGETHER WITH OTHER AVAILABLE FUNDS, WILL BE USED TO FINANCE A PORTION OF THE COST OF THE ACQUISITION, CONSTRUCTION, INSTALLATION AND EQUIPPING OF A PEDIATRIC HEALTHCARE FACILITY TO BE OWNED AND OPERATED BY NEMOURS, INCLUDING A 95-BED FREESTANDING CHILDREN'S HOSPITAL TO BE KNOWN AS NEMOURS CHILDREN'S HOSPITAL AND OUTPATIENT CLINIC, AND RELATED FACILITIES, EQUIPMENT, FIXTURES AND FURNISHINGS, TO BE LOCATED IN ORLANDO, FLORIDA
private business use percentage calculation	Schedule K, Part III Line 4, Column A	For the year ended December 31, 2009, private use disclosed in Schedule K, Part III Line 4 Column A is 3.50% Included in the private use calculation is space leased pursuant to a lease agreement with a local healthcare provider ("Lease") which represents 92% of all private use for the noted bond issue in 2009 or 3.22% The Lease will expire June 30, 2015 and management does not anticipate renewing the Lease Assuming the Lease is not renewed, the adjusted private business use amount relating to the Lease over the life of the 2005 Delaware Bonds is 1.1205%

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
DORNOCH-SUTHERLAND ASSURANCE LTD PO BOX 1085 GT GRAND CAYMAN CJ 98-0404800	CAPTIVE INSUR	CJ	59-0634433	CORPORATION	2,800,000	28,431,362	100 000 %
Alfred I duPont Testamentary Trust 510 Alfred duPont Place Jacksonville, FL32202 59-0226560	Charitable Invest	FL	na	Trust			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Dornoch-Sutherland Assurance Ltd	k	1,000,000
(2)	Dornoch-Sutherland Assurance Ltd	l	2,100,000
(3)	Dornoch-Sutherland Assurance Ltd	r	0
(4)	CRUDEN BAY RISK RETENTION GROUP INC	k	2,579,400
(5)	CRUDEN BAY RISK RETENTION GROUP INC	l	38,186
(6)	CRUDEN BAY RISK RETENTION GROUP INC	p	389,260

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Dornoch-Sutherland Assurance Ltd	k	1,000,000
(2)	Dornoch-Sutherland Assurance Ltd	l	2,100,000
(3)	Dornoch-Sutherland Assurance Ltd	r	0
(4)	CRUDEN BAY RISK RETENTION GROUP INC	k	2,579,400
(5)	CRUDEN BAY RISK RETENTION GROUP INC	l	38,186
(6)	CRUDEN BAY RISK RETENTION GROUP INC	p	389,260