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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052
2011

For calendar year 2011, or tax year beginning 07-01-2011 , and ending 06-30-2012

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Name of foundation
SCATTERGOOD BEHAVIORAL HEALTH FOUND

Number and street (or P O box number if mail is not delivered to street address)
4641 ROOSEVELT BLVD

City or town, state, and ZIP code
PHILADELPHIA, PA 191242399

A Employer identification number
23-1352178

B Telephone number (see page 10 of the instructions)
(215) 831-3000

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

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

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

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

H Check type of organization ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ 21,037,978

J Accounting method ☐ Cash ☒ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	89,386			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	505,142	505,142		
	5a Gross rents	158,523	158,523		
	b Net rental income or (loss) 158,523				
	6a Net gain or (loss) from sale of assets not on line 10	73,888			
	b Gross sales price for all assets on line 6a 937,017				
	7 Capital gain net income (from Part IV , line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	186,194			
	12 Total. Add lines 1 through 11	1,013,133	663,665		
	13 Compensation of officers, directors, trustees, etc	159,600	15,960		143,640
	14 Other employee salaries and wages	58,350			58,350
	15 Pension plans, employee benefits	69,815			69,815
	16a Legal fees (attach schedule).	19,656			19,656
	b Accounting fees (attach schedule).	53,477			53,477
	c Other professional fees (attach schedule)	187,833	153,057		34,776
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	9,900			
	19 Depreciation (attach schedule) and depletion	13,268			
	20 Occupancy	28,228			28,228
	21 Travel, conferences, and meetings	20,359			20,359
	22 Printing and publications				
	23 Other expenses (attach schedule).	58,574			58,574
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	679,060	169,017		486,875
	25 Contributions, gifts, grants paid	694,700			719,700
	26 Total expenses and disbursements. Add lines 24 and 25	1,373,760	169,017		1,206,575
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-360,627			
	b Net investment income (if negative, enter -0-)		494,648		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	390,115	178,722	178,722
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ <u>152,608</u>			
		Less allowance for doubtful accounts ▶ <u>1,439</u>	26,484	151,169	151,169
	4	Pledges receivable ▶ <u></u>			
		Less allowance for doubtful accounts ▶ <u></u>			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ <u></u>			
		Less allowance for doubtful accounts ▶ <u></u>			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	45,866	58,847	58,847
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	15,120,623	13,985,351	13,985,351
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ <u></u>			
Liabilities		Less accumulated depreciation (attach schedule) ▶ <u></u>			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	4,000,000	4,000,000	4,000,000
	14	Land, buildings, and equipment basis ▶ <u>2,070,164</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>1,412,993</u>	622,542	657,171	1,200,000
	15	Other assets (describe ▶ <u></u>)	1,506,661	1,463,889	1,463,889
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	21,712,291	20,495,149	21,037,978
	17	Accounts payable and accrued expenses	309,734	179,836	
	18	Grants payable			
	19	Deferred revenue	425,000	412,500	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ <u></u>)			
	23	Total liabilities (add lines 17 through 22)	734,734	592,336	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	18,709,231	17,695,379	
	25	Temporarily restricted	45,643	33,517	
	26	Permanently restricted	2,222,683	2,173,917	
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	20,977,557	19,902,813	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	21,712,291	20,495,149	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	20,977,557
2	Enter amount from Part I, line 27a	2	-360,627
3	Other increases not included in line 2 (itemize) ▶ <u></u>	3	
4	Add lines 1, 2, and 3	4	20,616,930
5	Decreases not included in line 2 (itemize) ▶ <u></u>	5	714,117
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	19,902,813

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	986,774	19,716,643	0 050048
2009			
2008			
2007			
2006			


2	Total of line 1, column (d).	2	0 050048
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 050048
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5.	4	19,997,757
5	Multiply line 4 by line 3.	5	1,000,848
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	4,946
7	Add lines 5 and 6.	7	1,005,794
8	Enter qualifying distributions from Part XII, line 4.	8	1,206,575

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
		Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	4,946
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2.		3	4,946
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4,946
6		Credits/Payments			
a		2011 estimated tax payments and 2010 overpayment credited to 2011	6a	8,600	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	8,600
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	3,654
11		Enter the amount of line 10 to be Credited to 2012 estimated tax <input checked="" type="checkbox"/> 3,654	Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers <input checked="" type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> PA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW SCATTERGOOD COM	13	Yes	
14	The books are in care of PHILADELPHIA FOUNDATION Telephone no (215) 563-6417 Located at 1234 MARKET ST 1234 MARKET ST PHILADELPHIA PA ZIP +4 19107			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country 				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.</i>).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).

☐ Yes ☒ No

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

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

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

☐ Yes ☐ No

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

6a

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

☐ Yes ☒ No

b

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

☐ Yes ☒ No

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

7a

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

☐ Yes ☒ No

b

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

5b

6b

7b

No


Part VIII

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CAROL DELGADO  4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	ADMINISTRATI 40 00	58,350	164	

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION PROMOTES ACCESS, RESEARCH, EDUCATION, AND ADVOCACY IN THE FIELD OF BEHAVIORAL HEALTH BY PROVIDING GRANTS TO REQUESTOR ORGANIZATIONS WHO SUPPORT THE FOUNDATIONS MISSION	1,373,760
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3.	

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	14,552,987
b	Average of monthly cash balances.	1b	284,419
c	Fair market value of all other assets (see page 24 of the instructions).	1c	5,464,885
d	Total (add lines 1a, b, and c).	1d	20,302,291
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	20,302,291
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	304,534
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	19,997,757
6	Minimum investment return. Enter 5% of line 5.	6	999,888

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	999,888
2a	Tax on investment income for 2011 from Part VI, line 5.	2a	4,946
b	Income tax for 2011 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,946
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	994,942
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	994,942
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	994,942

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,206,575
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,206,575
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	4,946
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,201,629
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				994,942
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2011				
a From 2006.				
b From 2007.				
c From 2008.				
d From 2009.				
e From 2010.				9,533
f Total of lines 3a through e.	9,533			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 1,206,575				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .				
d Applied to 2011 distributable amount.				994,942
e Remaining amount distributed out of corpus	211,633			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	221,166			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	221,166			
10 Analysis of line 9				
a Excess from 2007. . . .				
b Excess from 2008. . . .				
c Excess from 2009. . . .				
d Excess from 2010. . . .				9,533
e Excess from 2011. . . .				211,633

Part XIVPrivate Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2011	(b) 2010	(c) 2009	(d) 2008	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

CAROL ASHTON-HERGENHAN

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

JOE PYLE
4641 ROOSEVELT BLVD
PHILADELPHIA, PA 19124
(215) 831-3000

b

The form in which applications should be submitted and information and materials they should include

CONTACT ORGANIZATION

c

Any submission deadlines

CONTACT ORGANIZATION

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

CONTACT ORGANIZATION

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	719,700
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	505,142	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.			16	158,523	
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	73,888	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory. .					
11 Other revenue a <u>FBHS, LP</u>			14	186,194	
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .				923,747	
13 Total. Add line 12, columns (b), (d), and (e).					923,747

[illegible]

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.			No
(2) Other assets.			No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.			No
(2) Purchases of assets from a noncharitable exempt organization.			No
(3) Rental of facilities, equipment, or other assets.			No
(4) Reimbursement arrangements.			No
(5) Loans or loan guarantees.			No
(6) Performance of services or membership or fundraising solicitations.			No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.			No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization		(b) Type of organization		(c) Description of relationship		
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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge					
	*****		2013-01-09	*****		
	Signature of officer or trustee		Date	Title		
	Paid Preparer's Use Only	Preparer's Signature JOHN FEKETE CPA		Date 2013-02-05	Check if self-employed <input checked="" type="checkbox"/>	PTIN
		Firm's name BARATZ & ASSOCIATES PA 4A EVES DRIVE SUITE 106			Firm's EIN	
Firm's address MARLTON, NJ 08053			Phone no (856) 985-5688			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div>	OMB No 1545-0047
		2011

<div>Name of organization</div> SCATTERGOOD BEHAVIORAL HEALTH FOUND	<div>Employer identification number</div> 23-1352178
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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

General Rule—

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part I **Contributors** (see instructions) Use duplicate copies of Part III
 additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	PHILADELPHIA FOUNDATION 1234 MARKET STREET PHILADELPHIA, PA 19107 _____	\$ _____ 53,402	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	CAROL ASHTON HERGENHAN 4385 S WOODLAND DR BENSALEM, PA 19020 _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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<div>Part II</div> <div>Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed</div>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ➤ \$

Use duplicate copies of Part III if additional space is needed

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

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return SCATTERGOOD BEHAVIORAL HEALTH FOUND	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 23-1352178
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	14,398

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	14,398
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2011 Accounting Fees Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	53,477			53,477

TY 2011 Compensation Explanation**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Person Name	Explanation
JOE PYLE	
CAROL ASHTON-HERGENHAN	
CINDY BAUM BAICKER	
DAVID R FAIR	
PATRICIA GERRITY	
BRUCE S HAINES	
ANNE H MATLACK	
N CHIYO MORIUCHI	
KATHERINE PERCH	
SAMUEL V RHOADS	
DAVID ROBY MD	
ANTONIO VALDES	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Depreciation Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	2005-07-27	832	703	S/L	7 0000	119			
FILE CABINET	2005-07-29	832	703	S/L	7 0000	119			
CONFERENCE CABINET	2005-08-04	1,272	1,075	S/L	7 0000	182			
SIGN	2005-10-31	1,075	870	S/L	7 0000	154			
COMPUTER EQUIPMENT / SOFTWARE	2005-08-01	7,875	7,875	S/L	5 0000				
LAND	2005-06-30	250,000							
LAND IMPROVEMENTS	2005-06-30	250,000							
WEBSTER BUILDING	2005-06-30	1,364,902	1,249,883	150DB	20 0000	7,497			
LAWNSIDE BUILDING	2005-06-30	54,316	53,000	200DB	10 0000	329			
TWIN COTTAGE	2005-06-30	2,853	2,853	150DB	20 0000				
TWIN HOUSES ON HILL	2005-06-30	74,802	69,512	200DB	10 0000	1,322			
BUCKS COUNTY ASSOC	2005-06-30	4,357	4,357	200DB	3 0000				
COMPUTER EQUIPMENT	2006-07-18	6,643	6,260	200DB	5 0000	383			
EQUIPMENT	2008-06-30	2,509	1,505	S/L	5 0000	502			
WEBSITE	2012-05-01	47,897		S/L	3 0000	2,661			

TY 2011 Employee Compensation Explanation

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Employee	Explanation
CAROL DELGADO	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Gain/Loss from Sale of Other Assets Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PUBLICLY TRADED SECURITIES		PURCHASE			937,017	863,129			73,888	

**TY 2011 Investments Corporate
Stock Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS	13,985,351	13,985,351

TY 2011 Investments - Other Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT IN FBHS, LP	FMV	4,000,000	4,000,000

TY 2011 Land, Etc. Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS	1,501,230	1,389,883	111,347	
MOVEABLE EQUIPMENT	68,934	23,110	45,824	
LAND	250,000		250,000	1,200,000
LAND IMPROVEMENTS	250,000		250,000	

TY 2011 Legal Fees Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	19,656			

TY 2011 Other Assets Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	120,705	126,699	126,699
ASSETS HELD IN TRUST	1,385,956	1,337,190	1,337,190

TY 2011 Other Decreases Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	714,117

TY 2011 Other Expenses Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES & SUBSCRIPTIONS	2,085			2,085
FUNDRAISING	11,951			11,951
INSURANCE	22,621			22,621
INTERNSHIP	9,670			9,670
IT EXPENSE	811			811
POSTAGE	197			197
PURCHASED SERVICES	8,954			8,954
SUPPLIES	2,285			2,285

TY 2011 Other Income Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FBHS, LP	186,194		

TY 2011 Other Professional Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANK FEES	153,057	153,057		
LAND MANAGEMENT STUDY	34,776			34,776

TY 2011 Substantial Contributors Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Name	Address
CAROL ASHTON-HERGENHAN	4385 S WOODLAND DR 4835 S WOODLAND DR BENSALEM, PA 19020

TY 2011 Taxes Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCRUED EXCISE TAX	9,900			













Additional Data

Software ID:
Software Version:
EIN: 23-1352178
Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

Form 990PF - Special Condition Description:

Special Condition Description


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOE PYLE 	PRESIDENT 40 00	159,600	24,521	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CAROL ASHTON-HERGENHAN 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CINDY BAUM BAICKER 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
DAVID R FAIR 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
PATRICIA GERRITY 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
BRUCE S HAINES 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANNE H MATLACK 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
N CHIYO MORIUCHI 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
KATHERINE PERCH 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
SAMUEL V RHOADS 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124				
DAVID ROBY MD 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANTONIO VALDES 	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	6,000
CHANDLER HALL HEALTH SERV CHANDLER HALL HEALTH SERVICES99 BARCLAY STREET 99 BARCLAY STREET NEWTOWN,PA 18940			MENTAL HEALTH	15,000
THE CONSORTIUM INC THE CONSORTIUM INC3801 MARKET ST STE 201 3801 MARTKET ST STE 201 PHILADELPHIA,PA 19104			MENTAL HEALTH	25,000
COLLABORATIVE FAMILY HEALTHCARE COLLABORATIVE FAMILY HEALTHCAREPO BOX 23980 PO BOX 23980 ROCHESTER,NY 14692			MENTAL HEALTH	5,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	40,000
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	12,500
MURAL ARTS ADVOCATES MURAL ARTS ADVOCATES1729 MT VERNON STREET 1729 MT VERNON STREET PHILADELPHIA,PA 19130			MENTAL HEALTH	18,750
PUBLIC HEALTH MGMT PUBLIC HEALTH MGMT260 SOUTH BROAD STREET 260 SOUTH BROAD STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	5,000
PENNSYLVANIA HORTICULTURAL SOCIETY PENNSYLVANIA HORTICULTURAL SOCIETY100 N 20TH STREET 5TH FL 100 N 20TH STREET 5TH FL PHILADELPHIA,PA 19103			MENTAL HEALTH	15,000
FEDERATION OF NEIGHBORHOOD CENTERS FEDERATION OF NEIGHBORHOOD CENTERS1528 WALNUT ST STE 200 1528 WALNUT ST STE 200 PHILADELPHIA,PA 19102			MENTAL HEALTH	10,000
JEWISH HEALTHCARE FOUNDATION JEWISH HEALTHCARE FOUNDATION650 SMITHFIELD STREET 650 SMITHFIELD STREET PITTSBURGH,PA 15222			MENTAL HEALTH	5,000
CHANDLER HALL HEALTH SERV CHANDLER HALL HEALTH SERVICES99 BARCLAY STREET 99 BARCLAY STREET NEWTOWN,PA 18940			MENTAL HEALTH	15,000
DREXEL UNIVERSITY DREXEL UNIVERSITY1505 RACE STREET 1505 RACE STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	62,500
UNIVERSITY OF PENN UNIVERSITY OF PENN3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	55,000
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	15,000
CHANDLER HALL HEALTH SERV CHANDLER HALL HEALTH SERVICES99 BARCLAY STREET 99 BARCLAY STREET NEWTOWN,PA 18940			MENTAL HEALTH	3,926
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	5,000
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	4,000
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	12,500
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	3,000
CHANDLER HALL HEALTH SERV CHANDLER HALL HEALTH SERVICES99 BARCLAY STREET 99 BARCLAY STREET NEWTOWN,PA 18940			MENTAL HEALTH	33,704
DART CENTER DART CENTER2950 BROADWAY 2950 BROADWAY NEW YORK,NY 10027			MENTAL HEALTH	21,320
DREXEL UNIVERSITY DREXEL UNIVERSITY1505 RACE STREET 1505 RACE STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	62,500
INSTITUTE FOR SAFE FAM INSTITUTE FOR SAFE FAMILIES 3502 SCOTTS LANE 3502 SCOTTS LANE PHILADELPHIA,PA 19129			MENTAL HEALTH	10,000
MURAL ARTS ADVOCATES MURAL ARTS ADVOCATES1729 MT VERNON STREET 1729 MT VERNON STREET PHILADELPHIA,PA 19130			MENTAL HEALTH	18,750
UNIVERSITY OF PENN UNIVERSITY OF PENN3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	55,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	15,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	10,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	40,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	40,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	10,250
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	5,000
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	50,000
PENNSYLVANIA HORTICULTURAL SOCIETY PENNSYLVANIA HORTICULTURAL SOCIETY100 N 20TH STREET 5TH FL 100 N 20TH STREET 5TH FL PHILADELPHIA,PA 19103			MENTAL HEALTH	15,000
Total  3a				719,700