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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052









2014


Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014, and ending 06-30-2015

Name of foundation SCATTERGOOD BEHAVIORAL HEALTH FOUND		A Employer identification number 23-1352178	
Number and street (or P O box number if mail is not delivered to street address) 4641 ROOSEVELT BLVD		B Telephone number (see instructions) (215) 831-3000	
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191242399		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 25,901,305		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 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)	158,379			
	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.	349,172	349,172		
	5a Gross rents	169,978	169,978		
	b Net rental income or (loss) <u>169,978</u>				
	6a Net gain or (loss) from sale of assets not on line 10 	164,575			
	b Gross sales price for all assets on line 6a <u>300,000</u>				
	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) 	277,069			
	12 Total. Add lines 1 through 11	1,119,173	519,150		
	13 Compensation of officers, directors, trustees, etc	180,071	18,007		162,064
	14 Other employee salaries and wages	115,991			115,991
	15 Pension plans, employee benefits	84,503			84,503
	16a Legal fees (attach schedule) 	6,263			6,263
	b Accounting fees (attach schedule) 	53,475	5,348		48,127
	c Other professional fees (attach schedule) 	188,316	167,854		20,462
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	699			
	19 Depreciation (attach schedule) and depletion . . . 	29,218			
	20 Occupancy	9,705			9,705
	21 Travel, conferences, and meetings	26,383			26,383
	22 Printing and publications				
	23 Other expenses (attach schedule) 	97,947			97,947
	24 Total operating and administrative expenses. Add lines 13 through 23	792,571	191,209		571,445
	25 Contributions, gifts, grants paid	841,945			841,945
	26 Total expenses and disbursements. Add lines 24 and 25	1,634,516	191,209		1,413,390
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-515,343			
	b Net investment income (if negative, enter -0-)		327,941		
	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	965,789	519,860	519,860
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ <u>84,197</u>			
		Less allowance for doubtful accounts ▶ <u>7,253</u>	178,901	76,944	76,944
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	53,506	54,674	54,674
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	15,559,069 	15,467,685	15,467,685
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____			
Liabilities		Less accumulated depreciation (attach schedule) ▶ _____			
	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>2,094,368</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>1,500,279</u>	623,307 	594,089	4,085,000
	15	Other assets (describe ▶ _____)	 1,713,053 	 1,697,142 	 1,697,142
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	23,093,625	22,410,394	25,901,305
	17	Accounts payable and accrued expenses	244,116	289,457	
	18	Grants payable			
	19	Deferred revenue	387,500	375,000	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	631,616	664,457	
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	20,019,362	19,326,176	
	25	Temporarily restricted	31,571	30,598	
	26	Permanently restricted	2,411,076	2,389,163	
		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 instructions)	22,462,009	21,745,937	
	31	Total liabilities and net assets/fund balances (see instructions)	23,093,625	22,410,394	

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 22,462,009
2	Enter amount from Part I, line 27a	2 -515,343
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 21,946,666
5	Decreases not included in line 2 (itemize) ▶ 	5 200,729
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 21,745,937

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 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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	1,330,727	20,783,395	0 064028	
2012	1,215,666	19,603,767	0 062012	
2011	1,201,629	19,997,757	0 060088	
2010	986,774	19,716,643	0 050048	
2009				
2	Total of line 1, column (d).		2	0 236176
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 059044
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	21,453,220
5	Multiply line 4 by line 3.		5	1,266,684
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	3,279
7	Add lines 5 and 6.		7	1,269,963
8	Enter qualifying distributions from Part XII, line 4.		8	1,413,390
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				

Part VI

Excise 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			
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		13,279	
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.		33,279	
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-		53,279	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014		6a	4,709
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	4,709
8		Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	4
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	1,426
11		Enter the amount of line 10 to be Credited to 2015 estimated tax 1,426 Refunded		11	

Part VII-A

Statements 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?		1a		No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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.</i>		1b		No
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 \$ (2) On foundation managers \$				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		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? <i>If "Yes," attach the statement required by General Instruction T.</i>		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? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) PA				
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>		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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		9		No
10		Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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 instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		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 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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 instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?. 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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. <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 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 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</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 2014?	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

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

1 List all officers, directors, trustees, foundation managers and their compensation (see 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 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
ALYSON FERGUSON	GRANT MAKING	75,000		
4641 ROOSEVELT BLVD	40 00			
4641 ROOSEVELT BLVD				
PHIALDELPHIA, PA 19124				
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 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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see 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 instructions.	
3	
Total. Add lines 1 through 3.	

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	15,513,377
b	Average of monthly cash balances.	1b	742,824
c	Fair market value of all other assets (see instructions).	1c	5,523,718
d	Total (add lines 1a, b, and c).	1d	21,779,919
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	21,779,919
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	326,699
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	21,453,220
6	Minimum investment return. Enter 5% of line 5.	6	1,072,661

Part XI

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

1	Minimum investment return from Part X, line 6.	1	1,072,661
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	3,279
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,279
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,069,382
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,069,382
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,069,382

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,413,390
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	1,413,390
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 instructions).	5	3,279
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,410,111

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 instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,069,382
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.	9,533			
c From 2011.	211,633			
d From 2012.	242,550			
e From 2013.	297,055			
f Total of lines 3a through e.	760,771			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 1,413,390				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				1,069,382
e Remaining amount distributed out of corpus	344,008			
5 Excess distributions carryover applied to 2014 (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	1,104,779			
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 instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	1,104,779			
10 Analysis of line 9				
a Excess from 2010. . . .	9,533			
b Excess from 2011. . . .	211,633			
c Excess from 2012. . . .	242,550			
d Excess from 2013. . . .	297,055			
e Excess from 2014. . . .	344,008			

Part XIVPrivate Operating Foundations (see 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 2014, 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) 2014	(b) 2013	(c) 2012	(d) 2011	
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 instructions.)

1

Information 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))

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

2

Information 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or e-mail address 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)				
<div><div>a</div><div>Paid during the year</div><div>See Additional Data TableSee Additional Data Table</div></div>				
<div>Total</div>			<div>▶ 3a</div>	841,945
<div><div>b</div><div>Approved for future payment</div></div>				
<div>Total</div>			<div>▶ 3b</div>	

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

[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.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		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

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) is based on all information of which preparer has any knowledge.


Sign Here	*****	2015-10-01	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name JOHN FEKETE CPA	Preparer's Signature	Date 2015-11-02	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00956964
	Firm's name <input checked="" type="checkbox"/> BARATZ & ASSOCIATES PA			Firm's EIN <input checked="" type="checkbox"/> 22-2212404	
	Firm's address <input checked="" type="checkbox"/> 7 EVES DRIVE SUITE 100 MARLTON, NJ 080533196			Phone no (856) 985-5688	

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	180,071	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MOLLY KREIDER VISCARD	BOARD MEMBER 0 00	0	0	0
2447 GRAYS FERRY AVENUE 2447 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146				
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				
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				
CATHERINE WILLIAMS	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				
CAITLIN BUTLER	BOARD MEMBER 0 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
SARA JONES	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				
TERESA MOORE 567 PARK OVERLOOK DR 567 PARK OVERLOOK DR WORTHINGTON,OH 43085			MENTAL HEALTH	100
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	218
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	15,000
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	5,000
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	15,000
BRANDYWINE HEALTH FOUNDATION BRANDYWINE HEALTH FOUNDATION 50 S 1ST AVE 50 S 1ST AVE COATESVILLE,PA 19320			MENTAL HEALTH	25,000
CAPACITY FOR CHANGE CAPACITY FOR CHANGE 911 GENERAL WAYNE DRIVE 911 GENERAL WAYNE DRIVE WEST CHESTER,PA 19382			MENTAL HEALTH	2,000
CAPACITY FOR CHANGE CAPACITY FOR CHANGE 911 GENERAL WAYNE DRIVE 911 GENERAL WAYNE DRIVE WEST CHESTER,PA 19382			MENTAL HEALTH	4,602
CHILDREN'S CRISIS TREATMENT CENTER CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVE 1080 N DELAWARE AVE PHILADELPHIA,PA 19125			MENTAL HEALTH	10,000
COMMITTEE OF SEVENTY COMMITTEE OF SEVENTY 1628 JOHN F KENNEDY BLVD 1628 JOHN F KENNEDY BLVD PHILADELPHIA,PA 19103			MENTAL HEALTH	2,750
DREXEL UNIVERSITY - LINDY INSTITUTE DREXEL UNIVERSITY - LINDY INSTITUTE 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	10,000
DREXEL UNIVERSITY - LINDY INSTITUTE DREXEL UNIVERSITY - LINDY INSTITUTE 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	5,000
DREXEL UNIVERSITY - LINDY INSTITUTE DREXEL UNIVERSITY - LINDY INSTITUTE 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	1,750
DUANE MORRIS LLP DUANE MORRIS LLP 30 SOUTH 17TH STREET 30 SOUTH 17TH STREET PHILADELPHIA,PA 19103			MENTAL HEALTH	4,192
DUANE MORRIS LLP DUANE MORRIS LLP 30 SOUTH 17TH STREET 30 SOUTH 17TH STREET PHILADELPHIA,PA 19103			MENTAL HEALTH	2,242
Total  3a				841,945

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				
FEAST YOUR EYES FEAST YOUR EYES 1750 N FRONT ST 1750 N FRONT ST PHILADELPHIA,PA 19122			MENTAL HEALTH	1,921
FEAST YOUR EYES FEAST YOUR EYES 1750 N FRONT ST 1750 N FRONT ST PHILADELPHIA,PA 19122			MENTAL HEALTH	2,454
FEAST YOUR EYES FEAST YOUR EYES 1750 N FRONT ST 1750 N FRONT ST PHILADELPHIA,PA 19122			MENTAL HEALTH	9,486
FLYING KITE MEDIA ISSUE MEDIA GROUP 4470 2ND AVE 4470 2ND AVE DETROIT,MI 48201			MENTAL HEALTH	20,000
FLYING KITE MEDIA ISSUE MEDIA GROUP 4470 2ND AVE 4470 2ND AVE DETROIT,MI 48201			MENTAL HEALTH	5,000
FRACTURED ATLAS INC FRACTURED ATLAS INC 248 W 35TH STREET 248 W 35TH STREET NEWYORK,NY 10001			MENTAL HEALTH	2,000
FRIENDS COUNCIL ON EDUCATION FRIENDS COUNCIL ON EDUCATION 1507 CHERRY STREET 1507 CHERRY STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	15,000
GREENLIGHT FUND GREENLIGHT FUND 1501 CHERRY STREET 1501 CHERRY STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	12,500
GREENLIGHT FUND GREENLIGHT FUND 1501 CHERRY STREET 1501 CHERRY STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	12,500
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD,PA 19041			MENTAL HEALTH	110
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD,PA 19041			MENTAL HEALTH	4,000
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD,PA 19041			MENTAL HEALTH	10,000
HEALTH FEDERATION OF PHILADELPHIA HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET 1211 CHESTNUT STREET PHILADELPHIA,PA 19107			MENTAL HEALTH	6,565
HEALTH FEDERATION OF PHILADELPHIA HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET 1211 CHESTNUT STREET PHILADELPHIA,PA 19107			MENTAL HEALTH	26,532
HOMELESS ASSISTANCE FUND INC HOMELESS ASSISTANCE FUND INC PO BOX 40787 PO BOX 40787 PHILADELPHIA,PA 19107			MENTAL HEALTH	5,000
Total  3a				841,945

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				
JED FOUNDATION THE JED FOUNDATION 583 BROADWAY 583 BROADWAY NEW YORK,NY 10012			MENTAL HEALTH	5,500
JED FOUNDATION THE JED FOUNDATION 583 BROADWAY 583 BROADWAY NEW YORK,NY 10012			MENTAL HEALTH	5,500
JEWISH HEALTHCARE FOUNDATION JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD STREET 650 SMITHFIELD STREET PITTSBURGH,PA 15222			MENTAL HEALTH	5,000
NEW MEDIA SOLUTIONS NEW MEDIA SOLUTIONS 8781 DUVEEN DRIVE 8781 DUVEEN DRIVE WYNDMOOR,PA 19038			MENTAL HEALTH	309
NEW MEDIA SOLUTIONS NEW MEDIA SOLUTIONS 8781 DUVEEN DRIVE 8781 DUVEEN DRIVE WYNDMOOR,PA 19038			MENTAL HEALTH	12,767
PHILLY FELLOWS PHILLY FELLOWS 1501 CHERRY STREET 1501 CHERRY STREET PHILADELPHIA,PA 19102			MENTAL HEALTH	20,000
PRECISE GRAPHIX PRECISE GRAPHIX 325 S FIFTH STREET 325 S FIFTH STREET EMMAUS,PA 18049			MENTAL HEALTH	650
SCREENING FOR MENTAL HEALTH INC SCREENING FOR MENTAL HEALTH INC ONE WASHINGTON STREET ONE WASHINGTON STREET WELLESLEY HILLS,MA 02481			MENTAL HEALTH	510
SCREENING FOR MENTAL HEALTH INC SCREENING FOR MENTAL HEALTH INC ONE WASHINGTON STREET ONE WASHINGTON STREET WELLESLEY HILLS,MA 02481			MENTAL HEALTH	15,000
SCREENING FOR MENTAL HEALTH INC SCREENING FOR MENTAL HEALTH INC ONE WASHINGTON STREET ONE WASHINGTON STREET WELLESLEY HILLS,MA 02481			MENTAL HEALTH	5,000
SCREENING FOR MENTAL HEALTH INC SCREENING FOR MENTAL HEALTH INC ONE WASHINGTON STREET ONE WASHINGTON STREET WELLESLEY HILLS,MA 02481			MENTAL HEALTH	5,000
SOCIAL DYNAMICS GROUP SOCIAL DYNAMICS GROUP 2014 FITZWATER ST 2014 FITZWATER ST PHILADELPHIA,PA 19146			MENTAL HEALTH	20,000
SOCIAL DYNAMICS GROUP SOCIAL DYNAMICS GROUP 2014 FITZWATER ST 2014 FITZWATER ST PHILADELPHIA,PA 19146			MENTAL HEALTH	10,000
TEMPLE UNIVERSITY TEMPLE UNIVERSITY 1801 N BROAD ST 1801 N BROAD ST PHILADLEPHIA,PA 19122			MENTAL HEALTH	11,760
THE KENNEDY FORUM THE KENNEDY FORUM 14 CENTRAL AVE PO BOX 319 14 CENTRAL AVE PO BOX 319 ISLAND HEIGHTS,NJ 08732			MENTAL HEALTH	25,000
Total  3a				841,945

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>				
THE KENNEDY FORUM THE KENNEDY FORUM 14 CENTRAL AVE PO BOX 319 14 CENTRAL AVE PO BOX 319 ISLAND HEIGHTS,NJ 08732			MENTAL HEALTH	452
THE PHILADELPHIA FOUNDATION THE PHILADELPHIA FOUNDATION 1234 MARKET STREET 1245 MARKET STREET PHILADELPHIA,PA 19107			MENTAL HEALTH	15,000
THE PLACE OF REFUGE THE PLACE OF REFUGE 2938 NORTH 5TH STREET 2938 NORTH 5TH STREET PHILADELPHIA,PA 19133			MENTAL HEALTH	15,000
TREATMENT RESEARCH INSTITUTE TREATMENT RESEARCH INSTITUTE 600 WALNUT ST 600 600 WALNUT ST 600 PHILADELPHIA,PA 19106			MENTAL HEALTH	35,000
UNIVERSITY OF PENN UNIVERSITY OF PENN 3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	50,000
UNIVERSITY OF PENN UNIVERSITY OF PENN 3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	50,000
VINFEN INC VINFEN INC 950 CAMBRIDGE INC 950 CAMBRIDGE INC CAMBRIDGE,MA 02141			MENTAL HEALTH	25,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	38,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	38,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	20,000
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	22,500
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	75,075
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	80,000
Total  3a				841,945

TY 2014 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	53,475	5,348		48,127

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

TY 2014 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	832	S/L	7 0000				
FILE CABINET	2005-07-29	832	832	S/L	7 0000				
CONFERENCE CABINET	2005-08-04	1,272	1,272	S/L	7 0000				
SIGN	2005-10-31	1,075	1,075	S/L	7 0000				
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	1,274,878	150DB	20 0000	8,866			
LAWNSIDE BUILDING	2005-06-30	54,316	53,987	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	73,479	200DB	10 0000	1,323			
BUCKS COUNTY ASSOC	2005-06-30	4,357	4,357	200DB	3 0000				
COMPUTER EQUIPMENT	2006-07-18	6,643	6,643	200DB	5 0000				
EQUIPMENT	2008-06-30	2,509	2,509	S/L	5 0000				
WEBSITE	2012-05-01	47,897	34,592	S/L	3 0000	13,305			
WEBSITE DEVELOPMENT	2012-09-25	2,375	831	S/L	5 0000	768			
WEBSITE DEVELOPMENT	2013-01-22	5,780	1,638	S/L	5 0000	1,252			
WEBSITE DEVELOPMENT	2013-03-14	1,429	381	S/L	5 0000	310			
WEBSITE DEVELOPMENT	2013-04-23	4,590	1,071	S/L	5 0000	995			
WEBSITE DEVELOPMENT	2013-06-09	2,763	599	S/L	5 0000	598			

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
WEBSITE DEVELOPMENT	2013-08-21	2,850	475	S/L	5 0000	515			
2 MACBOOK AIR 13IN	2013-08-19	3,588	718	200DB	5 0000	777			
IPAD	2013-09-18	830	166	200DB	5 0000	180			

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

TY 2014 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	2014-12		300,000	135,425			164,575	

**TY 2014 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	15,467,685	15,467,685

TY 2014 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 2014 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	1,420,072	81,158	
MOVEABLE EQUIPMENT	93,138	80,207	12,931	
LAND	250,000		250,000	4,085,000
LAND IMPROVEMENTS	250,000		250,000	

TY 2014 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	6,263			6,263

TY 2014 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	138,704	144,706	144,706
ASSETS HELD IN TRUST	1,574,349	1,552,436	1,552,436

TY 2014 Other Decreases Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Amount
UNREALIZED LOSS ON INVESMENTS	200,729

TY 2014 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	3,014			3,014
FUNDRAISING	4,293			4,293
INSURANCE	25,079			25,079
INTERNSHIP	13,658			13,658
IT EXPENSE	7,299			7,299
POSTAGE	159			159
PURCHASED SERVICES	27,786			27,786
RENT	15,229			15,229
SUPPLIES	1,430			1,430

TY 2014 Other Income Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	5,993		
FBHS, LP	271,076		

TY 2014 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	167,854	167,854		
LAND MANAGEMENT STUDY	20,462			20,462

TY 2014 Substantial Contributors Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Name	Address
WILLIAM PENN FOUNDATION	100 NORTH 18TH STREET 100 NORTH 18TH STREET PHILADELPHIA,PA 19103

TY 2014 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	699			

<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> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>SCATTERGOOD BEHAVIORAL HEALTH FOUND</div>	<div>Employer identification number</div> <div>23-1352178</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><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><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></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Employer identification number
23-1352178

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRIENDS HOSPITAL 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124 	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBARA RICCI 131 RIVERSIDE DRIVE APT 12D NEW YORK, NY 10024 	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET PHILADELPHIA, PA 19107 	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PNC INSTITUTIONAL ASSET MANAGEMENT 1600 MARKET STREET PHILADELPHIA, PA 19103 	\$ 86,751	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PHMCC INC 123 SOUTH BROAD ST PHILADELPHIA, PA 19109 	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

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

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	