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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax | OMB No 1545-0047 |
| | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 | 2015 Open to Public Inspection |

| | | | |
|---|--|--|---|
| A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE NEMOURS FOUNDATION | | D Employer identification number 59-0634433 |
| | Doing business as | | E Telephone number (904) 697-4100 |
| | Number and street (or P O box if mail is not delivered to street address) 10140 Centurion Parkway North | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code Jacksonville, FL 32256 | | G Gross receipts \$ 1,306,715,237 |
| F Name and address of principal officer David Bailey President and CEO 10140 Centurion Parkway North Jacksonville, FL 32256 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| J Website: ► www.nemours.org | | H(c) Group exemption number ► 8516 | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation 1936 | M State of legal domicile FL |

| Part I Summary | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|--------------|--|---------------|---------------|---|-------------|-------------|--|-------------|---------------|---|------------|------------|--|---------------|---------------|--|---------------|---------------|---|------------|------------|
| Activities & Governance | <p>1 Briefly describe the organization's mission or most significant activities Nemours mission is to provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p> <table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>3</td> <td>12</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>4</td> <td>12</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td>5</td> <td>8,976</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>6</td> <td>1,840</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>7a</td> <td>-8,953,152</td> </tr> <tr> <td>b Net unrelated business taxable income from Form 990-T, line 34</td> <td>7b</td> <td>-8,953,152</td> </tr> </table> | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 8,976 | 6 Total number of volunteers (estimate if necessary) | 6 | 1,840 | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -8,953,152 | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -8,953,152 | | | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 8,976 | | | | | | | | | | | | | | | | | | | | | | |
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| Revenue | <table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>154,420,130</td> <td>163,939,447</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>869,413,806</td> <td>932,989,586</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>19,222,300</td> <td>12,176,333</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>30,098,696</td> <td>30,451,303</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>1,073,154,932</td> <td>1,139,556,669</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 154,420,130 | 163,939,447 | 9 Program service revenue (Part VIII, line 2g) | 869,413,806 | 932,989,586 | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 19,222,300 | 12,176,333 | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 30,098,696 | 30,451,303 | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,073,154,932 | 1,139,556,669 | | | | | | |
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| Expenses | <table border="1"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td>2,965,634</td> <td>1,141,163</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td>0</td> <td>0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td>630,953,519</td> <td>696,610,693</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 4,579,116</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td>404,103,842</td> <td>400,932,772</td> </tr> <tr> <td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td>1,038,022,995</td> <td>1,098,684,638</td> </tr> <tr> <td>19 Revenue less expenses Subtract line 18 from line 12</td> <td>35,131,937</td> <td>40,872,028</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,965,634 | 1,141,163 | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 630,953,519 | 696,610,693 | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | b Total fundraising expenses (Part IX, column (D), line 25) 4,579,116 | | | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 404,103,842 | 400,932,772 | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,038,022,995 | 1,098,684,638 | 19 Revenue less expenses Subtract line 18 from line 12 | 35,131,937 | 40,872,028 |
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| | | | | | |
|---|--|----------------------------------|--------------------|---|--|
| Part II Signature Block | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | | | | | |
| Sign Here | <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Signature of officer | | | | <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> 2016-11-15 |
| | | | | | Date |
| | Rodney McKendree Sr VP and CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name KPMG LLP | Preparer's signature KPMG LLP | Date 2016-11-15 | Check <input type="checkbox"/> if self-employed | PTIN P00008888 |
| | Firm's name ▶ KPMG LLP | | | Firm's EIN ▶ | |
| | Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401 | | | Phone no (336) 275-3394 | |

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission
Nemours mission is to provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ **Yes** ☒ **No**
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | |
|-----------|--|
| 4a | (Code) (Expenses \$ 833,638,559 including grants of \$ 1,141,167) (Revenue \$ 960,729,546) See Schedule H, Part VI |
|-----------|--|



| | |
|-----------|---|
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
|-----------|---|

| | |
|-----------|---|
| 4e | Total program service expenses ▶ 833,638,559 |
|-----------|---|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 Yes | |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b Yes | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. | | | |
| | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | | |
|--|--|-----|-------|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 707 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 8,976 |
| b | At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes |
| b | If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders. | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

Section C. Disclosure

| | | |
|----|---|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed | AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | Rodney McKendree Sr VP and CFO 10140 Centurion Parkway North Jacksonville, FL 32256 (904) 697-4100 |

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,127

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 189

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--|-----------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | 163,939,442 | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 1,312,823 | | | | |
| | d | Related organizations | 1d 157,407,640 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 5,218,979 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 144,320 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Net Patient Service Revenue | 900099 | 900,222,981 | 900,222,981 | 0 | 0 |
| | b | Net Research Grant Revenue | 900099 | 29,293,049 | 29,293,049 | 0 | 0 |
| | c | Electronic Health Record Revenue | 900099 | 3,473,556 | 3,473,556 | 0 | 0 |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f ▶ | | 932,989,586 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 8,486,025 | 0 | -8,953,152 | 17,439,177 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 2,476,038 | 0 | 0 | 2,476,038 |
| | 6a | (i) Real | | | | | |
| | | 493,384 | | | | | |
| | | (ii) Personal | | | | | |
| | | 0 | | | | | |
| | b | Less rental expenses | | 81,096 | 0 | | |
| | c | Rental income or (loss) | | 412,288 | 0 | | |
| | d | Net rental income or (loss) ▶ | | 412,288 | 0 | 0 | 412,288 |
| | 7a | (i) Securities | | | | | |
| | | 170,027,575 | | | | | |
| | | (ii) Other | | | | | |
| | | 0 | | | | | |
| | b | Less cost or other basis and sales expenses | | 166,337,267 | 0 | | |
| | c | Gain or (loss) | | 3,690,308 | 0 | | |
| | d | Net gain or (loss) ▶ | | 3,690,308 | 0 | 0 | 3,690,308 |
| | 8a | Gross income from fundraising events (not including \$ 1,312,823 of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | a | 559,427 | | | | | |
| | b | Less direct expenses | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | -180,785 | | 0 | -180,785 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | a | 3,800 | | | | | |
| | b | Less direct expenses | | | | | |
| | c | Net income or (loss) from gaming activities . . . ▶ | | 3,800 | 0 | 0 | 3,800 |
| | 10a | Gross sales of inventory, less returns and allowances | | | | | |
| | | a | 0 | | | | |
| b | | Less cost of goods sold | | | | | |
| c | Net income or (loss) from sales of inventory . . ▶ | | 0 | 0 | 0 | 0 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | Specialized Services | 900099 | 21,623,289 | 21,623,289 | 0 | 0 | |
| b | Graduated Medical Education Funding | 900099 | 3,161,986 | 3,161,986 | 0 | 0 | |
| c | Continuing Medical Education | 900099 | 886,866 | 886,866 | 0 | 0 | |
| d | All other revenue | | 2,067,819 | 2,067,819 | 0 | 0 | |
| e | Total. Add lines 11a-11d ▶ | | 27,739,960 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 1,139,556,662 | 960,729,546 | -8,953,152 | 23,840,826 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 868,812 | 868,812 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 272,355 | 272,355 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 26,290,751 | 0 | 26,290,751 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 518,220,648 | 406,524,701 | 109,490,659 | 2,205,288 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 55,720,330 | 44,203,466 | 11,308,438 | 208,426 |
| 9 | Other employee benefits | 62,607,878 | 49,448,279 | 12,796,576 | 363,023 |
| 10 | Payroll taxes | 33,771,088 | 26,791,371 | 6,818,382 | 161,335 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 4,274,562 | 2,253,965 | 2,003,059 | 17,538 |
| c | Accounting | 510,612 | 271,339 | 239,273 | 0 |
| d | Lobbying | 265,929 | 0 | 265,929 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 427,359 | 227,098 | 200,261 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 61,081,159 | 43,194,378 | 17,631,825 | 254,956 |
| 12 | Advertising and promotion | 6,835,307 | 4,294,825 | 2,177,729 | 362,753 |
| 13 | Office expenses | 109,911,416 | 97,255,417 | 12,371,422 | 284,577 |
| 14 | Information technology | 24,493,307 | 13,519,975 | 10,956,592 | 16,740 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 42,796,968 | 30,489,641 | 12,272,626 | 34,701 |
| 17 | Travel | 6,750,476 | 4,451,549 | 2,210,224 | 88,703 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 3,206,826 | 1,893,189 | 806,162 | 507,475 |
| 20 | Interest | 9,740,508 | 9,740,508 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 76,007,937 | 52,126,243 | 23,881,694 | 0 |
| 23 | Insurance | 9,082,581 | 8,853,115 | 227,972 | 1,494 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | Provision for bad debts | 28,147,384 | 28,147,384 | 0 | 0 |
| b | Subscriptions (mags & db), books | 3,498,550 | 3,190,457 | 285,132 | 22,961 |
| c | Maintenance contracts- Miscel | 5,099,519 | 1,579,321 | 3,520,198 | 0 |
| d | Repairs and Maintenance | 4,426,295 | 1,370,824 | 3,055,471 | 0 |
| e | All other expenses | 4,376,077 | 2,670,347 | 1,656,584 | 49,146 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,098,684,634 | 833,638,559 | 260,466,959 | 4,579,116 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|--|---|--------------------------|--------------------------|---------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 85,708,358 | 1 | 221,746,462 |
| | 2 | Savings and temporary cash investments | | 166,898,512 | 2 | 31,436,629 |
| | 3 | Pledges and grants receivable, net | | 10,834,542 | 3 | 10,297,367 |
| | 4 | Accounts receivable, net | | 108,912,116 | 4 | 127,092,777 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 4,906,467 | 8 | 5,428,484 |
| | 9 | Prepaid expenses and deferred charges | | 9,562,888 | 9 | 14,523,918 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 1,580,700,019 | | | |
| | b | Less: accumulated depreciation | 10b 609,701,323 | 973,866,581 | 10c | 970,998,696 |
| | 11 | Investments—publicly traded securities | | 189,955,493 | 11 | 361,244,571 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 184,203,178 | 12 | 80,672,417 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 4,135,434 | 14 | 5,322,677 |
| | 15 | Other assets. See Part IV, line 11 | | 7,273,784 | 15 | 8,432,444 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 1,746,257,353 | 16 | 1,837,196,442 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 113,084,930 | 17 | 118,678,730 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 3,631,528 | 19 | 5,763,039 |
| | 20 | Tax-exempt bond liabilities | | 351,704,707 | 20 | 305,394,769 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 99,370,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 300,814,445 | 25 | 217,225,688 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 769,235,610 | 26 | 746,432,226 |
| | Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| 27 | | Unrestricted net assets | | 734,899,705 | 27 | 875,340,458 |
| 28 | | Temporarily restricted net assets | | 236,021,876 | 28 | 207,169,439 |
| 29 | | Permanently restricted net assets | | 6,100,162 | 29 | 8,254,319 |
| Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| 30 | | Capital stock or trust principal, or current funds | | | 30 | |
| 31 | | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| 32 | | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | | Total net assets or fund balances | | 977,021,743 | 33 | 1,090,764,216 |
| 34 | | Total liabilities and net assets/fund balances | | 1,746,257,353 | 34 | 1,837,196,442 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|---|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,139,556,662 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,098,684,634 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 40,872,028 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 977,021,743 |
| 5 | Net unrealized gains (losses) on investments | 5 | -11,079,582 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 83,950,027 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,090,764,216 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

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

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| (A) | (B) | (C) | (D) | (E) |
|-----|-----|-----|-----|-----|
|-----|-----|-----|-----|-----|

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| Brian P Anderson Chairman of the Board | 10 0 | X | | | | | | | 78,505 | 0 | 0 |
| Hugh M Durden Member Director | 10 25 | X | | | | | | | 0 | 148,930 | 0 |
| Michael McGinnis Director | 2 5 0 | X | | | | | | | 52,860 | 0 | 0 |
| John F Porter Member Director | 20 10 5 | X | | | | | | | 0 | 119,623 | 0 |
| John S Lord Member Director | 25 2 | X | | | | | | | 0 | 145,829 | 0 |
| Leonard Berry Phd Director | 3 0 | X | | | | | | | 67,070 | 0 | 0 |
| Richard Christopher Vice Chairman and Member Director | 15 1 5 | X | | | | | | | 12,500 | 136,898 | 0 |
| Robert Riney Director | 3 5 0 | X | | | | | | | 56,280 | 0 | 0 |
| Rosa Hakala Director | 2 5 0 | X | | | | | | | 68,060 | 0 | 0 |
| Terri L Kelly Director | 3 0 | X | | | | | | | 67,990 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensatio from the organization and related organization |
|---|---|---|-----------------------|---------|--------------|---------------------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Toni Jennings Director | 3 0 15 | X | | | | | | 80,680 | 0 | |
| Geoffrey M Rogers Director | 2 5 0 | X | | | | | | 17,043 | 0 | |
| R J Cummings MD Ent VP North Florida | 40 0 | | | X | | | | 662,808 | 0 | 22,24 |
| Roy Proujansky EVP Chief Executive DE Operations | 40 1 | | | X | | | | 967,687 | 0 | 96,95 |
| Stephen Lawless Ent VP Quality and Safety | 40 0 5 | | | X | | | | 533,142 | 0 | 52,63 |
| Manane Stefano Ent VP Operational Excellence | 40 0 | | | X | | | | 333,885 | 0 | 21,06 |
| Gina Altieri Ent VP Corporate Services | 40 0 | | | X | | | | 471,749 | 0 | 48,80 |
| David J Bailey MD President/CEO | 40 0 | | | X | | | | 1,462,038 | 0 | 162,78 |
| Robert D Bndges EVP Chief Executive FL Operations | 40 2 | | | X | | | | 861,102 | 0 | 109,06 |
| Rodney A McKendree Sr Vice President and CFO | 40 4 | | | X | | | | 478,056 | 0 | 72,42 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Theresa M Young Sr VP Human Resources | 40 0 | | | X | | | | 402,603 | 0 | 32,488 |
| Steven R Sparks Sr VP General Counsel | 40 0 | | | X | | | | 496,785 | 0 | -5,800 |
| William W Higginbotham II Oper VP Corporate Finance/Treasurer | 40 7 | | | X | | | | 283,820 | 0 | 26,880 |
| Deborah Chang Ent VP Policy and Prevention | 40 0 | | | X | | | | 328,241 | 0 | 28,380 |
| Roger A Oxendale President NCH | 40 0.5 | | | X | | | | 1,162,285 | 0 | 29,180 |
| Brent R King MD Ent VP Chief Medical Officer Physician Practices | 40 0 | | | X | | | | 718,266 | 0 | 93,920 |
| Diane C Goin Secretary to the President CEO | 40 0 | | | X | | | | 75,915 | 0 | 12,340 |
| Marylynn Girouard Exec Coordinator BOD/General Counsel | 40 0 | | | X | | | | 70,497 | 0 | 15,110 |
| Cameron S Morrow Assistant Treasurer | 40 0 | | | X | | | | 93,497 | 0 | 26,430 |
| Dana N Bledsoe President NCH | 40 0 | | | X | | | | 465,677 | 0 | 40,760 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Martha G McGill ENT VP Chief Network Ops FL | 40 0 5 | | | X | | | | 168,824 | 0 | 17,520 |
| Paul A Pitel MD Dept of Pediatrics Chair, NCCJ | 40 0 | | | | X | | | 354,726 | 0 | 20,270 |
| Stefanie F Schrum MD Division Chief, Anesthesiology, NCCJ | 40 0 | | | | X | | | 404,201 | 0 | 7,570 |
| William G Mackenzie MD Dept of Orthopaedics Chair, AIDHC | 40 0 | | | | X | | | 732,707 | 0 | 19,900 |
| Eric A Loveless MD Division Chief, Orthopaedics, NCCJ | 40 0 | | | | X | | | 594,239 | 0 | 19,890 |
| Debbie J Merinbaum MD Dept of Radiology Chair, NCCJ | 40 0 | | | | X | | | 573,962 | 0 | 20,270 |
| Kevin P Sheahan MD Dept of Pediatrics Chief, NCCW | 40 0 | | | | X | | | 283,880 | 0 | 28,230 |
| Michael J Erhard MD Chief Medical Officer, NCCJ | 40 0 | | | | X | | | 592,063 | 0 | 30,350 |
| Christian Pizarro MD Director of Nemours Cardiac Center | 40 0 | | | | X | | | 2,696,876 | 0 | 30,670 |
| Jay S Greenspan MD Dept of Pediatrics Chair, AIDHC | 40 0 | | | | X | | | 493,181 | 0 | 26,230 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Stephen Dunn MD Dept of Surgery Chair, AIDHC | 40 0 | | | | X | | | 554,780 | 0 | 19,35 |
| Gary D Josephson MD Dept of Otolaryngology/ENT Chair, NCCJ | 40 0 | | | | X | | | 564,756 | 0 | 24,00 |
| Carlos Archilla MD Dept of Anesthesiology Chair, NCCO | 40 0 | | | | X | | | 473,355 | 0 | 29,14 |
| Paul Kempinski OVP Chief Operating Officer, AIDHC | 40 0 | | | | X | | | 480,701 | 0 | 70,20 |
| Mary B Mehta MD Medical Director, NCCP | 40 0 | | | | X | | | 364,512 | 0 | 25,87 |
| Randall W Hartley OVP Chief Operating Officer, NCH | 40 0 5 | | | | X | | | 356,700 | 0 | 15,36 |
| Terri Finkel MD Dept of Pediatrics Chair, NCH | 40 0 | | | | X | | | 535,555 | 0 | 25,77 |
| Steven Erick MD Dept of Orthopaedics Chair, NCH | 40 0 | | | | X | | | 808,513 | 0 | 29,48 |
| Tetsu Uejima MD Dept of Anesthesiology/Critical Care Chair, NCCW | 40 0 | | | | X | | | 550,732 | 0 | 34,65 |
| Arabinda K Choudhary MD Dept of Medical Imaging Chair, AIDHC | 40 0 | | | | X | | | 506,646 | 0 | 38,56 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Daniel J Podberesky MD Dept of Radiology Chief, NCCO | 40 0 | | | | X | | | 568,192 | 0 | 38,550 |
| Helen M Case Oper VP NCH & FL | 40 0 | | | | X | | | 125,314 | 0 | 5,760 |
| Jeffrey Campbell MD Director Neuroscience Center, NCCW | 40 0 | | | | X | | | 664,359 | 0 | 17,770 |
| Carolyn F Bannister MD Physician, Department Chair | 40 0 | | | | X | | | 465,789 | 0 | 25,090 |
| Jane M Mercle Oper VP CNE AIDHC | 40 0 | | | | X | | | 298,166 | 0 | 22,700 |
| Suken A Shah MD Dept of Orthopaedics, Surgeon, AIDHC | 40 0 | | | | | X | | 710,291 | 0 | 26,890 |
| Todd A Maugans MD Dept of Neurosurgery, Division Chief, NCH | 40 0 | | | | | X | | 752,780 | 0 | 30,740 |
| Joseph H Platt Jr MD Dept of Neurosurgery, Division Chief, NCCW | 40 0 | | | | | X | | 620,980 | 0 | 30,920 |
| Christopher Iobst MD Orthopaedic Surgeon | 40 0 | | | | | X | | 586,447 | 0 | 33,390 |
| Peter G Gabos MD Orthopaedic Surgeon, NCCW | 40 0 | | | | | X | | 588,656 | 0 | 26,980 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Leslie Grissom MD Dept of Radiology, Radiologist, AIDHC (former) | 40 0 | | | | | | X | 431,290 | 0 | 22,090 |
| James S Reilly MD Dept of Otolaryngology/ENT Chair, AIDHC (former) | 40 0 | | | | | | X | 375,120 | 0 | 21,310 |
| Salvatore R Goodwin MD Dept of Anesthesiology Chair, NCCJ (former) | 40 0 | | | | | | X | 246,039 | 0 | 22,840 |
| Barbara D Meeks Chief Nurse Executive, NCH (former) | 40 0 | | | | | | X | 342,053 | 0 | 29,180 |
| Lane F Donnelly MD Ent VP Chief Medical Officer, NCH (former) | 40 0 | | | | | | X | 1,081,436 | 0 | 0 |
| W L Thornton Member Director (former) | 3 10 | | | | | | X | 0 | 127,539 | 0 |
| W T Thompson Member Director (former) | 0 0 | | | | | | X | 0 | 142,829 | 0 |

TY 2015 Reasonable Cause Explanation

Name: THE NEMOURS FOUNDATION

EIN: 59-0634433

Software ID: 15000352

Software Version: v1.00

Explanation: The Return is being filed on a timely basis. Nemours filed extensions on a timely basis, manually with the IRS. The tax return software system used to efile the return generates a reasonable cause statement if extensions are not filed in that system. Accordingly, the return was properly extended and is now being filed timely by its extended due date of November, 15 2016.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|---------|---------|---------|---------|---------|----------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|--|---------|---------|---------|---------|---------|----------------------------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage | | |
|---|----|----------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ► <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| <div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div> | | |
| <div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| <div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| <div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div> | | |
| <div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div> | | |
| <div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> | | |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div> | | |
| <div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div> | | |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div> | | |
| <div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div> | | |

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | Current Year | |
|----------------------------------|--|--------------|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. | | | |
| e From 2014. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 2,000 | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 507,282 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 509,282 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 1,098,175,352 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 1,098,684,634 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | | | | | | | | | | | | | |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25 % of line 1f) | 250,000 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 439,812 | 431,429 | 400,329 | 509,282 | 1,780,852 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | 3,881 | 2,000 | 2,000 | 2,000 | 9,881 |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | | |
|-----------|--|--|--|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | |
| a | Volunteers? | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | |
| c | Media advertisements? | | |
| d | Mailings to members, legislators, or the public? | | |
| e | Publications, or published or broadcast statements? | | |
| f | Grants to other organizations for lobbying purposes? | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | |
| i | Other activities? | | |
| j | Total Add lines 1c through 1i | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--------------------------------|---|
| Schedule C, Part II-A, Line 1a | Nemours is not affiliated with any groups and did not exceed either the lobbying or grass roots expenditure |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

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

1

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

| | Held at the End of the Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ 0

(ii)

Assets included in Form 990, Part X

► \$ 3,386,733

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ 0

b

Assets included in Form 990, Part X

► \$ 0

Part III

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

(continued)

3

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

a☒ Public exhibition

d☒ Loan or exchange programs

b☐ Scholarly research

e☐ Other

c☒ Preservation for future generations

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back | |
|----|--|---------------|---------------------|---------------------|--------------------|-------------|
| 1a | Beginning of year balance | 238,322,440 | 258,479,551 | 279,439,880 | 384,535,863 | 392,975,995 |
| b | Contributions | 7,762,065 | 5,586,259 | 5,135,534 | 8,086,876 | 4,406,956 |
| c | Net investment earnings, gains, and losses | -1,214,069 | 11,563,115 | 31,381,744 | 29,080,079 | -581,412 |
| d | Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e | Other expenditures for facilities and programs | 31,699,683 | 37,116,978 | 57,205,064 | 142,011,164 | 11,968,151 |
| f | Administrative expenses | 155,869 | 189,507 | 272,543 | 251,774 | 297,525 |
| g | End of year balance | 213,014,884 | 238,322,440 | 258,479,551 | 279,439,880 | 384,535,863 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

1 6 %

c

Temporarily restricted endowment

98 4 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

4

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|--|--|---------------------------------------|--------------------------------|---------------|
| 1a Land | 106,095 | 101,628,933 | | 101,735,028 |
| b Buildings | 0 | 807,858,040 | 261,591,530 | 546,266,510 |
| c Leasehold improvements | 0 | 22,818,761 | 12,825,399 | 9,993,362 |
| d Equipment | 0 | 612,271,512 | 335,284,394 | 276,987,118 |
| e Other | 0 | 36,016,678 | 0 | 36,016,678 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 970,998,696 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,140,156,048 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,236,445 |
| b | Donated services and use of facilities | 2b | 0 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII) | 2d | 17,336,009 |
| e | Add lines 2a through 2d | 2e | 13,099,564 |
| 3 | Subtract line 2e from line 1 | 3 | 1,127,056,484 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII) | 4b | 12,500,178 |
| c | Add lines 4a and 4b | 4c | 12,500,178 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 1,139,556,662 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|---------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,093,049,829 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 0 |
| b | Prior year adjustments | 2b | 0 |
| c | Other losses | 2c | 0 |
| d | Other (Describe in Part XIII) | 2d | -5,478,935 |
| e | Add lines 2a through 2d | 2e | -5,478,935 |
| 3 | Subtract line 2e from line 1 | 3 | 1,098,528,764 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII) | 4b | 155,870 |
| c | Add lines 4a and 4b | 4c | 155,870 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 1,098,684,634 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------------------|--|
| Schedule D, Part III, Line 4 | The Nemours mansion is the 300-acre country estate of the late industrialist and philanthropist Alfred I. DuPont. The mansion is located on the grounds of the renowned Alfred I. DuPont Hospital for Children in Wilmington, Delaware. It derives its name from the town in France represented by Mr. DuPont's great-great-grandfather, Pierre Samuel DuPont de Nemour. The mansion was built from 1909 to 1910 and is a fine example of a French chateau in the style of Louis XVI. The 47,000 sq. ft. mansion looms over the surrounding formal gardens and is furnished with fine antiques, famous works of art, beautiful tapestries, and other treasures. The grounds surrounding the mansion extend for one third of a mile along the main vista from the house, and are among the finest examples of French-style gardens in the United States. The mansion and gardens are open for tours between May and December. Tour groups are kept small and include expert commentary by guides familiar with the DuPont family history. |

Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
|-------------------------------|--|
| Schedule D, Part X, Line 2 | Nemours is exempt from federal income taxes on related income under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3), and is also exempt from state income taxes. Management believes that the unrelated business income generated by Nemours is not material to the combined financial statements. |
| Schedule D, Part XI, Line 2d | Net assets released from restriction - Ed Ball \$6,895,238 + net assets released from restriction - donations \$2,871,675 plus special distributions \$20,000,000 plus PMSI (subsidiary) total revenue \$10,569,746 plus NNJPP total revenue \$6,031,095 less bad debt expense (\$29,031,745) equals \$17,336,009. |
| Schedule D, Part XI, Line 4b | Temp restricted contributions and pledges \$6,371,341 plus temp restricted investment income \$1,813,881 plus temp restricted realized gains \$3,815,186 plus PMSI management fee \$1,321,080 less rental expenses (\$81,097) less fundraising expenses (\$740,213) equals \$12,500,178. |
| Schedule D, Part XII, Line 2d | Bad debt expense (\$29,031,745) plus rental expenses \$81,097 plus fundraising expenses \$740,213 less PMSI management fee (\$1,321,080) plus PMSI (subsidiary) operating expenses \$15,909,817 plus NNJPP operating expenses \$8,142,763 equals (\$5,478,935). |
| Schedule D, Part XII, Line 4b | Temp restricted investment expenses \$153,469 plus temp restricted occupancy expenses \$2,401 equals \$155,870. |
| | |
| | |
| | |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 25,905,422 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 0 | Investments | | 7,617,791 |
| Europe (including Iceland and Greenland) | 0 | 0 | Investments | | 11,392,739 |
| Middle East and North Africa | 0 | 0 | Investments | | 836,367 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| North America (including Canada and Mexico, but not the United States) | 0 | 0 | Investments | | 3,449,599 |
| Russia and the newly independent States | 0 | 0 | Investments | | 216,429 |
| South America | 0 | 0 | Investments | | 1,568,697 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|---|-----------------------------------|
| South Asia | 0 | 0 | Investments | | 0 |
| Sub-Saharan Africa | 0 | 0 | Investments | | 823,800 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Fundraising Activities

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|-----------------|--|-------------------------------|------------------------------|----------------------|--|
| | | Delaware Gala (event type) | Orlando Gala (event type) | 13 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 462,327 | 489,765 | 923,958 | 1,876,050 |
| | 2 Less Contributions | 202,133 | 341,735 | 772,755 | 1,316,623 |
| | 3 Gross income (line 1 minus line 2) | 260,194 | 148,030 | 151,203 | 559,427 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 91,592 | 60,549 | 60,877 | 213,018 |
| | 7 Food and beverages | 269,022 | 1,721 | 41,867 | 312,610 |
| | 8 Entertainment | 9,463 | 10,300 | 14,875 | 34,638 |
| | 9 Other direct expenses | 9,575 | 87,748 | 82,623 | 179,946 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 740,212 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -180,785 |

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

| | |
|------------|---|
| 13a | % |
| 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

| | |
|------------|---|
| 13a | % |
| 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c

If "Yes," enter name and address of the third party

Name ►

Address ►

16

Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ **Director/officer** ☐ **Employee** ☐ **Independent contractor**

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) | | | 6,682,211 | 0 | 6,682,211 | 0 61 % |
| b Medicaid (from Worksheet 3, column a) | | | 461,268,148 | 349,276,977 | 111,991,171 | 10 25 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | 0 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 467,950,359 | 349,276,977 | 118,673,382 | 10 86 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 0 | 0 | 33,761,116 | 10,120,731 | 23,640,385 | 2 16 % |
| f Health professions education (from Worksheet 5) | 0 | 0 | 8,474,806 | 4,517,751 | 3,957,055 | 0 36 % |
| g Subsidized health services (from Worksheet 6) | 0 | 0 | 0 | 0 | 0 | 0 % |
| h Research (from Worksheet 7) | 0 | 0 | 35,115,210 | 16,745,622 | 18,369,588 | 1 68 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 0 | 0 | 954,826 | 0 | 954,826 | 0 09 % |
| j Total. Other Benefits | 0 | 0 | 78,305,958 | 31,384,104 | 46,921,854 | 4 29 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 546,256,317 | 380,661,081 | 165,595,236 | 15 15 % |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part IIIBad Debt, Medicare, & Collection Practices

| Section A. Bad Debt Expense | | | | Yes | No |
|---------------------------------|--|---|------------|-----|-----|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | | 1 | Yes |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 11,617,992 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 0 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | | |
| Section B. Medicare | | | | | |
| 5 | Enter total revenue received from Medicare (including DSH and IME). | 5 | 1,278,429 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 1,206,505 | | |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | 71,924 | | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | | | |
| Section C. Collection Practices | | | | | |
| 9a | Did the organization have a written debt collection policy during the tax year? | | | 9a | Yes |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | | | 9b | Yes |

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
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| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| Other (Describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|---------------------------|--------------------------|
| | | | | | | | | | |
| | | | | | | | | See Additional Data Table | |
| | | | | | | | | | |
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Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group

A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

| | Yes | No |
|--|---------------|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) | 3 Yes | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 Yes | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | No |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>www.nemours.org/community</u> b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) | 7 Yes | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 Yes | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>http://www.nemours.org/about/community-health-needs.html</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10 Yes | |
| 10b | | No |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | |
|---|--|-----|-----|
| | | A | |
| Name of hospital facility or letter of facility reporting group | | | |
| | | Yes | No |
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes |
| a | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 300 % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes |
| a | <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes |
| a | <input type="checkbox"/> The FAP was widely available on a website (list url) See Section C, Line 16 | | |
| b | <input type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C, Line 16 | | |
| c | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C, Line 16 | | |
| d | <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |
| Billing and Collections | | | |
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <input type="checkbox"/> None of these actions or other similar actions were permitted | | |

Part V

Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

| | | Yes | No | |
|--|--|-----------|-----|----|
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | 19 | | No |
| Policy Relating to Emergency Medical Care | | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | 21 | Yes | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | | No |

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| | |
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Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 44

| Name and address | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part I, Line 6a | The Nemours 2015 Report to Our Communities entitled, "Shared Guardians of Children's Health and Joy," can be found at https://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/2015-report-to-our-communities.pdf |

| Form and Line Reference | Explanation |
|----------------------------|---|
| Schedule H, Part I, Line 7 | Nemours calculated the amounts included in Part I, Lines 7a-b utilizing the methodology provided in the various worksheets included in the instructions for Schedule H of Form 990. These worksheets include Worksheet 1, Charity Care at Cost, Worksheet 2, Ratio of Patient Care Cost-to-Charges and Worksheet 3, Unreimbursed Medicaid and Other Means-Tested Government Programs. |

| Form and Line Reference | Explanation |
|--------------------------------------|---|
| Schedule H, Part I, Line 7, Column f | Nemours included provision for bad debt (bad debt expense) in Form 990, Part IX, line 24 of \$28,147,384. Such amount was subtracted from total expense of \$1,098,684,634 for purposes of determining percent of total expense calculations. |

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part I, Line 7a | <p>Nemours' mission is to "provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status " At Nemours, our plan to do that begins before illness or injury with our integrated model of care We begin with education through the Nemours Center for Children's Health Media and Kidshealth Then, add prevention in our communities with the perspective of Nemours Health & Prevention Services and literacy aided by our Brightstart¹ Dyslexia initiative In the center are health operations, research and education-staples of an academic environment providing the right combination of evidence-based health services Two more ingredients enable Nemours to energize this powerful mix innovation and technology Our model of care has gained definition from our families and experts in the field who sought the "ideal" combination of services throughout Nemours The model is family-centered and incorporates what we have found to work in guarding the healthy, joyful life experience of a child Whether hospitalized or visiting for a check-up, children and families find a centralized, pleasant reception area where the same nurses, physicians and therapists greet them Patient families also find advice and can report progress electronically from a remote location Our eye is on the best health and quality outcomes, measured and monitored according to established benchmarks and satisfaction as reported by the children and families who have helped define the model Nemours children's clinic locations provide services at several primary and satellite locations ranging from primary care to sub-specialty care in the Delaware Valley, and sub-specialty care in Florida These locations are listed in Schedule H, Part V, and Section D Community Benefit Nemours is unique among pediatric health care systems, providing treatment, care, health information and prevention services that form a continuum of care aimed at achieving our vision of freedom from disabling conditions Alfred I Dupont envisioned a world where all children could receive top-notch medical care, especially children disabled in some way At Nemours, we demonstrate sound stewardship by staying true to Mr DuPont's vision In 2015, Nemours cared for more than 390,000 unique patients who experienced nearly 1,600,000 encounters, nearly 775,000 clinic and outpatient visits Nemours saw approximately 150,000 new patients during 2015 During 2015, Nemours provided care and services totaling more than \$900 million for our communities throughout the Delaware Valley, Florida and beyond Community Health Improvement Services and Community Benefit Operations During 2015, Nemours continued to focus on leadership and programs dealing with not just health care, but also areas of children's health promotion and disease prevention Through Nemours Health & Prevention Services, Nemours Center for Children's Health Media, Nemours Brightstart¹ and others, Nemours subsidized prevention and children's health programs in excess of \$18.6 million Nemours provided a variety of community health services for Delaware's low-income senior citizens of approximately \$5.0 million through more than 29,900 encounters of care These outpatient health care services included dental care, eye examinations and eyeglasses, as well as hearing tests and hearing aids at the Nemours Senior Care Research Nemours continues to improve children's lives through the power of discovery However, new discoveries are not enough We are integrating research findings at the bedside and exam room where it has the greatest impact on children In total, Nemours subsidized health research by over \$18.0 million during 2015 with nearly 382 research projects under the direction of more than 100 Nemours physician-scientists Education & Training of Health Professionals Nemours continues to train the next generation of pediatric specialists through affiliations with Thomas Jefferson University, the Mayo Clinic Medical College and others In 2015, Nemours hosted 743 residents and 633 medical students and provided fellowship rotations for 115 physicians Nemours supported education and training programs for health professionals in nearly \$4.0 million Uncompensated Medical Care Nemours' services classified as "charity care" or where the recipient could not afford services or lacked adequate health insurance, was nearly \$6.7 million in 2015 Nemours also covers the costs in excess of government payments for services provided to Medicaid and other public health beneficiaries of nearly \$112.0 million with an additional \$29.0 million in uncollected patient care charges written off by Nemours during the same period All totaled, uncompensated care for 2015 approximates \$147.7 million</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part III, Section A, Line 4 | In the Alfred I duPont Hospital for Children and Nemours Children's Hospital audited financial statements, see footnote 1e located on pages 10 and 31, respectively, for a description of bad debt expense |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Section B, Line 8 | The entire shortfall related to Medicare reported on line 7 should be considered a community benefit Nemours is bearing the burden of providing care in excess of our costs to those Medicare patients The source of the Medicare allowable costs comes from the 2015 Medicare Cost Reports |

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part III, Section C, Line 9b | The Nemours financial assistance policy applies to all of the facilities that it operates. Debt collection is not pursued against patients who qualify for the financial assistance program. |

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part VI, Line 2 | <p>Nemours assesses the healthcare needs of these communities using various methods. For example, Nemours community relations team is active at all sites to identify specific community needs for children. At Nemours, we seek to understand the health needs of the families who live in the communities we serve. Nemours has clinical operations in communities in Delaware, southeastern Pennsylvania and southern New Jersey (referred to as the Delaware Valley), Maryland and Florida. Nemours is committed to improving the health of children, even those who never enter our doors. To do this effectively, Nemours conducts community health needs assessments (CHNAs) then explores potential strategies to influence them. The CHNA can be found at www.nemours.org/community. The "areas of opportunity" listed below represent the significant health needs of children and adolescents in the communities our hospitals serve.</p> <p>Areas of opportunity in the Delaware Valley: access to health services, alcohol, tobacco and other drugs, health education, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, sexual activity.</p> <p>Areas of opportunity in Central Florida: access to health services, health education injury and safety, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, vision, hearing and speech.</p> <p>Nemours seeks to educate families about children's health and parenting through its Center for Children's Health Media (KidsHealth.org). KidsHealth helps families by enabling parents, kids and teens to better understand and take mastery of their own health. Nemours creates integrated suites of physician reviewed, family-friendly, engaging media that provide families with knowledge, perspective, advice and comfort.</p> |

| Form and Line Reference | Explanation |
|-----------------------------|--|
| Schedule H, Part VI, Line 3 | <p>All of Nemours hospital and clinic locations share the same practice of educating patients and their families in the eligibility process. Information regarding financial assistance can be found on our website at www.nemours.org/patientfamily/payment/financialassistance.htm. Nemours employs financial counselors, as well as engages independent firms (collectively referred to as Financial Counselors) to assist in determining Medicaid eligibility. The Financial Counselors, some of whom are multi-lingual, work with families, educate and assist them with form completion regarding any program for which they might be eligible, including programs in the state of residence. Patients that arrive for an appointment at one of our practices, or admitted to or presents to the emergency room at AIDHC or NCH as "self pay" are screened for Medicaid eligibility. The Financial Counselors follow up directly with the respective State regarding their decision/determination. Certain Financial Counselors may go to the families home, if necessary. In some instances, certain Financial Counselors will ask for and receive limited power of attorney, in an effort to assist the family with the Medicaid eligibility process. To benefit from Nemours Financial Assistance Program, a family must participate in the Medicaid eligibility process described above. Through that process, Nemours assesses eligibility for our charity care program, which is based on Federal Poverty Guidelines as indicated in Schedule H, Part I, lines 3a and b. Eligibility for the Nemours Financial Assistance Program is completed by the Financial Counselors. Personnel at AIDHC have also established the Family Advisory Council (FAC), a group of parents whose children have had services at AIDHC. The purpose of the FAC is to obtain feedback from families about additional ways Nemours can assist with financial eligibility issues. Nemours' representatives have participated in the Robert Wood Johnson Foundation funded "Children's Hospital Eligibility Process Improvement Collaborative", an effort about educating providers regarding eligibility best practices. The collaborative touched on topics from literacy and how to write and share a brochure in a way that the family can understand, to assessing what an appropriate staffing level should be. In an effort to perform proactive outreach in the Delaware Valley, Nemours' Financial Counselors go to our various locations, as well as local Community Health Center facilities. Both types of places represent a source from which families come to Nemours. Such visits focus on educating families about the various funding sources for which they might be eligible.</p> |

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part VI, Line 4 | <p>Nemours' clinical operations include two children's hospitals and multiple outpatient clinics. In Wilmington, Delaware, Nemours operates specialty and primary care children's clinics and a health clinic for the elderly. Nemours' service area includes 27 counties throughout Delaware, southeastern Pennsylvania, and southern New Jersey. In 2011, an estimated 204,208 children and youth under the age of 18 live in Delaware, (US Census Bureau, 2011) comprising approximately 22.7 % of the area's total population. Nationally, an estimated 73,650,025 children and youth under 18 make up 23.8 % of the total population (US Census Bureau, 2011). While Americans' overall health status has been improving, disparities remain in the prevalence of illness and death experienced by minority populations, as compared to the U.S. population as a whole. These disparities affect children as well as adults. Currently, Delaware's children and youth population is comprised primarily of 61% White and 25.7% African American compared to 68.2% White and 14.3% African American, nationally (US Census Bureau, 2011). Household income level can have a significant impact on the health status of children living in the household. For example, children living in low-income households may not have adequate health insurance or access to primary care. Overall, a smaller percentage of children and youth in Delaware (17.5%) live below 100% of the Federal Poverty Level (FPL) when compared to the national rate of children in poverty (22.5%) (US Census Bureau, 2011). Approximately, 63.9% of the area's children and youth live in households with incomes at or above 200 percent of the poverty level (US Census Bureau, 2011). Children who have health insurance typically have better access to preventive services, such as vaccinations, routine screenings, and medical treatment. The vast majority of children and youth in the Delaware (96.4%) have health insurance coverage (NSCH, 2011), either through a private source or a public health insurance program such as Medicaid. Nemours' clinical operations in Florida include a children's hospital in Orlando, and a statewide physician practice with campuses in Jacksonville, Pensacola and Orlando. In 2011, 3,980,766 children and youth under the age of 18 years are living in Florida (US Census Bureau, 2011). Children under the age of 18 make up 21.1% of Florida's total population compared to 23.8% of the total population nationally (US Census Bureau, 2011). The majority of children and youth in Florida are white (67.6%) while African American children make up 21% of the population (US Census Bureau, 2011). A slightly larger number of children and youth in Florida (24.9%) live below 100% of the FPL when compared to the national rate of children in poverty (22.5%). Based on the US Census bureau (2011), children in Florida are more likely to be uninsured or publicly insured (53.1%), and less likely to be privately insured (59.1%) than children and youth nationally (44.7% and 66.2%, respectively). The majority of children and youth in Florida are covered through private, largely employer-sponsored, health insurance. About 32.1% of children and youth in Florida are covered by public health insurance (US Census Bureau, 2011), a percentage which is slightly lower than the national average (29.5%). Finally, a greater proportion of children and youth are uninsured in Florida than nationally (21% vs. 15.2%) (US Census Bureau, 2011). For more information about the communities Nemours serves, please see our CHNA at www.nemours.org/community.</p> |

| Form and Line Reference | Explanation |
|-----------------------------|--|
| Schedule H, Part VI, Line 5 | <p>The Alfred I duPont Hospital for Children and the Alfred I duPont Hospital for Children Surgery Center, Bryn Mawr have open model medical staffs. Criteria for membership and clinical privileges are outlined in the Medical Staff Bylaws. The Board of Managers of Delaware Valley, through approval of these Medical Staff Bylaws, has identified several services or departments that are closed, meaning that only practitioners employed by or under contract with Nemours are eligible for privileges in that area. The closed services or departments include anesthesiology, critical care including pediatric critical care, neonatology, cardiac critical care, emergency medicine, pathology, medical imaging, hospitalist service, and the Nemours Cardiac Center. The Nemours Children's Hospital has an open model medical staff. Criteria for membership and clinical privileges are outlined in the Medical Staff Bylaws. The Board of Managers of Florida, through approval of these Medical Staff Bylaws has identified the following restricted services or departments. The restricted services or departments include anesthesiology, critical care including pediatric critical care and neonatology, emergency medicine, pathology, radiology, cardiology and hospitalist services.</p> |

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part VI, Line 6 | Nemours is not a part of an affiliated health care system. However, Nemours works in tandem with numerous community resources in the communities it serves. |

| Form and Line Reference | Explanation |
|-----------------------------|---|
| Schedule H, Part VI, Line 7 | Nemours is not required to file its Community Benefit report with the state of Delaware or Florida However, Nemours is happy to provide access to its community report on the internet at https://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/community-benefit-report-2015.pdf |

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

| | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | ALFRED I DUPONT HOSPITAL FOR CHILDREN 1600 ROCKLAND ROAD WILMINGTON, DE 19803 HSPTL-003 | X | | X | | | | | | | A |
| 2 | NEMOURS CHILDREN'S HOSPITAL 13535 NEMOURS PARKWAY ORLANDO, FL 32827 4509 | X | | X | | | | | | | A |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address | Type of Facility (describe) |
|---|---|
| 1 NEMOURS DUPONT PEDIATRICS WILMINGTON 1600 ROCKLAND ROAD WILMINGTON,DE 19803 | PEDIATRIC SPECIALTY CARE CLINIC AND CARDIAC CENTER |
| 1 NEMOURS DUPONT PEDIATRICS BECKS WOODS 141 BECKS WOODS DRIVE BEAR,DE 19701 | PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC |
| 2 NEMOURS DUPONT PEDIATRICS DOVER 102 WEST WATER STREET SUITE 1 DOVER,DE 19904 | PEDIATRIC PRIMARY AND SPECIALITY CARE |
| 3 NEMOURS DUPONT PEDIATRICS MILFORD TEAL CREEK PLAZA 703 NORTH DUPONT BOULEVARD MILFORD,DE 19963 | PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC |
| 4 NEMOURS DUPONT PEDIATRICS SEAFORD 49 FALLON AVENUE SEAFORD,DE 19973 | PEDIATRIC PRIMARY, SPECIALITY CARE AND DYSLEXIA INITIATIVE CLINIC |
| 5 NEMOURS DUPONT PEDIATRICS MIDDLETOWN 200 CLEAVER FARM ROAD SUITE 201 MIDDLETOWN,DE 19709 | PEDIATRIC PRIMARY CARE |
| 6 NEMOURS DUPONT PEDIATRICS NEWARK 1400 PEOPLES PLAZA SUITE 300 NEWARK,DE 19702 | PEDIATRIC PRIMARY CARE |
| 7 NEMOURS DUPONT PEDIATRICS ST FRANCIS 700 NORTH CLAYTON STREET SUITE 400 WILMINGTON,DE 19805 | PEDIATRIC PRIMARY CARE |
| 8 NEMOURS DUPONT PEDIATRICS JESSUP STREET 1602 JESSUP STREET WILMINGTON,DE 19802 | PEDIATRIC PRIMARY CARE |
| 9 NEMOURS DUPONT PEDIATRICS FOULK ROAD 910 FOULK ROAD SUITE 101 WILMINGTON,DE 19809 | PEDIATRIC PRIMARY CARE |
| 10 NEMOURS DUPONT PEDIATRICS PIKE CREEK 5500 SKYLINE DRIVE SUITE 4 WILMINGTON,DE 19808 | PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC |
| 11 NEMOURS DUPONT PEDIATRICS VOORHEES 443 LAUREL OAK ROAD SUITE 200 VOORHEES,NJ 08043 | CHILDREN'S CLINIC SPECIALTY CARE |
| 12 NEMOURS DUPONT PEDIATRICS VINELAND 2950 COLLEGE DRIVE SUITE 2B VINELAND,NJ 08360 | CHILDREN'S CLINIC SPECIALTY CARE |
| 13 NEMOURS DUPONT PEDIATRICS BRYN MAWR 130 SOUTH BRYN MAWR AVENUE BRYN MAWR,PA 19010 | PEDIATRIC SPECIALTY CARE CLINIC |
| 14 NEMOURS DUPONT PEDIATRICS COLLEGEVILLE 599 ARCOLA ROAD COLLEGEVILLE,PA 19426 | CHILDREN'S CLINIC SPECIALTY CARE AND PRIMARY CARE |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address | Type of Facility (describe) |
|---|---|
| 16 NEMOURS DUPONT PEDIATRICS LANCASTER 2128 EMBASSY DRIVE LANCASTER,PA 17603 | CHILDREN'S CLINIC SPECIALTY CARE |
| 1 NEMOURS DUPONT PEDIATRICS NEWTOWN SQUARE 3855 WEST CHESTER PIKE SUITE 280 NEWTOWN SQUARE,PA 19073 | PEDIATRIC SPECIALITY CARE CLINIC |
| 2 NEMOURS DUPONT PEDIATRICS PHILADELPHIA 833 CHESTNUT STREET SUITE 300 PHILADELPHIA,PA 19107 | PEDIATRIC PRIMARY CARE AND SPECIALITY CARE CLINIC |
| 3 NEMOURS DUPONT PEDIATRICS BRYN MAWR AIDHC FOR CHILDREN SURGERY CENTER BRYN MAWR MEDICAL ARTS PAVILION 825 OLD LANCASTER ROAD SUITE 250 BRYN MAWR,PA 19010 | PEDIATRIC SURGERY CENTER |
| 4 NEMOURS DUPONT PEDIATRICS VILLANOVA 789 EAST LANCASTER AVENUE SUITE 10 VILLANOVA,PA 19085 | PEDIATRIC PRIMARY CARE |
| 5 NEMOURS SENIORCARE WILMINGTON 1600 ROCKLAND ROAD WILMINGTON,DE 19803 | HEALTH CLINIC |
| 6 NEMOURS SENIORCARE MILFORD 915 NORTH DUPONT BOULEVARD MILFORD,DE 19963 | HEALTH CLINIC |
| 7 NEMOURS BRIGHTSTART 9145 NARCOOSEE ROAD ORLANDO,FL 32827 | DYSLEXIA INITIATIVE |
| 8 NEMOURS HEALTH AND PREVENTION SERVICES 49 FALLON AVENUE SEAFORD,DE 19973 | PREVENTION SERVICES |
| 9 NEMOURS CHILDRENS CLINIC BONIFAY 2600 HOSPITAL DRIVE BONIFAY,FL 32425 | PEDIATRIC SPECIALITY CARE CLINIC |
| 10 NEMOURS CHILDREN'S CLINIC DESTIN 7720 US HIGHWAY 98 WEST SUITE 260 DESTIN,FL 32550 | CHILDREN'S CLINIC SPECIALTY CARE |
| 11 NEMOURS CHILDREN'S SPECIALITY CARE FLEMING ISLAND 2300 PARK AVENUE SUITE 206 ORANGE PARK,FL 32073 | CHILDREN'S CLINIC SPECIALTY CARE |
| 12 NEMOURS CHILDREN'S SPECIALITY CARE JACKSONVILLE 807 CHILDRENS WAY JACKSONVILLE,FL 32207 | PEDIATRIC SPECIALTY CARE CLINIC INCLUDING BRIGHTSTART DYSLEXIA INITIATIVE |
| 13 NEMOURS CHILDREN'S SPECIALITY CARE JACKSONVILLE SOUTH 14785 OLD ST AUGUSTINE ROAD SUITE 200 JACKSONVILLE,FL 32258 | CHILDREN'S CLINIC SPECIALTY CARE |
| 14 NEMOURS CHILDREN'S SPECIALITY CARE LAKE MARY 3300 WEST LAKE MARY BLVD SUITE 100 LAKE MARY,FL 32746 | CHILDREN'S CLINIC SPECIALTY CARE |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address | Type of Facility (describe) |
|--|----------------------------------|
| 31 NEMOURS CHILDREN'S SPECIALITY CARE ORLANDO DOWNTOWN 1717 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32806 | CHILDREN'S CLINIC SPECIALTY CARE |
| 1 NEMOURS CHILDREN'S CLINIC PENSACOLA 5153 NORTH 9TH AVENUE PENSACOLA, FL 32504 | CHILDREN'S CLINIC SPECIALTY CARE |
| 2 NEMOURS CHILDRENS URGENT CARE ALTAMONTE SPRINGS 745 ORIENTA AVENUE SUITE 1011 ALTAMONTE SPRINGS, FL 32701 | PEDIATRIC URGENT CARE CLINIC |
| 3 NEMOURS CHILDRENS URGENT CARE ORLANDO DR PHILLIPS 5018 DR PHILLIPS BOULEVARD ORLANDO, FL 32819 | PEDIATRIC URGENT CARE |
| 4 NEMOURS CHILDRENS URGENT CARE ORLANDO KISSIMMEE 4101 TOWN CENTER BOULEVARD ORLANDO, FL 32837 | PEDIATRIC URGENT CARE CLINIC |
| 5 NEMOURS CHILDRENS URGENT CARE MELBOURNE 1270 NORTH WICKHAM ROAD MELBOURNE, FL 32935 | PEDIATRIC URGENT CARE CLINIC |
| 6 NEMOURS CHILDRENS URGENT CARE SANFORD 1481 WP BALL BOULEVARD SANFORD, FL 32771 | PEDIATRIC URGENT CARE CLINIC |
| 7 NEMOURS CHILDRENS URGENT CARE WATERFORD LAKES 651 NORTH ALAFAYA TRAIL ORLANDO, FL 32828 | PEDIATRIC URGENT CARE CLINIC |
| 8 NEMOURS CHILDREN'S SPECIALITY CARE DAYTONA BEACH 1219 DUNN AVE DAYTONA BEACH, FL 32114 | CHILDREN'S CLINIC SPECIALTY CARE |
| 9 NEMOURS DUPONT PEDIATRICS GLEN MILLS 101 APPLIED BANK BLVD SUITE 11 GLEN MILLS, PA 19342 | PEDIATRIC SPECIALITY CARE |
| 10 NEMOURS DUPONT PEDIATRICS UPLAND CROZER CHESTER MEDICAL CENTER ONE MEDICAL CENTER BLVD SUITE 443 UPLAND, PA 19013 | PEDIATRIC SPECIALTY CARE CLINIC |
| 11 NEMOURS DUPONT PEDIATRICS PAOLI 1676 LANCASTER AVE PAOLI, PA 19301 | PEDIATRIC PRIMARY CARE |
| 12 NEMOURS DUPONT PEDIATRICS EXTON 101 ARRANDALE BLVD SUITE 103 EXTON, PA 19341 | PEDIATRIC PRIMARY CARE |
| 13 NEMOURS DUPONT PEDIATRICS MEDIA 1098 W BALTIMORE PIKE SUITE 3403 MEDIA, PA 19063 | PEDIATRICS PRIMARY CARE |

**Schedule I
(Form 990)**

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

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

▶ **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization

THE NEMOURS FOUNDATION

| | |
|--------------------------------|--|
| Employer identification number | |
|--------------------------------|--|

59-0634433

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- | | | | |
|----------|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | 22 |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | 0 |

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) Aggregate Employee Relief Fund Donations | 5 | 5,000 | 0 | FMV | |
| (2) Aggregate Research Patient Participation Payment | 562 | 269,340 | 0 | FMV | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|----------------------------|--|
| Schedule I, Part I, Line 2 | The grants made by Nemours were made to public charities for use in their respective exempt missions. Accordingly, Nemours expects the organization to use the funds for proper purposes and as such does not subsequently monitor these grants. |

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TRACK SHACK FITNESS CLUB INC EVENT MARKETING AND MANAGEMENT 1013 MONTANA STREET ORLANDO, FL 32803 | 26-3361402 | 501(c)(3) | 10,785 | 0 | FMV | | Donation |
| RUNWAY TO HOPE 7411 INTERNATIONAL DRIVE ORLANDO, FL 32819 | 27-3272616 | 501(c)(3) | 7,250 | 0 | FMV | | Donation |
| AM HEART ASSOCIATION GREAT RIVERS AFFILIATE PO BOX 4002907 DES MOINES, IA 50340 | 13-5613797 | 501(c)(3) | 40,000 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AM HEART ASSOCIATION GREATER SOUTHEAST AFFILIATE PO BOX 50015 PRESCOTT,AZ 86304 | 13-5613797 | 501(c)(3) | 10,000 | 0 | FMV | | Donation |
| GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE,FL 34746 | 59-2654440 | 501(c)(3) | 7,000 | 0 | FMV | | Donation |
| YMCA YMCA STRONG KIDS CAMPAIGN 100 W 10 STREET SUITE 1100 WILMINGTON,DE 19810 | 51-0065748 | 501(c)(3) | 10,000 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKE NONA INSTITUTE INC 6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO, FL 32827 | 27-3346737 | 501(c)(3) | 25,000 | 0 | FMV | | Donation |
| YMCA OF GREATER BRANDYWINE 1 E CHESTNUT STREET WEST CHESTER, PA 19380 | 23-1365994 | 501(c)(3) | 27,500 | 0 | FMV | | Donation |
| PUBLIC HEALTH MANAGEMENT CORPORATION CENTRE SQUARE EAST 1500 MARKET ST SUITE 1500 PHILADELPHIA, PA 19102 | 23-7221025 | 501(c)(3) | 7,000 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOLFSON CHILDRENS HOSPITAL THE WOMENS BOARD 1325 SAN MARCO BLVD SUITE 802 JACKSONVILLE, FL 32207 | 59-0747311 | 501(c)(3) | 15,000 | 0 | FMV | | Donation |
| MARCH OF DIMES FULLFILMENT CENTER PO BOX 1657 WILKES BARRE, PA 18703 | 13-1846366 | 501(c)(3) | 7,500 | 0 | FMV | | Donation |
| MARCH OF DIMES 5620 KIRKWOOD HIGHWAY WILMINGTON, DE 19808 | 13-1846366 | 501(c)(3) | 10,000 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PHILLIES CHARITIES INC CITIZENS BANK PARK ONE CITIZENS BANK WAY PHILADELPHIA, PA 19148 | 23-1994699 | 501(c)(3) | 175,000 | 0 | FMV | | Donation |
| CAMP BOGGY CREEK 2871 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33306 | 59-3012889 | 501(c)(3) | 25,000 | 0 | FMV | | Donation |
| RONALD MCDONALD HOUSE 1901 ROCKLAND RD WILMINGTON, DE 19803 | 59-3211250 | 501(c)(3) | 59,710 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801 | 59-3211250 | 501(c)(3) | 20,000 | 0 | FMV | | Donation |
| RONALD MCDONALD HOUSE OF THE PHILADELPHIA REGION 200 SOUTH BROAD STREET 10TH FL PHILADELPHIA, PA 19102 | 59-3211250 | 501(c)(3) | 15,000 | 0 | FMV | | Donation |
| BOY SCOUTS OF AM CENTRAL FL 1951 S ORANGE BLOSSOM TRAIL SUITE 102 APOPKA, FL 32703 | 59-0624376 | 501(c)(3) | 10,000 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DR CLERMONT, FL 34711 | 23-7181560 | 501(c)(3) | 12,500 | 0 | FMV | | Donation |
| COMMUNITY HOSPICE FOUNDATION 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257 | 59-3583920 | 501(c)(3) | 6,000 | 0 | FMV | | Donation |
| Orange County Board of County Commissioners 201 South Rosalind Avenue Orlando, FL 32829 | 99-9999999 | GOVT | 60,592 | 0 | FMV | | Donation |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARCH OF DIMES 3012 MAIN ST VOORHEES, NJ 08043 | 13-1846366 | 501(c)(3) | 5,350 | | FMV | | |

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I

Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- ☒ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- ☒ Compensation committee

☐ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?

b Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?

b Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | Yes | |
| 2 | Yes | |
| 4a | Yes | |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | Yes | |
| 8 | | No |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-----------------------------|--|
| Schedule J, Part I, Line 1a | Nemours has established a policy for the reimbursement of travel and related expenses incurred by its employees. All transportation and travel arrangements shall be the most economical under the circumstances. Excursion or coach fares shall be ordered whenever available. Approval of a vice president shall be required for any other class of travel. Each department has the right to limit travel expenditures based on budgetary restrictions and may limit coverage to certain categories of travel expense. First class travel may occur in situations for Nemours employees wherein other fares are not available or travel is for a long period of time or overseas. Board members also have the option of traveling first class. Effective, January 1, 2009, Nemours instituted a written policy regarding such travel. |
| Schedule J, Part I, Line 4 | The Nemours Foundation maintained a supplemental employee benefit plan (SEBP) for most of the members of The Nemours executive team as determined by the Board of Directors. The SEBP provides each participant an employer provided annual flexible benefit allowance in the form of dollar credits which the participant may apply to any of the benefits offered under the plan which include individual long-term disability insurance, and unfunded nonqualified deferred compensation benefits subject to IRC section 457(f). Under the plan, each of the participants makes an annual election allocating his or her flexible benefit allowance for the upcoming year among the component benefits. The amount of the flexible benefit allowance may vary among the participants as determined by Nemours and Nemours may discontinue the flexible benefit allowances at any time. Contributions to the plan are disclosed in Form 990, Part VII, Column F and Schedule J, Part II, Column (C). |
| Schedule J, Part I, Line 7 | Certain employees of Nemours are eligible for incentive compensation. This compensation is based on qualitative and quantitative organizational goals and the achievement of such goals by the organization, its division and individuals. |

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1R J Cummings MD Ent VP North Florida | (i) | 538,626 | 121,134 | 3,048 | 9,321 | 12,924 | 685,053 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1Roy Proujansky EVP Chief Executive DE Operations | (i) | 680,233 | 181,648 | 105,806 | 83,672 | 13,287 | 1,064,646 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2Stephen Lawless Ent VP Quality and Safety | (i) | 407,809 | 73,548 | 51,785 | 41,961 | 10,676 | 585,779 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3Manane Stefano Ent VP Operational Excellence | (i) | 263,790 | 46,891 | 23,203 | 20,854 | 210 | 354,948 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4Gina Altieri Ent VP Corporate Services | (i) | 357,344 | 63,175 | 51,231 | 48,589 | 210 | 520,549 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5David J Bailey MD President/CEO | (i) | 855,666 | 258,027 | 348,345 | 150,257 | 12,524 | 1,624,819 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6Robert D Bridges EVP Chief Executive FL Operations | (i) | 610,731 | 164,985 | 85,386 | 92,823 | 16,237 | 970,162 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7Rodney A McKendree Sr Vice President and CFO | (i) | 403,078 | 74,426 | 552 | 52,947 | 19,482 | 550,485 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8Theresa M Young Sr VP Human Resources | (i) | 298,893 | 66,640 | 37,070 | 21,813 | 10,676 | 435,092 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9Steven R Sparks Sr VP General Counsel | (i) | 360,142 | 80,610 | 56,032 | -22,040 | 16,237 | 490,981 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10William W Higginbotham II Oper VP Corporate Finance/Treasurer | (i) | 249,326 | 34,139 | 355 | 5,478 | 21,404 | 310,702 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11Deborah Chang Ent VP Policy and Prevention | (i) | 278,871 | 48,818 | 552 | 28,177 | 210 | 356,628 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12Roger A Oxendale President NCH | (i) | 560,537 | 600,165 | 1,584 | 0 | 29,187 | 1,191,473 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13Brent R King MD Ent VP Chief Medical Officer Physician Practices, DE | (i) | 509,291 | 108,200 | 100,776 | 66,092 | 27,835 | 812,194 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14Dana N Bledsoe President NCH | (i) | 257,438 | 200,000 | 8,239 | 15,031 | 25,737 | 506,445 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15Martha G McGill ENT VP Chief Network Ops FL | (i) | 143,633 | 25,000 | 191 | 3,854 | 13,666 | 186,344 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16Paul A Pitel MD Dept of Pediatrics Chair, NCCJ | (i) | 313,671 | 38,007 | 3,048 | 6,992 | 13,287 | 375,005 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17Stefanie F Schrum MD Division Chief, Anesthesiology, NCCJ | (i) | 353,014 | 50,635 | 552 | 6,700 | 874 | 411,775 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18William G Mackenzie MD Dept of Orthopaedics Chair, AIDHC | (i) | 645,567 | 85,556 | 1,584 | 6,618 | 13,287 | 752,612 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19Enc A Loveless MD Division Chief, Orthopaedics, NCCJ | (i) | 534,077 | 59,130 | 1,032 | 6,606 | 13,287 | 614,132 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Debbie J Mennbaum MD Dept of Radiology Chair, NCCJ | (i) | 520,818 | 52,112 | 1,032 | 6,547 | 13,727 | 594,236 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1 Kevin P Sheahan MD Dept of Pediatrics Chief, NCCW | (i) | 249,493 | 33,835 | 551 | 8,093 | 20,146 | 312,118 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 Michael J Erhard MD Chief Medical Officer, NCCJ | (i) | 527,551 | 63,960 | 552 | 6,301 | 24,055 | 622,419 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 Chnstian Pizarro MD Director of Nemours Cardiac Center | (i) | 1,695,665 | 1,000,179 | 1,032 | 6,126 | 24,552 | 2,727,554 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 Jay S Greenspan MD Dept of Pediatrics Chair, AIDHC | (i) | 391,999 | 100,150 | 1,032 | 6,087 | 20,146 | 519,414 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 Stephen Dunn MD Dept of Surgery Chair, AIDHC | (i) | 475,674 | 62,522 | 16,584 | 6,065 | 13,287 | 574,132 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6 Gary D Josephson MD Dept of Otolaryngology/ENT Chair, NCCJ | (i) | 507,459 | 56,745 | 552 | 5,439 | 18,561 | 588,756 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 Carlos Archilla MD Dept of Anesthesiology Chair, NCCO | (i) | 425,129 | 47,866 | 360 | 0 | 29,144 | 502,499 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 Paul Kempinski OVP Chief Operating Officer, AIDHC | (i) | 406,783 | 72,886 | 1,032 | 50,062 | 20,146 | 550,909 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9 Mary B Mehta MD Medical Director, NCCP | (i) | 320,494 | 43,456 | 562 | 5,262 | 20,617 | 390,391 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 Randall W Hartley OVP Chief Operating Officer, NCH | (i) | 309,093 | 46,022 | 1,584 | 2,589 | 12,774 | 372,062 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11 Teri Finkel MD Dept of Pediatrics Chair, NCH | (i) | 474,912 | 59,059 | 1,584 | 0 | 25,773 | 561,328 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12 Steven Frick MD Dept of Orthopaedics Chair, NCH | (i) | 711,760 | 96,201 | 552 | 0 | 29,487 | 838,000 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13 Tetsu Uejima MD Dept of Anesthesiology/Critical Care Chair, NCCW | (i) | 486,565 | 62,522 | 1,645 | 0 | 34,656 | 585,388 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14 Arabinda K Choudhary MD Dept of Medical Imaging Chair, AIDHC | (i) | 459,366 | 46,920 | 360 | 0 | 38,566 | 545,212 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15 Daniel J Podberesky MD Dept of Radiology Chief, NCCO | (i) | 513,928 | 54,024 | 240 | 0 | 38,559 | 606,751 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16 Jeffrey Campbell MD Director Neuroscience Center, NCCW | (i) | 623,807 | 40,000 | 552 | 5,238 | 12,541 | 682,138 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17 Carolyn F Bannister MD Physician, Department Chair | (i) | 424,337 | 40,000 | 1,452 | 0 | 25,097 | 490,886 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18 Jane M Mende Oper VP CNE AIDHC | (i) | 264,558 | 32,597 | 1,011 | 0 | 22,702 | 320,868 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19 Suken A Shah MD Dept of Orthopaedics, Surgeon, AIDHC | (i) | 682,740 | 27,191 | 360 | 5,483 | 21,407 | 737,181 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 4 Todd A Maugans MD Dept of Neurosurgery, Division Chief, NCH | (i) | 695,976 | 56,252 | 552 | 0 | 30,747 | 783,527 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1 Joseph H Platt Jr MD Dept of Neurosurgery, Division Chief, NCCW | (i) | 614,387 | 5,009 | 1,584 | 0 | 30,920 | 651,900 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 Christopher Jobst MD Orthopaedic Surgeon | (i) | 537,087 | 49,000 | 360 | 0 | 33,396 | 619,843 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 Peter G Gabos MD Orthopaedic Surgeon, NCCW | (i) | 568,114 | 19,990 | 552 | 5,580 | 21,407 | 615,643 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 Leslie Gnssom MD Dept of Radiology, Radiologist, AIDHC (former) | (i) | 415,178 | 13,064 | 3,048 | 8,804 | 13,287 | 453,381 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 James S Reilly MD Dept of Otolaryngology/ENT Chair, AIDHC (former) | (i) | 370,176 | 0 | 4,944 | 8,027 | 13,287 | 396,434 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6 Salvatore R Goodwin MD Dept of Anesthesiology Chair, NCCJ (former) | (i) | 235,645 | 7,468 | 2,926 | 5,352 | 17,491 | 268,882 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 Barbara D Meeks Chief Nurse Executive, NCH (former) | (i) | 300,731 | 39,737 | 1,584 | 0 | 29,187 | 371,239 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 Lane F Donnelly MD Ent VP Chief Medical Officer, NCH (former) | (i) | 0 | 0 | 1,081,436 | 0 | 0 | 1,081,436 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
59-0634433

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A Delaware Health Facilities Authority | 51-0272458 | 246388NE8 | 01-26-2005 | 50,950,000 | See Part V | | X | | X | | X |
| B Orange County Health Facilities Authority | 52-1035390 | 6845036W0 | 10-15-2009 | 326,242,302 | See Part V | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|---|------------|----|-------------|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 50,950,000 | | 19,805,000 | | | | | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | | | | |
| 3 | Total proceeds of issue | 50,950,000 | | 326,242,302 | | | | | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | | | | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | | | | |
| 6 | Proceeds in refunding escrows | 0 | | 24,350,000 | | | | | |
| 7 | Issuance costs from proceeds | 483,143 | | 1,834,712 | | | | | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | | | | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | | | | |
| 10 | Capital expenditures from proceeds | 50,466,857 | | 300,057,590 | | | | | |
| 11 | Other spent proceeds | 0 | | 0 | | | | | |
| 12 | Other unspent proceeds | 0 | | 0 | | | | | |
| 13 | Year of substantial completion | 2007 | | 2012 | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | X | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

| Part III Private Business Use | | | | | | | | | |
|-------------------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | X | | | | |

Part III Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|--------|----|--------|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | X | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | X | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | | X | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 2 51 % | | 0 89 % | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | | | | |
| 6 | Total of lines 4 and 5 | 2 51 % | | 0 89 % | | | | | |
| 7 | Does the bond issue meet the private security or payment test? . . . | X | | X | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

Part IV Arbitrage

| | | A | | B | | C | | D | |
|----|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | | | |
| b | Exception to rebate? | | X | | X | | | | |
| c | No rebate due? | X | | X | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | X | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|----|---|------------------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | X | | | X | | | | |
| b | Name of provider | XL Asset Funding | | | | | | | |
| c | Term of GIC | 150 % | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | X | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | | | |

Part V Procedures To Undertake Corrective Action

| | | A | | B | | C | | D | |
|--|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--|---|
| Schedule K, Part I, Column a-01/26/2005 50,950,000 Delaware Health | The proceeds of these bonds were used to finance the cost of the acquisition, construction, and installation of certain health care facilities used in connection with the Alfred I Dupont hospital located in Wilmington, DE These facilities include improvements to an existing two-story building and multi-level parking structure, construction of a multi-level parking structure on the grounds of the hospital, the acquisition and installation of medical equipment, furnishings and other capital improvements at the hospital In June 2015, the bonds' principal balance was retired |

| Return Reference | Explanation |
|--|--|
| <p>Schedule K, Part I, Column b- 10/15/2009 326,242,302 Orange County Health</p> | <p>A portion of the proceeds of these bonds were used to refund on a current basis all of the outstanding Jacksonville Health Facility Authority Revenue Bonds (The Nemours Foundation Project), Series 2007, originally issued on October 3, 2007. The proceeds were used to finance the cost of the acquisition, construction, installation and equipping of a new administrative facility located in Jacksonville, Florida, and owned and operated by Nemours, and related fixtures, furnishings and equipment. The remaining portion of the proceeds of these bonds were used for the purpose of providing funds which, together with other available funds, were used to finance a portion of the cost of the acquisition, construction, installation and equipping of a pediatric healthcare facility owned and operated by Nemours, including a 95-bed freestanding children's hospital known as Nemours Children's Hospital and Outpatient Clinic, and related facilities, equipment, fixtures and furnishings, located in Orlando, Florida.</p> |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part III, Line 4-01/26/2005 50,950,000 Delaware Health | <p>For the year ended December 31, 2015, private use disclosed in Schedule K, Part III Line 4 Column A is 2.51%.</p> <p>Included in the private use calculation is space leased pursuant to a lease agreement with a local healthcare provider ("Lease") which represents all private use for the noted bond issue in 2012. The Lease will expire June 30, 2015 and management does not anticipate renewing the Lease.</p> <p>Assuming the Lease is not renewed, the adjusted private business use amount relating to the Lease over the life of the 2005 Delaware Bonds is 1.1205%.</p> <p>For the year ended December 31, 2015, private use disclosed in Schedule K, Part III Line 4 Column B is 0.89371%.</p> |

| Return Reference | Explanation |
|---|--|
| <p>Schedule K, Part III, Line 4 - 10/15/2009 326,242,302 Orange County Health</p> | <p>For the year ended December 31, 2015, private use disclosed in Schedule K, Part III Line 4 Column B is 0.89371% Included in the private use calculation is space leased for Home Office Cafeteria and casting vendor located in Nemours Children's Hospital</p> |

| Return Reference | Explanation |
|--|--|
| <p>Schedule K, Part IV , Line 2c-</p> <p>01/26/2005</p> <p>50,950,000</p> <p>Delaware Health</p> | <p>(A) Delaware Health Facilities Authority - No</p> <p>calculation performed as funds spent</p> <p>In 2007 (B)</p> <p>Orange County Healthy Facilities Authority - calculation performed 12/6/2012</p> |

| Return Reference | Explanation |
|---|---|
| <p>Schedule K, Part IV, Line 2c - 10/15/2009 326,242,302 Orange County Health</p> | <p>(A) Delaware Health Facilities Authority - No calculation performed as funds spent In 2007 (B) Orange County Healthy Facilities Authority - calculation performed 12/6/2012</p> |

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | X | 1 | 17,000 | cost or sales price |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 218,520 | cost or sales price |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 15 | 144,320 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 2 | 1,300 | cost or sales price |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____ Miscellaneous) | X | 18 | 41,974 | Cost or sales price |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

| | | |
|---|----|---|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0 |
|---|----|---|

| | | | |
|--|-----|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | Yes | No |
| b If "Yes," describe the arrangement in Part II | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| b If "Yes," describe in Part II | | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| Schedule M, Part I | Nemours reports the number of contributions received and not by the number of items |

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
THE NEMOURS FOUNDATION**Employer identification number**

59-0634433

Return Reference**Explanation**Form 990, Part VI,
Section A, Line 2

Mr Durden , Mr Porter, Mr Lord, Mr Thornton, and Mr Christopher have a shared business relationship These directors serve as trustees of the Alfred I DuPont Testamentary Trust, of which Nemours is the only charitable beneficiary

| Return Reference | Explanation |
|--------------------------------------|---|
| Form 990, Part VI, Section A, Line 6 | <p>The Nemours Foundation (Nemours) organizational documents include members who constitute a portion of the governing body. Specifically, the members are those individuals who also serve as trustees of the Alfred I. DuPont Testamentary Trust (the Trust). The Trust's primary purpose is to provide funding for Nemours' charitable activities in the communities it serves. As trustees of the trust, these individuals are appointed as members of Nemours. The members have certain general oversight rights and some limited retained powers. The board of directors, made up of member directors (those members that opt to also serve on the board of directors) and non-member directors, who are selected by the members of Nemours. The board of directors has full governance over the activities of Nemours.</p> |

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, Line 7a | See answer on form 990, Part IV, Section A, Line 6 |

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, Line 7b | See answer on form 990, Part IV, Section A, Line 6 |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 11b | <p>During November 2016, management distributed a draft of the 2015 Form 990 to the Audit and Finance committee prior to the scheduled board of directors meeting on November 8, 2016. During the course of the board of directors meeting, management presented an overview of Form 990 to the Audit and Finance committee and gave the committee members an opportunity to provide comments and ask questions with respect to the draft. Based on feedback provided from the committee members, management updated the draft Form 990. Upon finalization of the return, management provided a final copy of the return via e-mail to the board of directors.</p> |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, Line 12c | <p>The Nemours Foundation (Nemours) has established a conflict of interest policy which has been reviewed and approved by the board of directors. Nemours is committed to the belief that sound business practices start with an absolute commitment from each employee to act ethically in carrying out Nemours business, and to comply with the laws and regulations that impact its business, thus Nemours' employees must avoid participating in activities that create or appear to create a conflict of interest. Nemours has specifically identified the following areas in its policy to be potential conflicts of interest: financial interest, outside employment, paid faculty arrangements, consultant or research contracts, acceptance of gifts, gratuities, business courtesies, travel, lodging and entertainment, misuse of resources or assets, personal gain using undue influence, direct dealings with vendors, use of confidential information, and an individual's support of political causes. Nemours' policy requires certain individuals to disclose participation in activities or circumstances that may present a conflict of interest on an annual basis or if at any time such individual becomes aware of circumstances that may present a conflict of interest. These disclosures are reviewed by the Audit and Finance Committee as necessary.</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 15 | <p>The Nemours Foundation's (Nemours) Board of Directors designated the People, Compensation and Reputation Committee (PCRC) to serve as the committee responsible for establishing compensation practices which are reasonable and do not violate the private inurement prohibition. The practices and processes are designed to avoid any claim for intermediate sanctions and to satisfy the requirements to obtain the rebuttable presumption. The PCRC annually reviews, in consultation with an independent executive compensation consulting firm specializing in healthcare and the not-for-profit industry, independently sourced benchmark market data to establish the compensation of our officers, senior leadership and key employees and to ensure reasonableness in comparison with peer practices. The Board of Directors reviews and sets forth the compensation for the CEO using the same process as the PCRC. Nemours' compensation philosophy across the board targets the market median for base salaries for all Nemours' Associates, including officers, senior leadership and key employees. Total cash compensation is also generally targeted to be at the median of Nemours' peers.</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, Line 19 | Generally, The Nemours Foundation (Nemours) does not make its governing documents or its conflict of interest policy available to the public. However, Nemours' articles of incorporation are publicly available through Florida's secretary of state website www.sunbiz.org . Additionally, Nemours' audited financial statements can be accessed through Digital Assurance Certification LLC, website www.dacbond.com . |

| Return Reference | Explanation |
|---------------------------|---|
| Form 990, Part XI, Line 9 | Pension liability adjustment \$83,950,027 |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1)Cruden Bay Risk Retention Group Inc 2386 Airport Road Barre, VT 05641 27-0057453 | Risk Retention | VT | 501(C){3} | 509(A){3} | The Nemours Foundation | Yes | |
| (2)Pediatric Medical Services of Florida Inc 9145 Narcoossee Road Suite A203 Orlando, FL 32827 45-3584225 | Health Care | FL | 501(C){3} | 509(A){2} | The Nemours Foundation | Yes | |
| (3)Nemours New Jersey Physician Practice PC1801 Rockland Road Wilmington, DE 19803 46-3160718 | Health Care | NJ | 501(c){3} | 509(a){2} | The Nemours Foundation | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1)Dornoch Sutherland Assurance LTD PO Box 1085 GT Grand Cayman KY1-1102 CJ 98-0404800 | Captive Insurance | CJ | The Nemours Foundation | C | 9,292,524 | 34,713,734 | 100 % | Yes | |
| (2) Alfred I duPont Testamentary Trust 510 Alfred Dupont Place Jacksonville, FL 32202 59-0226560 | Chanty Investment | FL | N/A | T | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)
.

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

| | | |
|-----------|-----|----|
| | Yes | No |
| | | |
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | Yes | |
| 1m | Yes | |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | | No |
| 1q | Yes | |
| | | |
| 1r | Yes | |
| 1s | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| See Additional Data Table | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

| (a) Name of related organization | | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|---|---------------------------------|------------------------|---|
| (1) | Dornoch Sutherland Assurance LTD | m | 3,000,000 | FMV |
| (1) | Dornoch Sutherland Assurance LTD | l | 10,000,000 | FMV |
| (2) | Cruden Bay Risk Retention Group Inc | l | 3,000,000 | FMV |
| (3) | Cruden Bay Risk Retention Group Inc | m | 500,000 | FMV |
| (4) | Cruden Bay Risk Retention Group Inc | q | 446,040 | FMV |
| (5) | Pediatric Medical Services of Florida Inc | r | 4,969,125 | FMV |
| (6) | Nemours New Jersey Physician Practice PC | r | 1,817,860 | FMV |