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For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

Name of foundation SCATTERGOOD BEHAVIORAL HEALTH FOUND		<b>A Employer identification number</b> 23-1352178	
Number and street (or P O box number if mail is not delivered to street address) 4641 ROOSEVELT BLVD		Room/suite	<b>B</b> Telephone number (see instructions) (215) 831-3000
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191242399		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 25,435,324		<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	598,973			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .	396,003	396,003		
	<b>5a</b> Gross rents . . . . .	170,563	170,563		
	<b>b</b> Net rental income or (loss) <u>170,563</u>				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 	4,961			
	<b>b</b> Gross sales price for all assets on line 6a <u>14,946,913</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . .				
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . . 	289,355			
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	1,459,855	566,566		
	<b>13</b> Compensation of officers, directors, trustees, etc	187,416	18,417		
	<b>14</b> Other employee salaries and wages . . . . .	293,081			224,306
	<b>15</b> Pension plans, employee benefits . . . . .	125,798			125,798
	<b>16a</b> Legal fees (attach schedule). . . . . 	48,823			48,823
	<b>b</b> Accounting fees (attach schedule). . . . . 	53,050	5,305		47,745
	<b>c</b> Other professional fees (attach schedule) . . . . . 	152,373	145,292		7,081
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . 	1,450			
	<b>19</b> Depreciation (attach schedule) and depletion . . . 	15,424			
	<b>20</b> Occupancy . . . . .	5,647			5,647
	<b>21</b> Travel, conferences, and meetings. . . . .	21,586			18,392
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . . 	116,366			116,366
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	1,021,014	169,014		594,158
	<b>25</b> Contributions, gifts, grants paid . . . . .	888,680			888,680
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,909,694	169,014		1,482,838
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-449,839			
	<b>b Net investment income</b> (if negative, enter -0-)		397,552		
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	519,860	215,021	215,021
	<b>2</b>	Savings and temporary cash investments . . . . .			
	<b>3</b>	Accounts receivable ▶ <u>330,714</u>			
		Less allowance for doubtful accounts ▶ <u>7,253</u>	76,944	323,461	323,461
	<b>4</b>	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	54,674	56,450	56,450
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	15,467,685	15,101,553	15,101,553
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____			
<b>Liabilities</b>		Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	4,000,000	4,000,000	4,000,000
	<b>14</b>	Land, buildings, and equipment basis ▶ <u>2,106,339</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>1,515,702</u>	594,089	590,637	4,085,000
	<b>15</b>	Other assets (describe ▶ _____)	1,697,142	1,653,839	1,653,839
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	22,410,394	21,940,961	25,435,324
	<b>17</b>	Accounts payable and accrued expenses . . . . .	289,457	518,431	
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .	375,000	362,500	
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	664,457	880,931	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted . . . . .	19,326,176	18,497,047	
	<b>25</b>	Temporarily restricted . . . . .	30,598	223,125	
	<b>26</b>	Permanently restricted . . . . .	2,389,163	2,339,858	
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	21,745,937	21,060,030	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	22,410,394	21,940,961	

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

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	21,745,937
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-449,839
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	21,296,098
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	236,068
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	21,060,030

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,410,111	21,453,220	0 065730
2013	1,330,727	20,783,395	0 064028
2012	1,215,666	19,603,767	0 062012
2011	1,201,629	19,997,757	0 060088
2010	986,774	19,716,643	0 050048

2	Total of line 1, column (d).	2	0 301906
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 060381
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	23,778,423
5	Multiply line 4 by line 3.	5	1,435,765
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,976
7	Add lines 5 and 6.	7	1,439,741
8	Enter qualifying distributions from Part XII, line 4.	8	1,482,838

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

Part VI

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

1,426

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

2,550

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

8

Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ **Refunded** ☐

1

3,976

3,976

3,976

43

43

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			No
1b				No
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .			No
1c				No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	10	Yes	

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW SCATTERGOOD COM	13	Yes	
14	The books are in care of ► PHILADELPHIA FOUNDATION Telephone no ► (215) 563-6417 Located at ► 1234 MARKET ST 1234 MARKET ST PHILADELPHIA PA ZIP+4 ► 19107			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes No	No No


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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions ).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015 ).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

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

<b>5a</b> During the year did the foundation pay or incur any amount to				
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here. 				
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>		<b>No</b>
If "Yes" to 6b, file Form 8870				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
ALYSON FERGUSON 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124	GRANT MAKING 40 00	68,775		
<b>Total</b> number of other employees paid over \$50,000. 				

**Part VIII**

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

<b>3</b> Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

**Part IX-A**

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> _____	
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	

**Part IX-B**

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b> _____	
_____	
_____	
All other program-related investments. See instructions.	
<b>3</b> _____	
_____	
_____	

Total. Add lines 1 through 3 . . . . . ▶

**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	15,284,619
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	367,440
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	8,488,472
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	24,140,531
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	24,140,531
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	362,108
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	23,778,423
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,188,921

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,188,921
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	3,976
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	3,976
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	1,184,945
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,184,945
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,184,945

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,482,838
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,482,838
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	3,976
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,478,862

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,184,945
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .	9,533			
b From 2011. . . . .	211,633			
c From 2012. . . . .	242,550			
d From 2013. . . . .	297,055			
e From 2014. . . . .	344,008			
f Total of lines 3a through e. . . . .	1,104,779			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 1,482,838				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2015 distributable amount. . . . .				1,184,945
e Remaining amount distributed out of corpus	297,893			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,402,672			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	9,533			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	1,393,139			
10 Analysis of line 9				
a Excess from 2011. . . .	211,633			
b Excess from 2012. . . .	242,550			
c Excess from 2013. . . .	297,055			
d Excess from 2014. . . .	344,008			
e Excess from 2015. . . .	297,893			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

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

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a . . . . .				
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets . . . . .

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

c

"Support" alternative test—enter

(1)

Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3)

Largest amount of support from an exempt organization

(4)

Gross investment income

Part XV

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

1

Information Regarding Foundation Managers:

a

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

b

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

2

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

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

a

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

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

b

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

CONTACT ORGANIZATION

c

Any submission deadlines

CONTACT ORGANIZATION

d

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

CONTACT ORGANIZATION

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	888,680
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated

[illegible]

## Part XVII

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of

**(1)** Cash. . . . .

**(2)** Other assets. . . . .

**b** Other transactions

**(1)** Sales of assets to a noncharitable exempt organization. . . . .

**(2)** Purchases of assets from a noncharitable exempt organization. . . . .

**(3)** Rental of facilities, equipment, or other assets. . . . .

**(4)** Reimbursement arrangements. . . . .

**(5)** Loans or loan guarantees. . . . .

**(6)** Performance of services or membership or fundraising solicitations. . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .


**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value for the goods, other assets, or services, show the value received. If the foundation received more than fair market value for the goods, other assets, or services, show the value received in excess of fair market value. In any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received by the reporting foundation.

[illegible]




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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b> 	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
	***** _____ Signature of officer or trustee		2016-08-22 _____ Date	***** _____ Title	


May the IRS discuss this return with the preparer shown below  
 (see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN FEKETE CPA	Preparer's Signature  	Date 2017-01-06	Check if self-employed <input type="checkbox"/>	PTIN P00956964
	Firm's name  BARATZ & ASSOCIATES PA			Firm's EIN  22-2212404	
	Firm's address  7 EVES DRIVE SUITE 100 MARLTON, NJ 080533196			Phone no (856) 985-5688	

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOE PYLE	PRESIDENT 40 00	187,416	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MOLLY KREIDER VISCARD	BOARD MEMBER 5 00	0	0	0
2447 GRAYS FERRY AVENUE 2447 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146				
CINDY BAUM BAICKER	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
DAVID R FAIR	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
BRUCE S HAINES	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANNE H MATLACK	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
N CHIYO MORIUCHI	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CATHERINE WILLIAMS	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
SAMUEL V RHOADS	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124				
DAVID ROBY MD	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANTONIO VALDES	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CAITLIN BUTLER	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
SARA JONES	BOARD MEMBER 5 00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNIVERSITY OF YALE UNIVERSITY OF YALE NEW HAVEN NEW HAVEN CONNECTICUT,CT 06520			MENTAL HEALTH	41,682
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	5,000
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	15,000
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON,DC 20008			MENTAL HEALTH	38,000
CENTER CITY DISTRICT CENTER CITY DISTRICT 660 CHESTNUT ST 660 CHESTNUT ST PHILADELPHIA,PA 19106			MENTAL HEALTH	1,800
BRANDYWINE HEALTH FOUNDATION BRANDYWINE HEALTH FOUNDATION 50 S 1ST AVE 50 S 1ST AVE COATESVILLE,PA 19320			MENTAL HEALTH	25,000
CHILDREN'S CRISIS TREATMENT CENTER CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVE 1080 N DELAWARE AVE PHILADELPHIA,PA 19125			MENTAL HEALTH	7,500
COMMITTEE OF SEVENTY COMMITTEE OF SEVENTY 1628 JOHN F KENNEDY BLVD 1628 JOHN F KENNEDY BLVD PHILADELPHIA,PA 19103			MENTAL HEALTH	35,000
DREXEL UNIVERSITY - LINDY INSTITUTE DREXEL UNIVERSITY - LINDY INSTITUTE 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	7,500
DREXEL UNIVERSITY - DEPT OF PSYCH DREXEL UNIVERSITY - DEPT OF PSYCH 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	5,000
PSYCHOANALYTIC CENTER OF PHILADELPH PSYCHOANALYTIC CENTER OF PHILA 3810 MT PLEASANT DR 3810 MT PLEASANT DR PHILADELPHIA,PA 19121			MENTAL HEALTH	4,840
REPLICA GLOBAL LLC REPLICA GLOBAL LLC 33 S 18TH ST 33 S 18TH ST PHILADELPHIA,PA 19103			MENTAL HEALTH	300
FEAST YOUR EYES FEAST YOUR EYES 1750 N FRONT ST 1750 N FRONT ST PHILADELPHIA,PA 19122			MENTAL HEALTH	435
FEAST YOUR EYES FEAST YOUR EYES 1750 N FRONT ST 1750 N FRONT ST PHILADELPHIA,PA 19122			MENTAL HEALTH	633
FIRST PERSON ARTS FIRST PERSON ARTS 443 W GIRARD AVE 2C 443 W GIRARD AVE 2C PHILADELPHIA,PA 19123			MENTAL HEALTH	10,000
<b>Total</b> . . . . .  <b>3a</b>				888,680

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NATIONAL ALLIANCE NATIONAL ALLIANCE 505 8TH AVE 1103 505 8TH AVE 1103 NEW YORK,NY 10018			MENTAL HEALTH	5,000
THOMAS JEFFERSON UNIVERSITY THOMAS JEFFERSON UNIVERSITY 130 S 9TH ST 130 S 9TH ST PHILADELPHIA,PA 19107			MENTAL HEALTH	10,000
THE PROVIDENCE CENTER THE PROVIDENCE CENTER 2634 N 4TH ST 2634 N 4TH ST PHILADELPHIA,PA 19133			MENTAL HEALTH	25,000
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD,PA 19041			MENTAL HEALTH	9,990
PHILADELPHIA COALITION PHILADELPHIA COALITION 1218 CHESTNUT STREET 705 1211 CHESTNUT STREET 705 PHILADELPHIA,PA 19107			MENTAL HEALTH	25,000
PHILADELPHIA COALITION PHILADELPHIA COALITION 1218 CHESTNUT STREET 705 1211 CHESTNUT STREET 705 PHILADELPHIA,PA 19107			MENTAL HEALTH	20,000
WASHINGTON MONTHLY WASHINGTON MONTHLY 1200 18TH ST NW 330 1200 18TH ST NW 330 WASHINGTON,DC 20036			MENTAL HEALTH	30,000
JEWISH HEALTHCARE FOUNDATION JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD STREET 650 SMITHFIELD STREET PITTSBURGH,PA 15222			MENTAL HEALTH	5,000
THE PHILADELPHIA FOUNDATION THE PHILADELPHIA FOUNDATION 1234 MARKET STREET 1245 MARKET STREET PHILADELPHIA,PA 19107			MENTAL HEALTH	15,000
HOPEWORKS N CAMDEN HOPEWORKS IN CAMDEN 543 STATE ST 543 STATE ST CAMDEN,NJ 08102			MENTAL HEALTH	30,000
UNIVERSITY OF PENN UNIVERSITY OF PENN 3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	50,000
UNIVERSITY OF PENN UNIVERSITY OF PENN 3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	50,000
UNIVERSITY OF PENN UNIVERSITY OF PENN 3401 MARKET STREET 3401 MARKET STREET PHILADELPHIA,PA 19104			MENTAL HEALTH	50,000
WOMEN AGAINST ABUSE WOMEN AGAINST ABUSE 100 SOUTH BROAD STREET SUITE 1341 PHILADELPHIA,PA 19110			MENTAL HEALTH	20,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	18,000
<b>Total</b> . . . . . ▶ <b>3a</b>				888,680

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	8,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA,PA 19106			MENTAL HEALTH	80,000
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	160,000
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN,CT 06511			MENTAL HEALTH	80,000
<b>Total . . . . . ▶ 3a</b>				888,680

**TY 2015 Accounting Fees Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING AND AUDITING	53,050	5,305		47,745

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

# **TY 2015 Depreciation Schedule**

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	2005-07-27	832	832	S/L	7 0000				
FILE CABINET	2005-07-29	832	832	S/L	7 0000				
CONFERENCE CABINET	2005-08-04	1,272	1,272	S/L	7 0000				
SIGN	2005-10-31	1,075	1,075	S/L	7 0000				
COMPUTER EQUIPMENT / SOFTWARE	2005-08-01	7,875	7,875	S/L	5 0000				
LAND	2005-06-30	250,000							
LAND IMPROVEMENTS	2005-06-30	250,000							
WEBSTER BUILDING	2005-06-30	1,364,902	1,283,744	150DB	20 0000	8,116			
LAWNSIDE BUILDING	2005-06-30	54,316	54,316	200DB	10 0000				
TWIN COTTAGE	2005-06-30	2,853	2,853	150DB	20 0000				
TWIN HOUSES ON HILL	2005-06-30	74,802	74,802	200DB	10 0000				
BUCKS COUNTY ASSOC	2005-06-30	4,357	4,357	200DB	3 0000				
COMPUTER EQUIPMENT	2006-07-18	6,643	6,643	200DB	5 0000				
EQUIPMENT	2008-06-30	2,509	2,509	S/L	5 0000				
WEBSITE	2012-05-01	47,897	47,897	S/L	3 0000				
WEBSITE DEVELOPMENT	2012-09-25	2,375	1,599	S/L	5 0000	475			
WEBSITE DEVELOPMENT	2013-01-22	5,780	2,890	S/L	5 0000	1,156			
WEBSITE DEVELOPMENT	2013-03-14	1,429	691	S/L	5 0000	286			
WEBSITE DEVELOPMENT	2013-04-23	4,590	2,066	S/L	5 0000	918			
WEBSITE DEVELOPMENT	2013-06-09	2,763	1,197	S/L	5 0000	553			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WEBSITE DEVELOPMENT	2013-08-21	2,850	990	S/L	5 0000	570			
2 MACBOOK AIR 13IN	2013-08-19	3,588	1,495	200DB	5 0000	837			
IPAD	2013-09-18	830	346	200DB	5 0000	193			
LAPTOP	2015-07-09	1,769		S/L	3 0000	590			
LAPTOP	2015-07-09	1,788		S/L	3 0000	596			
LAPTOP (EVALUATION)	2015-08-19	1,349		S/L	3 0000	375			
LAPTOP (O'BRIEN)	2015-10-29	1,878		S/L	3 0000	417			
OFFICE FURNITURE	2015-12-16	874		S/L	7 0000	62			
OFFICE FURNITURE	2015-12-16	1,913		S/L	7 0000	137			
OFFICE FURNITURE	2016-01-19	2,400		S/L	7 0000	143			

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

## TY 2015 Gain/Loss from Sale of Other Assets Schedule

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PUBLICLY TRADED SECURITIES		PURCHASE	2015-12		14,946,913	14,941,952			4,961	

**TY 2015 Investments Corporate Stock Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS	15,101,553	15,101,553

## TY 2015 Investments - Other Schedule

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

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

**TY 2015 Land, Etc.  
Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS	1,501,230	1,425,295	75,935	
MOVEABLE EQUIPMENT	105,109	90,407	14,702	
LAND	250,000		250,000	4,085,000
LAND IMPROVEMENTS	250,000		250,000	

## TY 2015 Legal Fees Schedule

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	48,823			48,823

**TY 2015 Other Assets Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	144,706	150,708	150,708
ASSETS HELD IN TRUST	1,552,436	1,503,131	1,503,131

## TY 2015 Other Decreases Schedule

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	236,068

**TY 2015 Other Expenses Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES & SUBSCRIPTIONS	9,975			9,975
FUNDRAISING	7,515			7,515
INSURANCE	26,628			26,628
INTERNSHIP	20,765			20,765
IT EXPENSE	5,854			5,854
POSTAGE	179			179
PURCHASED SERVICES	14,590			14,590
RENT	28,721			28,721
SUPPLIES	2,139			2,139

**TY 2015 Other Income Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	15,004		
FBHS, LP	274,351		

## TY 2015 Other Professional Fees Schedule

**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND

**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANK FEES	145,292	145,292		
LAND MANAGEMENT STUDY	7,081			7,081

**TY 2015 Taxes Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCRUED EXCISE TAX	1,450			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>SCATTERGOOD BEHAVIORAL HEALTH FOUND</div>	<div>Employer identification number</div> <div>23-1352178</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	\$  	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )

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

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

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

Additional Data

Software ID:

Software Version:

EIN: 23-1352178

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILLY FELLOWS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	1501 CHERRY STREET	\$ 25,000	
	PHILADELPHIA, PA 19102		
7	MENTAL HEALTH LEADERSHIP INITIATIVE		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	14 CENTRAL AVE	\$ 74,000	
	ISLAND HEIGHTS, NJ08732		
2	THE KENNEDY FORUM		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	14 CENTRAL AVENUE	\$ 150,000	
	PO BOX 319		
	ISLAND HEIGHTS, NJ08732		
8	POTTSTOWN SCHOOL DISTRICT		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	230 BEECH ST	\$ 61,250	
	POTTSTOWN, PA 19464		
3	THE PHILADELPHIA FOUNDATION		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	1234 SEPTA MARKET-FRANKFORD	\$ 40,000	
	LINE 1800		
	PHILADELPHIA, PA 19107		
9	MASS MUTUAL FINANCIAL GROUP		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
	385 KINGS HWY N	\$ 24,805	
	CHERRY HILL, NJ08034		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HEALTH FEDERATION OF PHILADELPHIA		<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>
	1211 CHESTNUT STREET	\$ 20,000	
	PHILADELPHIA, PA 19107		(Complete Part II for noncash contribution )
5	UNITED WAY OF GREATER PHILA AND S NJ		<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>
	1709 BENJAMIN FRANKLIN PKWY	\$ 82,000	
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contribution )
6	BARRA FOUNDATION		<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>
	200 W LANCASTER AVE 202	\$ 82,750	
	WAYNE, PA 19087		(Complete Part II for noncash contribution )