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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 07-01-2016 , and ending 06-30-2017

Name of foundation
SCATTERGOOD BEHAVIORAL HEALTH FOUND

A Employer identification number
23-1352178

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

Room/suite

B Telephone number (see instructions)
(215) 831-3000

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 191242399

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 28,577,941

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	756,612			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	368,580	368,580		
	5a	Gross rents	170,563	170,563		
	b	Net rental income or (loss) 170,563				
	6a	Net gain or (loss) from sale of assets not on line 10	27,773			
	b	Gross sales price for all assets on line 6a 1,675,728				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,709,782			
	12	**Total.** Add lines 1 through 11	3,033,310	539,143		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	194,966	19,496		175,470
	14	Other employee salaries and wages	303,913			283,274
	15	Pension plans, employee benefits	132,121			132,121
	16a	Legal fees (attach schedule)	19,562			19,562
	b	Accounting fees (attach schedule)	54,400	5,440		48,960
	c	Other professional fees (attach schedule)	191,194	181,938		9,256
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	16,050			
	20	Occupancy	4,485			4,485
	21	Travel, conferences, and meetings	40,724			40,724
	22	Printing and publications				
	23	Other expenses (attach schedule)	122,855			122,855
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,080,270	206,874		836,707
	25	Contributions, gifts, grants paid	824,661			824,661
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,904,931	206,874		1,661,368
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	1,128,379			
	b	**Net investment income** (if negative, enter -0-)		332,269		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	215,021	2,428,135	2,428,135
	2 Savings and temporary cash investments		100,082	100,082
	3 Accounts receivable ▶ 537,051			
	Less allowance for doubtful accounts ▶ 7,253	323,461	529,798	529,798
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 30,000			
	Less allowance for doubtful accounts ▶		30,000	30,000
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	56,450	68,201	68,201
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	15,101,553	15,601,512	15,601,512
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	4,000,000	4,000,000	4,000,000
	14 Land, buildings, and equipment basis ▶ 2,108,082			
	Less accumulated depreciation (attach schedule) ▶ 1,531,754	590,637	576,328	4,085,000
	15 Other assets (describe ▶)	1,653,839	1,735,213	1,735,213
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	21,940,961	25,069,269	28,577,941
Liabilities	17 Accounts payable and accrued expenses	518,431	799,781	
	18 Grants payable			
	19 Deferred revenue	362,500	350,000	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	880,931	1,149,781	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	18,497,047	21,054,657	
	25 Temporarily restricted	223,125	449,602	
	26 Permanently restricted	2,339,858	2,415,229	
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	21,060,030	23,919,488	
	31 **Total liabilities and net assets/fund balances** (see instructions)	21,940,961	25,069,269	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	21,060,030
2	Enter amount from Part I, line 27a	2	1,128,379
3	Other increases not included in line 2 (itemize) ▶	3	1,731,079
4	Add lines 1, 2, and 3	4	23,919,488
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	23,919,488

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	1,478,862	23,778,423	0 062193
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

2	**Total** of line 1, column (d)	2	0 314051
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 062810
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	24,961,645
5	Multiply line 4 by line 3	5	1,567,841
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	3,323
7	Add lines 5 and 6	7	1,571,164
8	Enter qualifying distributions from Part XII, line 4	8	1,661,368

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 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	1	3,323
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	3,323
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	3,323
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	100
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	3,423
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see 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?	13	Yes	

Website address ▶ WWW SCATTERGOOD COM

14 The books are in care of ▶ PHILADELPHIA FOUNDATION, PHILADELPHIA FOUNDATION Telephone no ▶ (215) 563-6417

Located at ▶ 1835 MARKET ST 1835 MARKET STREET PHILADELPHIA PA ZIP+4 ▶ 19103

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

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 ▶

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ 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). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ 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? ☑ Yes ☐ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016).*	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 2016?	4b		No

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	No
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

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

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

(a) Name and address	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				

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

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
ALYSON FERGUSON 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124	GRANT MAKING 40 00	83,638		

Total number of other employees paid over $50,000 ▶

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		

Part IX-A **Summary of Direct Charitable Activities**

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

Part IX-B **Summary of Program-Related Investments** (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	15,351,533
b	Average of monthly cash balances	1b	1,371,619
c	Fair market value of all other assets (see instructions)	1c	8,618,620
d	**Total** (add lines 1a, b, and c)	1d	25,341,772
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	25,341,772
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	380,127
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	24,961,645
6	**Minimum investment return.** Enter 5% of line 5	6	1,248,082

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

1	Minimum investment return from Part X, line 6			1	1,248,082
2a	Tax on investment income for 2016 from Part VI, line 5	2a	3,323		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	3,323
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,244,759
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	1,244,759
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	1,244,759

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,661,368
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,661,368
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	3,323
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,658,045

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,244,759
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2016				
a From 2011. 211,633				
b From 2012. 242,550				
c From 2013. 297,055				
d From 2014. 344,008				
e From 2015. 297,893				
f **Total** of lines 3a through e.	1,393,139			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 1,661,368				
a Applied to 2015, 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 2016 distributable amount.				1,244,759
e Remaining amount distributed out of corpus	416,609			
5 Excess distributions carryover applied to 2016				
(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	1,809,748			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions) . . .	211,633			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	1,598,115			
10 Analysis of line 9				
a Excess from 2012. . . . 242,550				
b Excess from 2013. . . . 297,055				
c Excess from 2014. . . . 344,008				
d Excess from 2015. . . . 297,893				
e Excess from 2016. . . . 416,609				

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 2016, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				770,672
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	368,580	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.			16	170,563	
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					27,773
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MISCELLANOUS INCOME			1	6,980	
b KENNEDY FORUM REC ADJUSTMENT			1	-107,886	
c FBHS, LP			14	1,810,688	
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				2,248,925	27,773
13 **Total.** Add line 12, columns (b), (d), and (e).				13	2,276,698

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

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

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2017-10-02	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JOHN FEKETE CPA		2017-10-10		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 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	PRESIDENT 40 00	194,966	0	0
MOLLY KREIDER VISCARDI 2447 GRAYS FERRY AVENUE 2447 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146	BOARD MEMBER 5 00	0	0	0
CINDY BAUM BAICKER 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
DAVID R FAIR 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
ANNE H MATLACK 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
N CHIYO MORIUCHI 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
CATHERINE WILLIAMS 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
ANTONIO VALDES 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
CAITLIN BUTLER 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
SARA JONES 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
MARY CRAUDEREUFF 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0
NOEL HARBIST 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	BOARD MEMBER 5 00	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON, DC 20008			MENTAL HEALTH	30,000
ACTIVE MINDS ACTIVE MINDS 2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON, DC 20008			MENTAL HEALTH	8,000
BAZELON CENTER FOR MENTAL HEALTH BAZELON CENTER FOR MENTAL HEALTH 1101 15TH STREET 1101 15TH STREET WASHINGTON, DC 20005			MENTAL HEALTH	144
BOXED SOURCING AND PRODUCTION BOXED SOURCING AND PRODUCTION 2628 MARTHA STREET 2628 MARTHA STREET PHILADELPHIA, PA 19125			MENTAL HEALTH	3,555
BRANDYWINE HEALTH FOUNDATION BRANDYWINE HEALTH FOUNDATION 50 S 1ST AVE 50 S 1ST AVE COATESVILLE, PA 19320			MENTAL HEALTH	25,000
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CHILDREN'S CRISIS TREATMENT CENTER CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVE 1080 N DELAWARE AVE PHILADELPHIA, PA 19125			MENTAL HEALTH	5,000
CLIFFORD BEER CLINIC CLIFFORD BEER CLINIC 93 EDWARDS STREET 93 EDWARDS STREET NEW HAVEN, CT 06511			MENTAL HEALTH	1,000
DREXEL UNVERSITY - LINDY INSTITUTE DREXEL UNIVERSITY - LINDY INSTITUTE 3141 CHESTNUT STREET 3141 CHESTNUT STREET PHILADELPHIA, PA 19104			MENTAL HEALTH	25,214
EDUCATION PLUS HEALTH EDUCATION PLUS HEALTH 100 W OXFORD STREET 100 W OXFORD STREET PHILADELPHIA, PA 19122			MENTAL HEALTH	5,000
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD, PA 19041			MENTAL HEALTH	9,990
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HOPEWORKS N CAMDEN HOPEWORKS IN CAMDEN 543 STATE ST 543 STATE ST CAMDEN, NJ 08102			MENTAL HEALTH	1,000
HOPEWORKS N CAMDEN HOPEWORKS IN CAMDEN 543 STATE ST 543 STATE ST CAMDEN, NJ 08102			MENTAL HEALTH	25,000
HOWARD GOLDMAN AND ASSOCIATES HOWARD GOLDMAN AND ASSOCIATES 10 CROSSROADS DR 10 CROSSROADS DR OWINGS MILLS, MD 21117			MENTAL HEALTH	15,000
HOWARD GOLDMAN AND ASSOCIATES HOWARD GOLDMAN AND ASSOCIATES 10 CROSSROADS DR 10 CROSSROADS DR OWINGS MILLS, MD 21117			MENTAL HEALTH	99
HOWARD GOLDMAN AND ASSOCIATES HOWARD GOLDMAN AND ASSOCIATES 10 CROSSROADS DR 10 CROSSROADS DR OWINGS MILLS, MD 21117			MENTAL HEALTH	914
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
JEWISH HEALTHCARE FOUNDATION JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD STREET 650 SMITHFIELD STREET PITTSBURGH, PA 15222			MENTAL HEALTH	5,000
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	4,800
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	1,776
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	960
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	2,264
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	134
MASKAR DESIGN MASKAR DESIGN 1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	1,797
MEDIAPLANET PUBLISHING HOUSE INC MEDIAPLANET PUBLISHING HOUSE INC 2 E 28TH STREET 2 E 28TH STREET NEW YORK, NY 10016			MENTAL HEALTH	17,500
NATIONAL ALLIANCE NATIONAL ALLIANCE 505 8TH AVE 1103 505 8TH AVE 1103 NEW YORK, NY 10018			MENTAL HEALTH	103
NATIONAL COUNCIL BEHAVIORAL HEALTH NATIONAL COUNCIL BEHAVIORAL HEALTH 1400 K STREET NW 1400 K STREET NW WASHINGTON, DC 20005			MENTAL HEALTH	12,500
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NORTHEAST OHIO MEDICAL UNIV FOUND NORTHEAST OHIO MEDICAL UNIV FOUND 4209 ST RT 44 4209 ST RT 44 ROOTSTOWN, OH 44272			MENTAL HEALTH	2,500
OBERLAND OBERLAND 73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	10,075
OBERLAND OBERLAND 73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	10,075
OBERLAND OBERLAND 73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	777
OBERLAND OBERLAND 73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	1,412
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
PHILADELPHIA LISC PHILADELPHIA LISC 718 ARCH STREET 718 ARCH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	25,000
PHILADELPHIA LISC PHILADELPHIA LISC 718 ARCH STREET 718 ARCH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	25,000
PHILADELPHIA UNIVERSITY PHILADELPHIA UNIVERSITY 4201 HENRY AVENUE 4201 HENRY AVENUE PHILADELPHIA, PA 19144			MENTAL HEALTH	25,000
REPLICA GLOBAL LLC REPLICA GLOBAL LLC 33 S 18TH ST 33 S 18TH ST PHILADELPHIA, PA 19103			MENTAL HEALTH	1,200
REPLICA GLOBAL LLC REPLICA GLOBAL LLC 33 S 18TH ST 33 S 18TH ST PHILADELPHIA, PA 19103			MENTAL HEALTH	1,503
Total . . . . . ▶ 3a				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
REPLICA GLOBAL LLC REPLICA GLOBAL LLC 33 S 18TH ST 33 S 18TH ST PHILADELPHIA, PA 19103			MENTAL HEALTH	228
SILVER SPRINGS MARTIN LUTHER SCHOOL SILVER SPRINGS MARTIN LUTHER SCHOOL 512 TOWNSHIP LINE RD 512 TOWNSHIP LINE RD PLYMOUTH MEETING, PA 19462			MENTAL HEALTH	6,000
TEMPLE UNIVERSITY COLLEGE OF ED TEMPLE UNIVERSITY COLLEGE OF ED 1301 CECIL B MOORE AVE 1301 CECIL B MOORE AVE PHILADELPHIA, PA 19122			MENTAL HEALTH	25,000
THE CARTER CENTER THE CARTER CENTER 453 FREEDOM PKWY NE 453 FREEDOM PKWY NE ATLANTA, GA 30307			MENTAL HEALTH	5,000
THE PHILADELPHIA FOUNDATION THE PHILADELPHIA FOUNDATION 1234 MARKET STREET 1245 MARKET STREET PHILADELPHIA, PA 19107			MENTAL HEALTH	15,000
Total 3a . . . . . ▶				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
TRUSTEES OF THE UNIV OF PA TRUSTEES OF THE UNIV OF PA 801 SPRUCE ST 801 SPRUCE ST PHILADELPHIA, PA 19107			MENTAL HEALTH	50,000
TRUSTEES OF THE UNIV OF PA TRUSTEES OF THE UNIV OF PA 801 SPRUCE ST 801 SPRUCE ST PHILADELPHIA, PA 19107			MENTAL HEALTH	50,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	50,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	50,000
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	500
Total . . . . . 3a ▶				770,672

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
WHYY WHYY 150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	3,752
WRENN INSIGHTS LLC WRENN INSIGHTS LLC 2534 MIDWAY RD 2534 MIDWAY RD DECATUR, GA 30030			MENTAL HEALTH	2,500
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN, CT 06511			MENTAL HEALTH	80,000
YALE UNIVERSITY YALE UNIVERSITY 389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN, CT 06511			MENTAL HEALTH	128,400
Total . . . . . ▶ 3a				770,672

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TY 2016 Accounting Fees Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	54,400	5,440		48,960

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

TY 2016 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	1,291,860	150DB	20 0000	8,115			
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	2,074	S/L	5 0000	301			
WEBSITE DEVELOPMENT	2013-01-22	5,780	4,046	S/L	5 0000	1,156			
WEBSITE DEVELOPMENT	2013-03-14	1,429	977	S/L	5 0000	285			
WEBSITE DEVELOPMENT	2013-04-23	4,590	2,984	S/L	5 0000	918			
WEBSITE DEVELOPMENT	2013-06-09	2,763	1,750	S/L	5 0000	552			

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	1,560	S/L	5 0000	570			
2 MACBOOK AIR 13IN	2013-08-19	3,588	2,332	200DB	5 0000	502			
IPAD	2013-09-18	830	539	200DB	5 0000	117			
LAPTOP	2015-07-09	1,769	590	S/L	3 0000	589			
LAPTOP	2015-07-09	1,788	596	S/L	3 0000	596			
LAPTOP (EVALUATION)	2015-08-19	1,349	375	S/L	3 0000	449			
LAPTOP (O'BRIEN)	2015-10-29	1,878	417	S/L	3 0000	626			
OFFICE FURNITURE	2015-12-16	874	62	S/L	7 0000	125			
OFFICE FURNITURE	2015-12-16	1,913	137	S/L	7 0000	273			
OFFICE FURNITURE	2016-01-19	2,400	143	S/L	7 0000	343			
LAPTOP (MAURI)	2016-07-18	1,743		S/L	3 0000	533			

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

TY 2016 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	2016-12		1,675,728	1,647,955			27,773	

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TY 2016 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	15,601,512	15,601,512

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TY 2016 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

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TY 2016 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	1,433,542	67,688	
MOVEABLE EQUIPMENT	106,852	98,212	8,640	
LAND	250,000		250,000	4,085,000
LAND IMPROVEMENTS	250,000		250,000	

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TY 2016 Legal Fees Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	19,562			19,562

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TY 2016 Other Assets Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	150,708	156,710	156,710
ASSETS HELD IN TRUST	1,503,131	1,578,503	1,578,503

TY 2016 Other Expenses Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES & SUBSCRIPTIONS	5,880			5,880
FUNDRAISING	5,641			5,641
INSURANCE	28,815			28,815
INTERNSHIP	10,500			10,500
IT EXPENSE	9,928			9,928
POSTAGE	214			214
PURCHASED SERVICES	13,645			13,645
RENT	31,561			31,561
SUPPLIES	4,730			4,730

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LAND MAINTENANCE	11,941			11,941

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TY 2016 Other Income Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANOUS INCOME	6,980		
KENNEDY FORUM REC ADJUSTMENT	-107,886		
FBHS, LP	1,810,688		

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TY 2016 Other Increases Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	1,731,079

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

TY 2016 Other Notes/Loans Receivable Long Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
MENTAL HEALTH ASSOCIATION		30,000	30,000	2016-12	2019-11	10,000 PER YEAR DUE 12/31	3 00 %	NOT SECURED BY ANY COLLATERAL	TO COMPLETE A MERGER		

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TY 2016 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	181,938	181,938		
LAND MANAGEMENT STUDY	9,256			9,256

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Name of the organization
SCATTERGOOD BEHAVIORAL HEALTH FOUND

Employer identification number
23-1352178

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

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

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 ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
___		$ ___	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
___		$ ___	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
___		$ ___	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
___		$ ___	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
___		$ ___	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

Part II Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization
SCATTERGOOD BEHAVIORAL HEALTH FOUND

Employer identification number
23-1352178

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ____________**
Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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	THE PHILADELPHIA FOUNDATION 1234 SEPTA MARKET-FRANKFORD LINE 1800 PHILADELPHIA, PA19107	$ 54,055	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
7	SACRAMENTO FOOD BANK & FAMILY SER 3333 3RD AVE SACRAMENTO, CA95817	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET PHILADELPHIA, PA19107	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	MONTGOMERY COUNTY COMMUNITY COLLEGE 340 DEKALB PIKE BLUE BELL, PA19422	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	UNITED WAY OF GREATER PHILA AND S NJ 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA, PA19103	$ 64,052	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	NORRIS JAMES 917 COPES LANE WEST CHESTER, PA19380	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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	BARRA FOUNDATION 200 W LANCASTER AVE 202 WAYNE, PA19087	$ 435,950	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	POTTSTOWN SCHOOL DISTRICT 230 BEECH ST POTTSTOWN, PA19464	$ 133,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	MASS MUTUAL FINANCIAL GROUP 385 KINGS HWY N CHERRY HILL, NJ08034	$ 24,805	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)