

859.

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

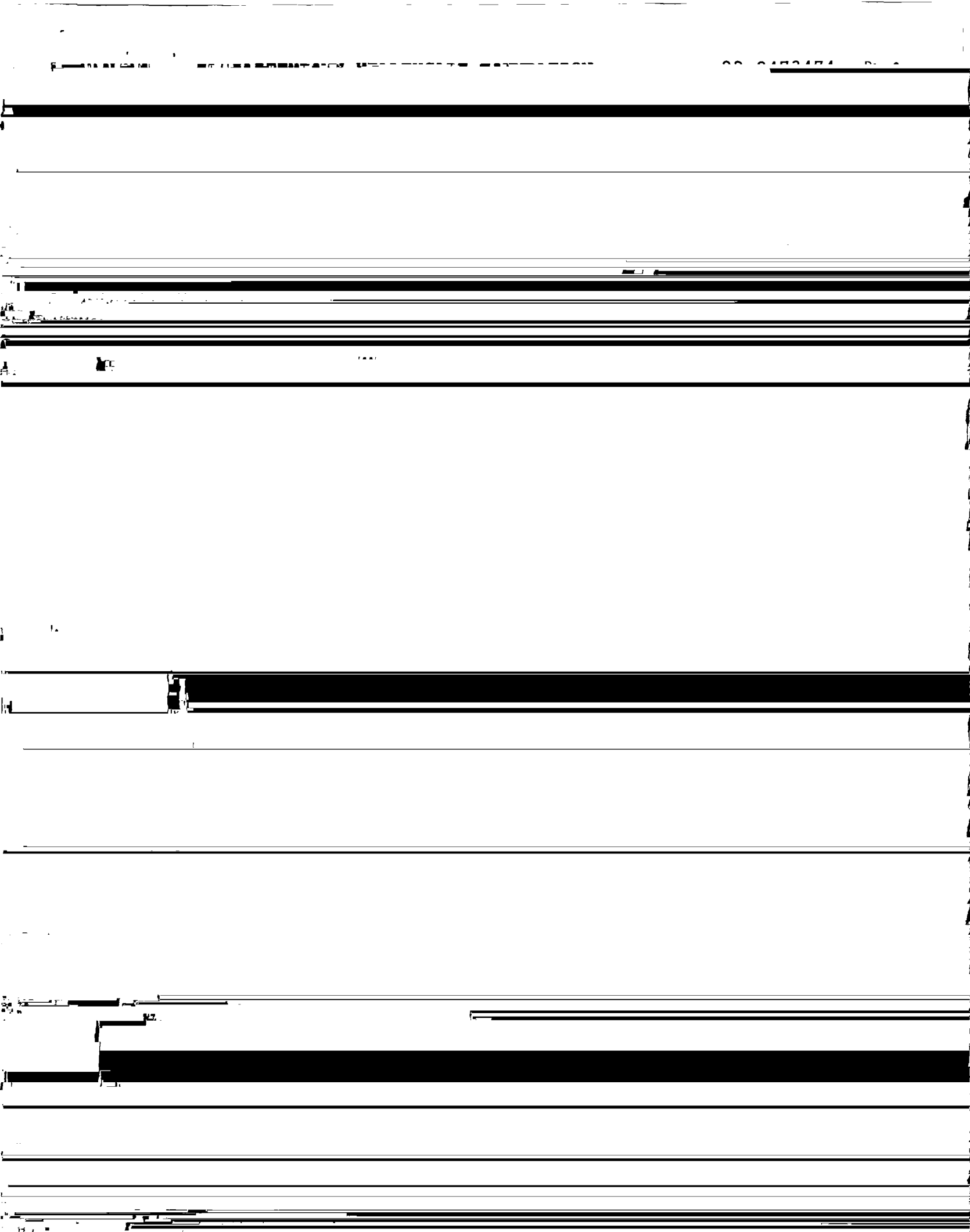
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2017**  
Open to Public Inspection

For calendar year 2017 or tax year beginning , and ending

Name of foundation <b>ELIZABETHTOWN HEALTHCARE FOUNDATION</b>		A Employer identification number <b>22-2473474</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 259</b>	Room/suite	B Telephone number <b>908-994-8065</b>
City or town, state or province, country, and ZIP or foreign postal code <b>ELIZABETH, NJ 07207-0259</b>		C If exemption application is pending, check here <input type="checkbox"/>





**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

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 2017 estimated tax payments and 2016 overpayment credited to 2017

b Exempt foreign organizations - tax withheld at source

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

d Backup withholding erroneously withheld

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

1 16,632.

2 0.

3 16,632.

4 0.

5 16,632.

6a 20,360.

6b 0.

6c 10,000.

6d 0.

7 30,360.

8 0.

SEE STATEMENT ATTACHED

c Any submission deadlines:

**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
- 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
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
- Website address ▶ N/A

	Yes	No
11		X
12		X
13	X	

- 14 The books are in care of ▶ ELIZABETHTOWN HEALTHCARE FOUNDATION Telephone no. ▶ 908-994-8065  
 Located at ▶ 1160-1164 ELIZABETH AVENUE, ELIZABETH, NJ ZIP+4 ▶ 07207
- 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ☐

P.O. BOX 259

0.75

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

60,165.

6,017.

0.

18

STATEMENT(S) 15, 16

16100522 758227 ELIZABETHTOW 2017.03050 ELIZABETHTOWN HEALTHCARE FO ELIZABETH

**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,

	Yes	No

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

(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**

0

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	N/A
---	-----

2

**3**

4

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

0.

Form **990-PF** (2017)

**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

4,762,436.



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				555,552.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013	273,092.			
c From 2014				
d From 2015	22,417.			
e From 2016	13,305.			
f Total of lines 3a through e	308,814.			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$	435,351.			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				435,351.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	120,201.			120,201.
6 Enter the net total of each column as indicated below:	188,613.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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)				



**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
<b>a Paid during the year</b>				
SEE SCHEDULE ATTACHED	NO INDIVIDUALS	PC		405,200.
<b>Total</b>				<b>405,200.</b>
<b>b Approved for future payment</b>				
SEE SCHEDULE ATTACHED	NO INDIVIDUALS	PC		100,000.
<b>Total</b>				<b>100,000.</b>

**Part XVI-A**

**Analysis of Income-Producing Activities**



## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET INTEREST	25.	25.	
TOTAL TO PART I, LINE 3	25.	25.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BOND INTEREST	33,508.	0.	33,508.	33,508.	
DIVIDENDS	100,520.	3,366.	97,154.	97,154.	
TO PART I, LINE 4	134,028.	3,366.	130,662.	130,662.	

## FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PROPERTIES LOCATED IN ELIZABETH, NJ	1	790,444.
TOTAL TO FORM 990-PF, PART I, LINE 5A		790,444.

## FORM 990-PF RENTAL EXPENSES STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		60,165.	
FRINGE BENEFITS		6,017.	
INSURANCE		8,814.	
DEPRECIATION EXPENSE		11,007.	
REAL ESTATE TAX		15,261.	
LEGAL FEES		18,966.	

AMORTIZATION OF LEASING COMMISSIONS		25,262.	
- SUBTOTAL -	1		145,492.
TOTAL RENTAL EXPENSES			145,492.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			644,952.

FORM 990-PF	LEGAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	18,966.	18,966.			0.
TO FM 990-PF, PG 1, LN 16A	18,966.	18,966.			0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	8,200.	5,127.			3,073.
TO FORM 990-PF, PG 1, LN 16B	8,200.	5,127.			3,073.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENTS MANAGEMENT FEES	42,691.	42,691.			0.
TO FORM 990-PF, PG 1, LN 16C	42,691.	42,691.			0.

FORM 990-PF	TAXES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
REAL ESTATE TAXES	15,262.	15,262.			0.
FEDERAL EXCISE TAX	16,632.	0.			0.
FOREIGN TAX WITHHELD	1,760.	1,760.			0.
TO FORM 990-PF, PG 1, LN 18	33,654.	17,022.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER EXPENSES	20,000.	10,000.			10,000.
INSURANCE	8,814.	8,814.			0.
OFFICE EXPENSES & DUES	3,842.	0.			3,842.
ADVERTISING	3,100.	3,100.			0.
AMORTIZATION OF LEASING COMMISSIONS	25,262.	25,262.			0.
TO FORM 990-PF, PG 1, LN 23	61,018.	47,176.			13,842.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	10
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
SEE ATTACHED - US AND AGENCY BONDS	X		679,415.	677,471.	
TOTAL U.S. GOVERNMENT OBLIGATIONS			679,415.	677,471.	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			679,415.	677,471.	



FORM 990-PF	CORPORATE STOCK	STATEMENT 11
-------------	-----------------	--------------

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED - STOCKS	2,175,966.	2,940,567.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,175,966.	2,940,567.

FORM 990-PF	CORPORATE BONDS	STATEMENT 12
-------------	-----------------	--------------

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED - CORP. BONDS	389,219.	399,717.
TOTAL TO FORM 990-PF, PART II, LINE 10C	389,219.	399,717.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 13
-------------	-------------------	--------------

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED - MUTUAL FUNDS	COST	1,053,971.	1,058,738.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,053,971.	1,058,738.

FORM 990-PF	OTHER ASSETS	STATEMENT 14
-------------	--------------	--------------

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST RECEIVABLE	7,478.	8,206.	8,206.
PREPAID EXCISE TAX	10,360.	3,728.	3,728.
DEFERRED LEASING COMMISSIONS	454,724.	429,462.	429,462.
TO FORM 990-PF, PART II, LINE 15	472,562.	441,396.	441,396.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 15
-------------	-------------------	--------------

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO TRINTAS HOSPITAL	85,376.	5,506.
TOTAL TO FORM 990-PF, PART II, LINE 22	85,376.	5,506.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 16
-------------	---	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID A. FLETCHER P.O. BOX 259 ELIZABETH, NJ 07207-0259	TRUSTEE /PRES/ASST 10.00	SECRETARY 60,165.	6,017.	0.
RICHARD WIDTH, ESQ. P.O. BOX 259 ELIZABETH, NJ 07207-0259	TRUSTEE/CHAIRMAN 0.75	0.	0.	0.

VICTOR BLOWE	FORICURE
--------------	----------