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Form 990-PF

Department of the Treasury
Internal Revenue ServiceEXTENDED TO NOVEMBER 15, 2018
Return of Private Foundation

2949115320103 8

OMB No. 1545-0052

2017

Open to Public Inspection

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

Name of foundation

ELIZABETHTOWN HEALTHCARE FOUNDATION

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

P.O. BOX 259

A Employer identification number

22-2473474

B Telephone number

908-994-8065

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

ELIZABETH, NJ 07207-0259C If exemption application is pending, check here ►

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

p 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 11 X

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 X

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 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
and enter the amount of tax exempt interest received or accrued during the year ►

P.O. BOX 259

0.75

0.

0.

0.

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

60,165.

6,017.

0.

16100522 758227 ELIZABETHTOW 2017.03050 ELIZABETHTOWN HEALTHCARE FO ELIZABE

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STATEMENT(S) 15, 16

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))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

3 Five highest-paid independent contractors for professional services. 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

0

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.

1	N/A	
2		
3		
4		

Part IX-B Summary of Program-Related Investments

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		
3	All other program-related investments. See instructions.	
Total. Add lines 1 through 3.		0

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			0.	
a Enter amount for 2016 only				
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.			0.	
a Applied to 2016, but not more than line 2a				
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.			120,201.
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.			
6 Enter the net total of each column as indicated below:	188,613.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
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		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)	0			

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

- 2 a 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

3 Subtract line 2d from line 2c

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 foundation 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).)

NONE

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.

NONE

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

MR. DAVID A. FLETCHER, PRESIDENT, ELIZABETHTOWN HEALTHCARE FDN.

Part XV **Supplementary Information (continued)**

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

Part XVI-A**Analysis of Income-Producing Activities**

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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 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.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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
N/A		

**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.

May the IRS discuss this return with the preparer shown below? See instr

Signature of officer or trustee

5-30-18

Date _____ Title _____

PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NICHOLAS JACANGELO			05/22/18	P01452105
	Firm's name ► MCGRATH, DOYLE & PHAIR			Firm's EIN ► 13-5559072	
Firm's address ► 150 BROADWAY, SUITE 1212 NEW YORK, NY 10038			Phone no. 212-571-2300		

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.	

ELIZABETHTOWN HEALTHCARE FOUNDATION

22-2473474

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.

ELIZABETHTOWN HEALTHCARE FOUNDATION

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FORM 990-PF

TAXES

STATEMENT

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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

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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

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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.

ELIZABETHTOWN HEALTHCARE FOUNDATION

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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.

ELIZABETHTOWN HEALTHCARE FOUNDATION

22-2473474

FORM 990-PF	OTHER LIABILITIES	STATEMENT 15
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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
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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 SECRETARY 10.00	60,165.	6,017.	0.
RICHARD WIDTH, ESQ. P.O. BOX 259 ELIZABETH, NJ 07207-0259	TRUSTEE/CHAIRMAN 0.75	0.	0.	0.
VICTOR R. LOWRIE	MANAGER			