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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE NEMOURS FOUNDATION

Doing business as

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

Room/suite

10140 Centurion Parkway North

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

Jacksonville, FL 32256

F Name and address of principal officer

David Bailey President and CEO

10140 Centurion Parkway North

Jacksonville, FL 32256

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

8516

D Employer identification number

59-0634433

E Telephone number

(904) 697-4100

G Gross receipts \$

1,534,201,867

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.nemours.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1936

M State of legal domicile

FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,694,221

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

Rodney McKendree Sr VP and CFO

Type or print name and title

2018-11-09

Date

Paid Preparer Use Only

Print/Type preparer's name

KPMG LLP

Preparer's signature

KPMG LLP

Date

2018-11-09

Check ☐ if self-employed

PTIN

P00008888

Firm's name

▶ KPMG LLP

Firm's EIN

▶ 13-5565207

Firm's address

▶ 300 North Greene Street Suite 400

Greensboro, NC 27401

Phone no

(336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 982,022,990 including grants of \$ 1,499,607) (Revenue \$ 1,150,223,496)
See Additional Data











4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 982,022,990

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	774	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	8,637	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 1		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, AL, AR, CA, CT, DC, DE, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► Rodney McKendree Sr VP and CFO 10140 Centurion Parkway North Jacksonville, FL 32256 (904) 697-4100

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

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

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,566

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
HSC Builders and Construction Manager 340 New Mill Lane Exton, PA 19341	Building & Construction	46,589,297
Crothall Health Care Inc 13028 Collection Center Drive Chicago, IL 60693	Housekeeping& Laundry Sv	7,370,559
Thomas Jefferson University 1025 Walnut Street Philadelphia, PA 19107	Residency Program Expenses	6,497,871
Sodexo Inc and Affiliates PO Box 905374 Charlotte, NC 282905374	Facilities Management	5,174,588
Bancroft Construction Company 1300 North Grant Ave Wilmington, DE 19806	Building & Construction	4,529,002

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 153</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0			
	b Membership dues . . .	1b	0			
	c Fundraising events . . .	1c	1,062,749			
	d Related organizations	1d	162,054,857			
	e Government grants (contributions)	1e	0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,531,769			
	g Noncash contributions included in lines 1a-1f \$ _____		114,262			
	h Total. Add lines 1a-1f ▶		168,649,375			
Program Service Revenue		Business Code				
	2a Net patient service revenue	900099	1,076,429,921	1,076,429,921	0	0
	b Net research grants	900099	27,243,492	27,243,492	0	0
	c Electronic health record revenue	900099	4,209,092	4,209,092	0	0
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f ▶		1,107,882,505			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		10,015,005	0	-9,423,753	19,438,758
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5 Royalties ▶		2,491,197	0	0	2,491,197
	6a Gross rents	(i) Real (ii) Personal				
		538,627 0				
	b Less rental expenses	68,568 0				
	c Rental income or (loss)	470,059 0				
	d Net rental income or (loss) ▶		470,059	0	0	470,059
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		201,850,872 0				
	b Less cost or other basis and sales expenses	182,988,450 0				
	c Gain or (loss)	18,862,422 0				
	d Net gain or (loss) ▶		18,862,422	0	0	18,862,422
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		433,295			
	b Less direct expenses b		701,240			
	c Net income or (loss) from fundraising events ▶		-267,945		0	-267,945
	9a Gross income from gaming activities See Part IV, line 19 a		0			
	b Less direct expenses b		0			
c Net income or (loss) from gaming activities ▶		0	0	0	0	
10a Gross sales of inventory, less returns and allowances a		0				
b Less cost of goods sold b		0				
c Net income or (loss) from sales of inventory ▶		0	0	0	0	
Miscellaneous Revenue		Business Code				
11a Specialized services	900099	30,862,403	30,862,403	0	0	
b Graduate medical education funding	900099	4,085,037	4,085,037	0	0	
c Continuing medical education	900099	1,301,288	1,301,288	0	0	
d All other revenue		6,092,263	6,092,263	0	0	
e Total. Add lines 11a-11d ▶		42,340,991				
12 Total revenue. See Instructions ▶		1,350,443,609	1,150,223,496	-9,423,753	40,994,491	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,222,644	1,222,644		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	276,963	276,963		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	29,551,951	0	29,551,951	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	711,511	0	711,511	0
7 Other salaries and wages.	612,819,370	486,506,821	123,761,618	2,550,931
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	46,651,580	37,394,538	9,075,386	181,656
9 Other employee benefits.	72,682,600	58,208,096	14,191,275	283,229
10 Payroll taxes.	40,229,184	32,270,816	7,776,806	181,562
11 Fees for services (non-employees).				
a Management.	0	0	0	0
b Legal.	3,503,934	2,186,764	1,290,870	26,300
c Accounting.	508,957	321,454	187,503	0
d Lobbying.	431,453	0	431,453	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	577,351	364,651	212,700	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	76,300,017	54,314,334	21,969,538	16,145
12 Advertising and promotion.	8,944,985	5,359,429	3,550,258	35,298
13 Office expenses.	125,635,690	113,846,481	11,570,002	219,207
14 Information technology.	22,650,025	13,718,495	8,918,950	12,580
15 Royalties.	0	0	0	0
16 Occupancy.	39,612,765	29,049,340	10,555,494	7,931
17 Travel.	7,193,058	5,675,371	1,455,583	62,104
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	3,617,869	2,817,048	704,056	96,765
20 Interest.	11,859,325	11,859,325	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	80,599,809	49,177,000	31,422,809	0
23 Insurance.	16,339,999	16,024,522	315,372	105
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Provision for bad debts.	41,757,707	41,757,707	0	0
b Subscriptions(mags & db),books	6,083,198	5,626,756	441,903	14,539
c Maintenance contracts - Miscel	7,928,207	3,776,971	4,151,236	0
d Repairs and maintenance	6,873,245	3,274,390	3,598,855	0
e All other expenses	8,881,583	6,993,074	1,882,640	5,869
25 Total functional expenses. Add lines 1 through 24e.	1,273,444,980	982,022,990	287,727,769	3,694,221
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		307,091,129	1	327,399,058
	2	Savings and temporary cash investments		34,214,028	2	56,691,934
	3	Pledges and grants receivable, net		12,623,660	3	11,793,349
	4	Accounts receivable, net		142,022,390	4	164,633,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,981,692	8	5,284,620
	9	Prepaid expenses and deferred charges		13,267,106	9	10,408,384
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,768,982,779			
	b	Less: accumulated depreciation	10b 754,155,976	987,379,260	10c	1,014,826,803
	11	Investments—publicly traded securities		342,417,019	11	319,119,021
	12	Investments—other securities. See Part IV, line 11		91,154,835	12	112,089,928
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		6,380,758	14	3,934,612
	15	Other assets. See Part IV, line 11		9,765,472	15	10,683,209
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,951,297,349	16	2,036,864,157	
Liabilities	17	Accounts payable and accrued expenses		132,653,004	17	134,266,608
	18	Grants payable		0	18	0
	19	Deferred revenue		3,309,956	19	4,292,565
	20	Tax-exempt bond liabilities		297,052,870	20	289,622,613
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		98,225,000	23	97,040,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		264,510,292	25	312,651,579
	26	Total liabilities. Add lines 17 through 25		795,751,122	26	837,873,365
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		930,601,259	27	958,256,653
	28	Temporarily restricted net assets		218,032,359	28	233,303,816
	29	Permanently restricted net assets		6,912,609	29	7,430,323
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,155,546,227	33	1,198,990,792	
34	Total liabilities and net assets/fund balances		1,951,297,349	34	2,036,864,157	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,350,443,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,273,444,980
3	Revenue less expenses Subtract line 2 from line 1	3	76,998,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,155,546,227
5	Net unrealized gains (losses) on investments	5	5,437,292
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-38,991,356
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,198,990,792

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule H, Part VI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hugh M Durden Member	7 25	X						0	156,141	0
John F Porter Member	2 12	X						0	125,604	0
John S Lord Member	5 14 5	X						0	143,056	0
Geoffrey M Rogers Member	2 5 8	X						0	142,427	0
Thomas G Kuntz Member	2 5 8	X						0	141,805	0
W L Thornton Member	5 5	X						0	133,095	0
Brian P Anderson Chairman of the Board	10 0	X						102,970	0	0
J Michael McGinnis Director	25 0	X						51,230	0	0
Richard Christopher Director	15 1	X						66,564	0	0
Robert Riney Director	4 5 0	X						66,485	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rosa Hakala Director	2 5 0	X						58,940	0	0
Terri L Kelly Director	3 0	X						59,645	0	0
Toni Jennings Director	3 0	X						76,245	0	0
James S Hunt Director	3 0	X						63,825	0	0
Linda D Norman Director	2 5 0	X						56,675	0	0
Marc Probst Director	1 2 0	X						58,875	0	0
Valerie Montgomery Rice Director	2 5 0	X						58,875	0	0
Jane Cavalier Luca Director	0 7 0	X						0	0	0
Claire M DeMattis Director	4 0	X						3,042	0	0
R J Cummings MD Ent VP Chief Medical Officer FL	40 0			X				912,496	0	12,614

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Diane C Goin Secretary to the President CEO	40 0			X				84,408	0	4,982
Roy Proujansky EVP Chief Executive DE Operations	40 1			X				1,111,352	0	130,011
Stephen Lawless Sr VP Chief Clinical Officer	40 0 5			X				639,563	0	56,736
Mariane Stefano Sr VP Chief Experience Officer	40 0			X				383,751	0	6,852
Gina Altieri Sr VP Chief Strategy Integration	40 0			X				530,345	0	65,978
David J Bailey MD President/CEO	40 0			X				1,815,089	0	139,349
Robert D Bridges EVP Chief Executive FL Operations	40 7			X				991,632	0	182,927
Bernard E Rice Ent VP Chief Information Officer	40 0			X				370,929	0	51,633
Marylynn Girouard Board Relations Coordinator	40 0			X				76,100	0	15,917
Rodney A McKendree Sr VP and CFO	40 4			X				658,258	0	158,322

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Theresa M Young Sr VP Chief Experience Officer	40 0			X				470,093	0	23,466
William W Higginbotham II Ent VP Finance & Cost Containment	40 7			X				329,460	0	59,343
Paul Kempinski Ent VP, President AIDHC	40 0			X				607,067	0	83,988
Deborah Chang Sr VP Children's Health Policy & Prevention	40 0			X				432,186	0	45,646
Nancy E Stephenson Ent VP Chief Compliance Officer	40 0			X				302,991	0	57,473
Cameron S Morrow Assistant Treasurer	40 0			X				95,341	0	25,757
Deborah Platz Ent VP and General Counsel	40 0			X				418,809	0	58,336
Brent R King MD Ent VP CMO Physician Practices, DE	40 0			X				521,003	0	19,715
Dana N Bledsoe Ent VP, President NCH	40 0			X				577,699	0	107,777
Martha G McGill ENT VP Chief Network Operations FL	40 0 5			X				532,717	0	93,832

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andre Hebra MD Chief Medical Officer, NCH	40 0				X			798,365	0	141,140
Christian Pizarro MD Director of Nemours Cardiac Center	40 0				X			1,902,427	0	25,588
Peter D Wearden MD Cardiothoracic Surgeon, NCCO	40 0				X			1,465,889	0	26,694
William G Mackenzie MD Dept of Orthopaedics Chair, AIDHC	40 0				X			847,643	0	20,098
Jeffrey Campbell MD Director Neuroscience Center, NCCW	40 0				X			845,293	0	19,198
Michael J Erhard MD Ent VP and Physician in Chief, FI Ops	40 0				X			700,868	0	40,870
Daniel J Podberesky MD Dept of Radiology Chief, NCCO	40 0				X			637,313	0	31,470
Eric A Loveless MD Dept of Orthopaedics, Divison Chief, NCCJ	40 0				X			641,331	0	19,105
Gary D Josephson MD Chief Medical Officer, NCCJ	40 0				X			651,703	0	26,442
Debbie J Merinbaum MD Dept of Radiology Chair, NCCJ	40 0				X			617,500	0	19,297

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terri Finkel MD Dept of Pediatrics Chair, NCH	40 0				X			581,347	0	29,123
Tetsu Uejima MD Dept of Anesthesiology/Critical Care Chair, NCCW	40 0				X			550,715	0	33,615
Arabinda K Choudhary MD Dept of Medical Imaging Chair, AIDHC	40 0				X			579,818	0	33,623
Stephen Dunn MD Dept of Surgery Chair, AIDHC	40 0				X			613,017	0	21,030
Julie L Wei MD Surgeon in Chief, NCCO	40 0				X			600,120	0	33,625
Carlos Archilla MD Dept of Anesthesiology Chair, NCCO	40 0				X			504,456	0	27,967
Carolyn F Bannister MD Dept of Anesthesiology Chair, NCCJ	40 0				X			524,226	0	27,211
Jay S Greenspan MD Dept of Pediatrics Chair, AIDHC	40 0				X			548,972	0	26,478
Mary B Mehta MD Chief Medical Officer, FL Network Operations	40 0.5				X			450,771	0	26,052
Paul A Pitel MD Dept of Pediatrics Chair, NCCJ	40 0				X			394,562	0	44,661

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin P Sheahan MD Dept of Pediatrics, Divison Chief, DE	40 0				X			411,353	0	25,659
Adela T Casas-Melley MD Dept of Surgery Chair, NCH	40 0					X		711,376	0	36,325
Suken A Shah MD Orthopaedic Surgeon	40 0					X		919,150	0	27,518
Pamela I Ellsworth MD Dept of Urology, Division Chief, NCH	40 0					X		681,578	0	23,619
Todd A Maugans MD Dept of Neurosurgery, Division Chief, NCH	40 0					X		824,096	0	31,821
John F Lovejoy MD Dept of Orthopaedics Chair, NCCO	40 0					X		723,563	0	34,589
W T Thompson Member (former)	0 0						X	0	144,330	0
Leslie Grissom MD Dept of Radiology, Radiologist, AIDHC (fmr)	40 0						X	445,231	0	19,700
Salvatore R Goodwin MD Dept of Anesthesiology Chair, NCCJ (former)	40 0						X	221,593	0	24,987

TY 2017 Reasonable Cause Explanation

Name: THE NEMOURS FOUNDATION

EIN: 59-0634433

Software ID: 17005980

Software Version: v1.00

Explanation: The Return is being filed on a timely basis. Nemours filed extensions on a timely basis, manually with the IRS. The tax return software system used to efile the return generates a reasonable cause statement if extensions are not filed in that system. Accordingly, the return was properly extended and is now being filed timely by its extended due date of November 15, 2018.

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

THE NEMOURS FOUNDATION

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

59-0634433

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization THE NEMOURS FOUNDATION	Employer identification number 59-0634433
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		2,000													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		640,301													
c Total lobbying expenditures (add lines 1a and 1b)		642,301													
d Other exempt purpose expenditures		1,272,802,679													
e Total exempt purpose expenditures (add lines 1c and 1d)		1,273,444,980													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	400,329	509,282	343,047	642,301	1,894,959
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,000	2,000	2,000	2,000	8,000

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$ 0

(ii) Assets included in Form 990, Part X

► \$ 3,386,733

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

a Revenue included on Form 990, Part VIII, line 1

► \$ 0

b Assets included in Form 990, Part X

► \$ 0

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	219,937,024	213,014,884	238,322,440	258,479,551	279,439,880
b Contributions	7,176,387	4,694,650	7,762,065	5,586,259	5,135,534
c Net investment earnings, gains, and losses	22,791,582	12,401,609	-1,214,069	11,563,115	31,381,744
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	12,789,966	10,010,223	31,699,683	37,116,978	57,205,064
f Administrative expenses	202,336	163,896	155,869	189,507	272,543
g End of year balance	236,912,691	219,937,024	213,014,884	238,322,440	258,479,551

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

3 1 %

c

Temporarily restricted endowment

96 9 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	106,095	105,461,021		105,567,116
b Buildings	0	851,468,071	307,576,536	543,891,535
c Leasehold improvements	0	36,204,395	18,634,291	17,570,104
d Equipment	0	703,207,673	427,945,149	275,262,524
e Other	0	72,535,524	0	72,535,524
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,014,826,803

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) Partnerships	22,866,431	F
(B) Private Equity	18,967,403	F
(C) Hedge Funds	48,826,825	F
(D) Real Estate	21,429,269	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	112,089,928	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
Self-insurance reserves	64,770,084	
Liabilities for pension benefits	247,881,495	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	312,651,579	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	Nemours' endowments have been established for a variety of purposes including ophthalmology, orthopaedic, dental and research

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	Nemours, PMSI and Cruden are exempt from federal income taxes on related income under Section 501(a) of the Internal Revenue Code as organizations described in Section 501(c)(3), and are also exempt from state income taxes. Management believes that the unrelated business income generated by Nemours is not material to the combined financial statements.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2d	Net assets released from restriction - Ed Ball \$6,349,896 plus net assets released from restriction - donations \$3,381,320 plus NJPP (subsidiary) total revenue \$9,550,084 plus PMSI (subsidiary) total revenue \$14,744,945 less Nemours bad debt expense \$41,757,707 less NJPP bad debt expense \$185,746 less PMSI bad debt expense \$635,946 equals (8,553,154)

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4b	Temp restricted contributions and pledges \$5,989,892 plus temp restricted investment income \$3,869,479 plus temp restricted realized gains \$15,891,313 less rental expenses \$68,568 less fundraising expenses \$701,240 plus PMSI (subsidiary) management fee \$1,781,947 equals \$26,762,823

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2d	Rental expenses \$68,568 less bad debt expense \$42,579,399 plus fundraising expenses \$701,240 less PMSI (subsidiary) management fee \$1,781,947 plus NJPP (subsidiary) operating expenses \$11,283,613 plus PMSI (subsidiary) operating expenses \$19,802,052 equals (\$12,505,873)

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Temp restricted investment expenses \$200,018 plus temp restricted occupancy expenses \$2,319 equals \$202,337

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ **Yes** ☐ **No**



2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			23,213,630

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

ReturnReference	Explanation

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		3,524,454
East Asia and the Pacific	0	0	Investments		692,053

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Investments		14,525,917
North America (including Canada and Mexico, but not the United States)	0	0	Investments		3,503,710

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Investments		760,113
Sub-Saharan Africa	0	0	Investments		207,383

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Fundraising Activities.

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Child Life RadioThon (event type)	Delaware Gala (event type)	14 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	255,179	479,134	761,731	1,496,044
	2 Less Contributions	255,179	312,322	495,248	1,062,749
	3 Gross income (line 1 minus line 2)	0	166,812	266,483	433,295
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	360	77,555	154,277	232,192
	8 Entertainment	5,400	90,529	81,960	177,889
	9 Other direct expenses	7,711	128,929	154,519	291,159
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				701,240
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-267,945

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records					
Name ►					
Address ►					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$					
c If "Yes," enter name and address of the third party					
Name ►					
Address ►					
16 Gaming manager information					
Name ►					
Gaming manager compensation ► \$					
Description of services provided ►					
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor					
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$					

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	13,517,991	3,746,606	9,771,385	0 78 %
b Medicaid (from Worksheet 3, column a)	0	0	565,779,272	463,439,137	102,340,135	8 13 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	579,297,263	467,185,743	112,111,520	8 91 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	23,844,924	8,991,477	14,853,447	1 18 %
f Health professions education (from Worksheet 5)	0	0	9,057,665	4,642,125	4,415,540	0 35 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	0	0	37,791,714	15,856,718	21,934,996	1 74 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	2,091,768	0	2,091,768	0 17 %
j Total. Other Benefits	0	0	72,786,071	29,490,320	43,295,751	3 44 %
k Total. Add lines 7d and 7j	0	0	652,083,334	496,676,063	155,407,271	12 35 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	15,591,315	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	2,553,328	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	3,553,379	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,000,051	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.nemours.org/community</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.nemours.org/community</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Section C, Line 16</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Section C, Line 16</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Section C, Line 16</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input checked="" type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **56**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	The Nemours 2017 Report to Our Communities entitled, "Infinite Possibilities?" can be found at https://www.nemours.org/about/financial-benefit-to-the-community.html
Schedule H, Part I, Line 7	Nemours calculated the amounts included in Part I, Lines 7a-b utilizing the methodology provided in the various worksheets included in the instructions for Schedule H of Form 990. These worksheets include Worksheet 1, Charity Care at Cost, Worksheet 2, Ratio of Patient Care Cost-to-Charges and Worksheet 3, Unreimbursed Medicaid and Other Means-Tested Government Programs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column f	Nemours included provision for bad debt (bad debt expense) in Form 990, Part IX, line 24 of \$41,757,707. Such amount was subtracted from total expense of \$1,273,444,980 for purposes of determining percent of total expense calculations.
Schedule H, Part I, Line 7a	<p>Financial Assistance At Cost - Nemours' mission is to "provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status." Community Health Improvement Services and Community Benefit Operations. During 2017, Nemours continued to focus on leadership and programs dealing with not just health care, but also areas of children's health promotion and disease prevention. Through Nemours Health & Prevention Services, Nemours Center for Children's Health Media, Nemours Brightstart¹ and others, Nemours subsidized prevention and children's health programs totaling nearly \$10.7 million. Nemours provided a variety of community health services for more than 6,700 of Delaware's low-income senior citizens of approximately \$4.2 million. These outpatient health care services included dental care, eye examinations and eyeglasses, as well as hearing tests and hearing aids at the Nemours Senior Care Research. Nemours continues to improve children's lives through the power of discovery. However, new discoveries are not enough. We are integrating research findings at the bedside and exam room where it has the greatest impact on children. In total, Nemours subsidized health research by over \$21.9 million during 2017 with more than 450 research projects under the direction of more than 100 Nemours physician-scientists.</p> <p>Education & Training of Health Professionals. Nemours continues to train the next generation of pediatric specialists through affiliations with Thomas Jefferson University, the Mayo Clinic Medical College and others. In 2017, Nemours hosted 772 residents and 809 medical students and provided fellowship rotations for 90 physicians. Nemours supported education and training programs for health professionals of more than \$4.4 million.</p> <p>Uncompensated Medical Care. Nemours' services classified as "charity care" or where the recipient could not afford services or lacked adequate health insurance, was nearly \$9.8 million in 2017. Nemours also covers the costs in excess of government payments for services provided to Medicaid and other public health beneficiaries of nearly \$102.3 million with an additional \$42.5 million in uncollected patient care charges written off by Nemours during the same period. All totaled, uncompensated care for 2017 approximates \$154.6 million.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section A, Line 4	In the Alfred I duPont Hospital for Children and Nemours Children's Hospital audited financial statements, see footnote 1e located on pages 12 and 32 , respectively, for a description of bad debt expense The source of the Medicare allowable costs comes from the 2017 Medicare Cost Reports
Schedule H, Part III, Section B, Line 8	The entire shortfall related to Medicare reported on line 7 should be considered a community benefit Nemours is bearing the burden of providing care in excess of our costs to those Medicare patients The source of the Medicare allowable costs comes from the 2017 Medicare Cost Reports

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section C, Line 9b	The Nemours financial assistance policy applies to all of the facilities that it operates. Debt collection is not pursued against patients who qualify for the financial assistance program.
Schedule H, Part VI, Line 2	<p>Nemours assesses the healthcare needs of these communities using various methods. For example, Nemours community relations team is active at all sites to identify specific community needs for children. At Nemours, we seek to understand the health needs of the families who live in the communities we serve. Nemours has clinical operations in communities in Delaware, southeastern Pennsylvania and southern New Jersey (referred to as the Delaware Valley), Maryland and Florida. Nemours is committed to improving the health of children, even those who never enter our doors. To do this effectively, Nemours conducts community health needs assessments (CHNAs) then explores potential strategies to influence them. The CHNA can be found at www.nemours.org/community. The "areas of opportunity" listed below represent the significant health needs of children and adolescents in the communities our hospitals serve.</p> <p>Areas of opportunity in the Delaware Valley: access to health services, alcohol, tobacco and other drugs, health education, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, sexual activity.</p> <p>Areas of opportunity in Central Florida: access to health services, health education, injury and safety, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, vision, hearing and speech.</p> <p>Nemours seeks to educate families about children's health and parenting through its Center for Children's Health Media (KidsHealth.org). KidsHealth helps families by enabling parents, kids and teens to better understand and take mastery of their own health. Nemours creates integrated suites of physician reviewed, family-friendly, engaging media that provide families with knowledge, perspective, advice and comfort.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	<p>All of Nemours hospital and clinic locations share the same practice of educating patients and their families in the eligibility process. Information regarding financial assistance can be found on our website at https://www.nemours.org/patientfamily/financialassistance.html. Nemours employs financial counselors, as well as engages independent firms (collectively referred to as Financial Counselors) to assist in determining Medicaid eligibility. The Financial Counselors, some of whom are multi-lingual, work with families, educate and assist them with form completion regarding any program for which they might be eligible, including programs in the state of residence. Patients that arrive for an appointment at one of our practices, or admitted to or present to the emergency room at AIDHC or NCH as "self pay" are screened for Medicaid eligibility. The Financial Counselors follow up directly with the respective State regarding their decision/determination. Certain Financial Counselors may go to the family's home, if necessary. In some instances, certain Financial Counselors will ask for and receive limited power of attorney, in an effort to assist the family with the Medicaid eligibility process. To benefit from Nemours Financial Assistance Program, a family must participate in the Medicaid eligibility process described above. Through that process, Nemours assesses eligibility for our charity care program, which is based on Federal Poverty Guidelines as indicated in Schedule H, Part I, lines 3a and b. Eligibility for the Nemours Financial Assistance Program is completed by the Financial Counselors. Personnel at AIDHC have also established the Family Advisory Council (FAC), a group of parents whose children have had services at AIDHC. The purpose of the FAC is to obtain feedback from families about additional ways Nemours can assist with financial eligibility issues. Nemours' representatives have participated in the Robert Wood Johnson Foundation funded "Children's Hospital Eligibility Process Improvement Collaborative", an effort about educating providers regarding eligibility best practices. The collaborative touched on topics from literacy and how to write and share a brochure in a way that the family can understand, to assessing what an appropriate staffing level should be. In an effort to perform proactive outreach in the Delaware Valley, Nemours' Financial Counselors go to our various locations, as well as local Community Health Center facilities. Both types of places represent a source from which families come to Nemours. Such visits focus on educating families about the various funding sources for which they might be eligible.</p>
Schedule H, Part VI, Line 4	<p>Schedule H, Part VI, Line 4 - Nemours' clinical operations include two children's hospitals and multiple outpatient clinics. In Wilmington, Delaware, Nemours operates specialty and primary care children's clinics and a health clinic for the elderly. Nemours' service area includes 27 counties throughout Delaware, southeastern Pennsylvania, and southern New Jersey. In 2011, an estimated 204,208 children and youth under the age of 18 lived in Delaware, (US Census Bureau, 2011) comprising approximately 22.7% of the area's total population. Currently, Delaware's children and youth population is comprised primarily of 61% White and 25.7% African American compared to 68.2% White and 14.3% African American, nationally (US Census Bureau, 2011). Household income level can have a significant impact on the health status of children living in the household. Overall, a smaller percentage of children and youth in Delaware (17.5%) live below 100% of the Federal Poverty Level (FPL) when compared to the national rate of children in poverty (22.5%) (US Census Bureau, 2011). Approximately, 63.9% of the area's children and youth live in households with incomes at or above 200 percent of the poverty level (US Census Bureau, 2011). The vast majority of children and youth in the Delaware (96.4%) have health insurance coverage (National Survey of Children's Health, 2011), either through a private source or a public health insurance program such as Medicaid. Nemours' clinical operations in Florida include a children's hospital in Orlando, and a statewide physician practice with campuses in Jacksonville, Pensacola and Orlando. The majority of children and youth in Florida are white (67.6%) while African American children make up 21% of the population (US Census Bureau, 2011). A slightly larger number of children and youth in Florida (24.9%) live below 100% of the FPL when compared to the national rate of children in poverty (22.5%). Based on the US Census bureau (2011), children in Florida are more likely to be uninsured or publicly insured (53.1%), and less likely to be privately insured (59.1%) than children and youth nationally (44.7% and 66.2%, respectively). The majority of children and youth in Florida are covered through private, largely employer-sponsored, health insurance. About 32.1% of children and youth in Florida are covered by public health insurance (US census bureau, 2011), a percentage which is slightly higher than the national average (29.5%). Finally, a greater proportion of children and youth are uninsured in Florida than nationally (21% vs. 15.2%) (US Census Bureau, 2011). For more information about the communities Nemours serves, please see our CHNA at https://www.nemours.org/about/why/healthequityinclusion.html.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	Schedule H, Part VI, Line 5 - The Alfred I duPont Hospital for Children and the Nemours Children's Hospital have open model medical staffs. Criteria for membership and clinical privileges are outlined in the Medical Staff Bylaws. Certain areas of practice are only open to practitioners employed by or under contract with Nemours and are eligible for privileges in their respective areas.
Schedule H, Part VI, Line 6	Nemours is not a part of an affiliated health care system. However, Nemours works in tandem with numerous community resources in the communities it serves.

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2											
Name, address, primary website address, and state license number											
1	Alfred I duPont Hospital for Children 1600 Rockland Road Wilmington, DE 19803 www.nemours.org HSPTL-003	X		X							A
2	Nemours Children's Hospital 13535 Nemours Parkway Orlando, FL 32827 www.nemours.org 4509	X		X							A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3-Group A	Nemours conducted a Child & Adolescent Community Health Needs Assessment (CHNA) in 2017. The CHNA report can be found at https://www.nemours.org/about/community-health-needs.html
Schedule H, Part V, Section B, Line 5-Group A	As part of the Child & Adolescent Community Health Needs Assessment (CHNA), Nemours solicited information from multiple key informants: physicians, other health professionals, social service providers, business leaders, public health representatives and other community leaders. A list of these key informants can be found in the Nemours CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11-Group A	See the implementation plan and progress reports located at https //www nemours org/about/community-health-needs html
Schedule H, Part V, Section B, Line 16-Group A	http //www nemours org/patientfamily/financialassistance html

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18e-Group A	Nemours utilizes its own internal collections department in order to address non-payment by patients who have not been qualified for financial assistance in a sensitive manner

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

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

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

Name and address	Type of Facility (describe)
1 NEMOURS DUPONT PEDIATRICS WILMINGTON 1600 ROCKLAND ROAD Wilmington, DE 19803	PEDIATRIC SPECIALTY CARE CLINIC AND CARDIAC CENTER
1 NEMOURS CHILDREN'S SPECIALITY CARE JACKSONVILLE 807 CHILDRENS WAY JACKSONVILLE, FL 32207	PEDIATRIC SPECIALTY CARE CLINIC INCLUDING BRIGHTSTART DYSLEXIA INITIATIVE
2 Nemours Children's Specialty Care Brunswick Southeast Georgia Health System 3025 Shrine Road Suite 350 Brunswick, GA 31520	PEDIATRIC SPECIALTY CARE CLINIC
3 NEMOURS CHILDREN'S SPECIALITY CARE DAYTONA BEACH 1219 DUNN AVE DAYTONA BEACH, FL 32114	CHILDREN'S CLINIC SPECIALTY CARE
4 NEMOURS CHILDREN'S SPECIALITY CARE FLEMING ISLAND Baptist Clay Medical Center Campus 1747 Baptist Clay Drive Suite 130 Fleming Island, FL 32003	CHILDREN'S CLINIC SPECIALTY CARE
5 NEMOURS CHILDREN'S SPECIALITY CARE JACKSONVILLE SOUTH 14785 OLD ST AUGUSTINE ROAD SUITE 200 JACKSONVILLE, FL 32258	CHILDREN'S CLINIC SPECIALTY CARE
6 Nemours Children's Specialty Care Lake City 164 NW Madison St Suite 201 Lake City, FL 32055	PEDIATRIC SPECIALTY CARE CLINIC
7 NEMOURS CHILDREN'S SPECIALITY CARE ORLANDO DOWNTOWN 1717 SOUTH ORANGE AVENUE SUITE 100 Orlando, FL 32806	CHILDREN'S CLINIC SPECIALTY CARE
8 NEMOURS CHILDREN'S SPECIALITY CARE LAKE MARY 3300 WEST LAKE MARY BLVD SUITE 100 LAKE MARY, FL 32746	CHILDREN'S CLINIC SPECIALTY CARE
9 Nemours Children's Specialty Care Lake Nona 9368 Narcoossee Road Suite 105 Orlando, FL 32827	PEDIATRIC SPECIALTY CARE CLINIC and Urgent Care Clinic
10 Nemours Children's Specialty Care Lakeland Lakeland Regional Health Medical Center 1324 Lakeland Hills Blvd Suite A Lakeland, FL 33805	PEDIATRIC SPECIALTY CARE CLINIC
11 Nemours Children's Specialty Care Wesley Chapel 2020 Ashley Oaks Circle Suite 102 Wesley Chapel, FL 33544	PEDIATRIC SPECIALTY CARE CLINIC
12 Nemours Children's Specialty Care Winter Garden 2020 Daniels Road Suite B Winter Garden, FL 34787	PEDIATRIC SPECIALTY CARE CLINIC
13 NEMOURS CHILDREN'S CLINIC PENSACOLA 8331 North Davis Highway Pensacola, FL 32514	CHILDREN'S CLINIC SPECIALTY CARE
14 NEMOURS CHILDRENS CLINIC BONIFAY 2600 HOSPITAL DRIVE BONIFAY, FL 32425	PEDIATRIC SPECIALTY CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
16 Nemours Children's Specialty Care Ft Walton Beach 341 Racetrack Road NW Ft Walton Beach, FL 32547	PEDIATRIC SPECIALTY CARE CLINIC
1 Nemours Children's Specialty Care Tallahassee- Centre Pointe Southeast Urological Center 2000 Centre Pointe Blvd Tallahassee, FL 32308	PEDIATRIC SPECIALTY CARE CLINIC
2 Nemours Children's Specialty Care Tallahassee-Phillips Children's Medical Services (CMS) Building 2390 Phillips Road Tallahassee, FL 32308	PEDIATRIC SPECIALTY CARE CLINIC
3 NEMOURS DUPONT PEDIATRICS BRYN MAWR Bryn Mawr Medical Arts Pavilion 825 Old Lancaster Road Suite 250 Bryn Mawr, PA 19010	PEDIATRIC SPECIALTY CARE CLINIC and Surgical Center
4 NEMOURS DUPONT PEDIATRICS SEAFORD 49 FALLON AVENUE SEAFORD, DE 19973	PEDIATRIC PRIMARY AND SPECIALITY CARE AND DYSLEXIA INITIATIVE CLINIC
5 NEMOURS DUPONT PEDIATRICS MIDDLETOWN 200 CLEAVER FARM ROAD SUITE 201 MIDDLETOWN, DE 19709	PEDIATRIC PRIMARY CARE
6 NEMOURS DUPONT PEDIATRICS FOULK ROAD Foulkstone Plaza 1405 Foulk Road Suite 101 Wilmington, DE 19803	PEDIATRIC PRIMARY CARE
7 Nemours duPont Pediatrics Deptford 1280 Almonesson Road Deptford, NJ 08096	PEDIATRIC SPECIALTY CARE CLINIC and Surgery Center
8 NEMOURS DUPONT PEDIATRICS MEDIA 1098 W BALTIMORE PIKE SUITE 3403 MEDIA, PA 19063	PEDIATRICS PRIMARY CARE
9 NEMOURS DUPONT PEDIATRICS DOVER 201 Towne Centre Drive Suite 500 Dover, DE 19904	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
10 NEMOURS DUPONT PEDIATRICS NEWTOWN SQUARE 3855 WEST CHESTER PIKE SUITE 280 NEWTOWN SQUARE, PA 19073	PEDIATRIC SPECIALITY CARE CLINIC
11 NEMOURS DUPONT PEDIATRICS ST FRANCIS 700 NORTH CLAYTON STREET SUITE 400 WILMINGTON, DE 19805	PEDIATRIC PRIMARY CARE
12 NEMOURS DUPONT PEDIATRICS GLEN MILLS 101 APPLIED BANK BLVD SUITE 11 GLEN MILLS, PA 19342	PEDIATRIC SPECIALTY CARE CLINIC and Urgent Care Clinic
13 NEMOURS DUPONT PEDIATRICS VILLANOVA 789 EAST LANCASTER AVENUE SUITE 10 VILLANOVA, PA 19085	PEDIATRIC PRIMARY CARE
14 NEMOURS DUPONT PEDIATRICS NEWARK 200 Biddle Ave Suite 100 Newark, DE 19702	PEDIATRIC PRIMARY CARE

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

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

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

Name and address	Type of Facility (describe)
31 NEMOURS DUPONT PEDIATRICS JESSUP STREET 1602 JESSUP STREET WILMINGTON, DE 19802	PEDIATRIC PRIMARY CARE
1 NEMOURS DUPONT PEDIATRICS COLLEGEVILLE 100 Campus Drive Building A Collegeville, PA 19426	CHILDREN'S CLINIC SPECIALTY CARE AND PRIMARY CARE
2 NEMOURS DUPONT PEDIATRICS PIKE CREEK 5500 SKYLINE DRIVE SUITE 4 WILMINGTON, DE 19808	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
3 NEMOURS DUPONT PEDIATRICS BECKS WOODS 141 BECKS WOODS DRIVE BEAR, DE 19701	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
4 NEMOURS DUPONT PEDIATRICS MILFORD TEAL CREEK PLAZA 703 NORTH DUPONT BOULEVARD MILFORD, DE 19963	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
5 Nemours duPont Pediatrics Concordville 1020 Baltimore Pike Suite 300 Glen Mills, PA 19342	PEDIATRICS PRIMARY CARE
6 NEMOURS DUPONT PEDIATRICS EXTON 101 ARRANDALE BLVD SUITE 103 EXTON, PA 19341	PEDIATRIC PRIMARY CARE
7 NEMOURS DUPONT PEDIATRICS VOORHEES 443 LAUREL OAK ROAD SUITE 200 VOORHEES, NJ 08043	CHILDREN'S CLINIC SPECIALTY CARE
8 NEMOURS DUPONT PEDIATRICS VINELAND 2950 COLLEGE DRIVE SUITE 2B VINELAND, NJ 08360	CHILDREN'S CLINIC SPECIALTY CARE
9 NEMOURS CHILDRENS URGENT CARE WATERFORD LAKES 651 NORTH ALAFAYA TRAIL ORLANDO, FL 32828	PEDIATRIC URGENT CARE CLINIC
10 NEMOURS CHILDRENS URGENT CARE ORLANDO KISSIMMEE 4101 TOWN CENTER BOULEVARD ORLANDO, FL 32837	PEDIATRIC URGENT CARE CLINIC
11 Nemours duPont Pediatrics Wayne 110 W Lancaster Ave Wayne, PA 19087	PEDIATRICS PRIMARY CARE
12 NEMOURS DUPONT PEDIATRICS SEAFORD - SHIPLEY 411 N Shipley St Seaford, DE 19973	PEDIATRICS PRIMARY CARE
13 Nemours Children's Specialty Care Kissimmee 750 Centerview Blvd Suite Kissimmee, FL 34741	PEDIATRIC SPECIALTY CARE CLINIC and Urgent Care Clinic
14 NEMOURS SENIORCARE WILMINGTON 1600 ROCKLAND ROAD WILMINGTON, DE 19803	HEALTH CLINIC

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

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

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

Name and address	Type of Facility (describe)
46 NEMOURS DUPONT PEDIATRICS LANCASTER 2128 EMBASSY DRIVE LANCASTER, PA 17603	CHILDREN'S CLINIC SPECIALTY CARE
1 NEMOURS SENIORCARE MILFORD 915 NORTH DUPONT BOULEVARD MILFORD, DE 19963	HEALTH CLINIC
2 Nemours Children's Specialty Care Davenport 410 Lionel Way Davenport, FL 33837	PEDIATRIC SPECIALTY CARE CLINIC
3 Nemours Children's Specialty Care Titusville The Childrens Center of Parrish Medical Center 5650 S Washington Ave Titusville, FL 32780	PEDIATRIC SPECIALTY CARE CLINIC
4 NEMOURS DUPONT PEDIATRICS UPLAND CROZER CHESTER MEDICAL CENTER ONE MEDICAL CENTER BLVD SUITE 443 UPLAND, PA 19013	PEDIATRIC SPECIALTY CARE CLINIC
5 NEMOURS CHILDRENS URGENT CARE SANFORD 1481 WP BALL BOULEVARD SANFORD, FL 32771	PEDIATRIC URGENT CARE CLINIC
6 NEMOURS BRIGHTSTART 9145 NARCOOSEE ROAD ORLANDO, FL 32827	DYSLEXIA INITIATIVE
7 NEMOURS DUPONT PEDIATRICS PHILADELPHIA 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107	PEDIATRIC PRIMARY CARE AND SPECIALITY CARE CLINIC
8 NEMOURS DUPONT PEDIATRICS PAOLI 1676 LANCASTER AVE PAOLI, PA 19301	PEDIATRIC PRIMARY CARE
9 NEMOURS CHILDRENS URGENT CARE MELBOURNE 1270 NORTH WICKHAM ROAD MELBOURNE, FL 32935	PEDIATRIC URGENT CARE CLINIC
10 NEMOURS HEALTH AND PREVENTION SERVICES 49 FALLON AVENUE SEAFORD, DE 19973	PREVENTION SERVICES

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

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

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
59-0634433

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40

3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Aggregate Employee Relief Fund Donations	42	36,875	0	FMV	
(2) Aggregate Research Patient Participation Payment	328	240,088	0	FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 1901 ROCKLAND RD WILMINGTON, DE 19803	59-3211250	501(c)(3)	66,845	0	FMV		Donation
RONALD MCDONALD HOUSE 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	59-3211250	501(c)(3)	62,609	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF THE PHILADELPHIA REGION 200 SOUTH BROAD STREET 10TH FL PHILADELPHIA, PA 19102	59-3211250	501(c)(3)	25,000	0	FMV		Donation
RONALD MCDONALD HOUSE 824 CHILDRENS WAY JACKSONVILLE, FL 32207	59-3211250	501(c)(3)	28,115	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE CTR FOR HEALTH INNOVATION 1 INNOVATION WAY SUITE 304 NEWARK, DE 19711	47-3638935	501(c)(3)	76,000	0	FMV		Donation
Orange County Board of County Commissioners 201 South Rosalind Avenue Orlando, FL 32829	99-9999999	GOVT	60,592	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AM HEART ASSOCIATION 237 EAST MARKS STREET ORLANDO, FL 32803	13-5613797	501(c)(3)	6,250	0	FMV		Donation
AM HEART ASSOCIATION GREAT RIVERS AFFILIATE PO BOX 50065 PRESCOTT, AZ 85304	13-5613797	501(c)(3)	45,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE PROSPERITY PARTNERSHIP PO BOX 671 WILMINGTON, DE 19899	82-2881997	501(c)(3)	50,000	0	FMV		Donation
RIPPEL FOUNDATION 14 MAPLE AVE SUITE 200 MORRISTOWN, NJ 07960	22-1559427	501(c)(3)	40,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY HEALTH 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(c)(3)	35,000	0	FMV		Donation
RODEL FOUNDATION OF DELAWARE 100 WEST 10TH STREET SUITE 704 WILMINGTON, DE 19801	91-1944858	501(c)(3)	30,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER BRANDYWINE 1 E CHESTNUT STREET WEST CHESTER, PA 19380	23-1365994	501(c)(3)	27,250	0	FMV		Donation
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(c)(3)	25,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKELAND REGIONAL HEALTH FOUNDATION PO BOX 95448 LAKELAND, FL 33804	23-7134974	501(c)(3)	25,000	0	FMV		Donation
MARCH OF DIMES 5620 KIRKWOOD HIGHWAY WILMINGTON, DE 19808	13-1846366	501(c)(3)	15,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Excellence HEALTH CARE JOURNALISM 10 NEFF HALL COLUMBIA, MO 65211	41-1908032	501(c)(3)	18,857	0	FMV		Donation
WOLFSON CHILDRENS HOSPITAL THE WOMENS BOARD 1325 SAN MARCO BLVD SUITE 802 JACKSONVILLE, FL 32207	59-0747311	501(c)(3)	15,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDC OF MID FLORIDA 301 E PINE ST SUITE 900 ORLANDO, FL 32801	59-1767933	501(c)(3)	17,300	0	FMV		Donation
JDRF INTERNATIONAL 370 CENTER POINT CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	23-1907729	501(c)(3)	10,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSPIRA HEALTH NETWORK INSPIRA VACCINE SYMPOSIUM BOX 44 1505 W SHERMAN AVE VINELAND, NJ 08360	22-3746758	501(c)(3)	10,500	0	FMV		Donation
INSPIRA HEALTH NETWORK 2950 COLLEGE DRIVE SUITE 1F VINELAND, NJ 08360	22-3746758	501(c)(3)	5,900	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION WARM INC PO BOX 822431 PHILADELPHIA, PA 19182	38-3663310	501(c)(3)	15,000	0	FMV		Donation
LAKE HIGHLAND PREPARATORY ATTN MARILY RATHBUN 901 NORTH HIGHLAND AVE ORLANDO, FL 32803	59-0624431	501(c)(3)	15,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA RESEARCH FOUNDATION 91 LUKENS DRIVE SUITE F NEW CASTLE, DE 19720	26-1215347	501(c)(3)	13,500	0	FMV		Donation
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	59-2654440	501(c)(3)	12,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACK SHACK FITNESS CLUB INC EVENT MARKETING AND MANAGEMENT 1013 MONTANA STREET ORLANDO, FL 32803	26-3361402	501(c)(3)	10,264	0	FMV		Donation
FUTURE SOCCER STARS 2438 W 18TH ST WILMINGTON, DE 198061206	81-5161637	501(c)(3)	10,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AM RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	53-0196605	501(c)(3)	10,000	0	FMV		Donation
CHILDRENS HOSPITAL OF PHILADELPHIA 34TH ST and CIVIC CTR BLVD CHOP NORTH SUITE 1220 PHILADELPHIA, PA 19104	23-1352166	501(c)(3)	10,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE DEPARTMENT OF TRANSPORTATION OFFICE OF ADMINISTRATION PO BOX 778 DOVER, DE 199030778	99-9999999	GOV'T	10,000	0	FMV		Donation
CROHNS AND COLITIS FOUNDATION 150 MONUMENT ROAD SUITE 402 BALA CYNWYD, PA 19004	13-6193105	501(c)(3)	6,100	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIV PENN STATE BKCP 2182 SANDY DRIVE SUITE 204 STATE COLLEGE, PA 16803	24-6000376	501(c)(3)	8,460	0	FMV		Donation
MAKE A WISH FOUNDATION OF CENTRAL AND NORTH FL 1020 N ORLANDO AVE STE 100 MAITLAND, FL 32751	59-3235806	501(c)(3)	8,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUFFYS HOPE INC 100 W 10TH STREET SUITE 9 WILMINGTON, DE 19801	06-1652976	501(c)(3)	7,544	0	FMV		Donation
NATIONAL KIDNEY FOUNDATION 1500 WALNUT STREET SUITE 301 PHILADELPHIA, PA 19102	36-6009226	501(c)(3)	7,500	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURESEARCH 4600 E WEST HWY SUITE 600 BETHESDA, MD 20814	95-4132414	501(c)(3)	7,500	0	FMV		Donation
CENTER FOR LEARNING GARDEN STATE DISCOVERY MUSEUM 2040 SPRINGDALE RD STE 100 CHERRY HILL, NJ 08003	22-3410864	501(c)(3)	7,000	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE ZOO 370 ZOO PARKWAY JACKSONVILLE, FL 32218	59-1319010	501(c)(3)	7,000	0	FMV		Donation
CYSTIC FIBROSIS FOUNDATION 1850 LEE ROAD SUTE 111 WINTER PARK, FL 32789	13-1930701	501(c)(3)	6,500	0	FMV		Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF DELAWARE KIDS COUNT IN DE 298 K GRAHAM HALL NEWARK, DE 197167350	51-6000297	501(c)(3)	5,500	0	FMV		Donation
DEPTFORD TOWNSHIP MUNICIPAL MUNICIPAL BUILDING 1011 COOPER STREET DEPTFORD, NJ 08096	21-0733144	GOV'T	5,500	0	FMV		Donation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

Yes No

1b	Yes	
2	Yes	

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4a		No
4b	Yes	
4c		No

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

5a		No
5b		No

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

6a		No
6b		No

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7	Yes	
----------	-----	--

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8		No
----------	--	----

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
----------	--	--

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

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

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	Nemours has established a policy for the reimbursement of travel and related expenses incurred by its employees. All transportation and travel arrangements shall be the most economical under the circumstances. Excursion or coach fares shall be ordered whenever available. Approval of a vice president shall be required for any other class of travel. Each department has the right to limit travel expenditures based on budgetary restrictions and may limit coverage to certain categories of travel expense. First class travel may occur in situations for Nemours employees wherein other fares are not available or travel is for a long period of time or overseas. Board members also have the option of traveling first class. Effective, January 1, 2009, Nemours instituted a written policy regarding such travel.
Schedule J, Part I, Line 4	The Nemours Foundation maintains a Supplemental Executive Retirement Plan ("SERP") for a select group of management and highly compensated employees as determined by the Board of Directors. The SERP was adopted in order to provide certain key employees with nonqualified deferred compensation benefits subject to IRC section 457(f) in recognition of the services they provide. The Nemours Foundation makes discretionary contributions to the Plan and may amend or terminate the Plan at any time. Participants Include: Roy Proujansky (150,480), Stephen Lawless (77,248), Mariane Stefano (31,049), Gina Altieri (41,919), David J Bailey MD (501,119), Robert D Bridges (131,338), Theresa M Young (51,421), Paul Kempinski (36,610), Deborah Chang (41,878), Brent R King MD (61,488).
Schedule J, Part I, Line 7	Certain employees of Nemours are eligible for incentive compensation. This compensation is based on qualitative and quantitative organizational goals and the achievement of such goals by the organization, its division and individuals.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Christian Pizarro MD Director of Nemours Cardiac Center	(i)	1,726,524	173,581	2,322	6,447	19,141	1,928,015	0
	(ii)	0	0	0	0	0	0	0
1Peter D Wearden MD Cardiothoracic Surgeon, NCCO	(i)	1,298,123	166,386	1,380	0	26,694	1,492,583	0
	(ii)	0	0	0	0	0	0	0
2William G Mackenzie MD Dept of Orthopaedics Chair, AIDHC	(i)	736,796	99,454	11,393	6,937	13,161	867,741	0
	(ii)	0	0	0	0	0	0	0
3Jeffrey Campbell MD Director Neuroscience Center, NCCW	(i)	748,423	95,628	1,242	5,930	13,268	864,491	0
	(ii)	0	0	0	0	0	0	0
4Michael J Erhard MD Ent VP and Physician in Chief, FI Ops	(i)	596,919	81,950	21,999	20,719	20,151	741,738	0
	(ii)	0	0	0	0	0	0	0
5Daniel J Podberesky MD Dept of Radiology Chief, NCCO	(i)	556,693	79,560	1,060	0	31,470	668,783	0
	(ii)	0	0	0	0	0	0	0
6Eric A Loveless MD Dept of Orthopaedics, Divison Chief, NCCJ	(i)	554,521	82,746	4,064	6,927	12,178	660,436	0
	(ii)	0	0	0	0	0	0	0
7Gary D Josephson MD Chief Medical Officer, NCCJ	(i)	550,536	99,425	1,742	6,317	20,125	678,145	0
	(ii)	0	0	0	0	0	0	0
8Debbie J Merinbaum MD Dept of Radiology Chair, NCCJ	(i)	535,995	78,933	2,572	6,867	12,430	636,797	0
	(ii)	0	0	0	0	0	0	0
9Terri Finkel MD Dept of Pediatrics Chair, NCH	(i)	497,339	73,444	10,564	0	29,123	610,470	0
	(ii)	0	0	0	0	0	0	0
10Tetsu Uejima MD Dept of Anesthesiology/Critical Care Chair, NCCW	(i)	474,592	72,678	3,445	0	33,615	584,330	0
	(ii)	0	0	0	0	0	0	0
11Arabinda K Choudhary MD Dept of Medical Imaging Chair, AIDHC	(i)	500,322	73,440	6,056	0	33,623	613,441	0
	(ii)	0	0	0	0	0	0	0
12Stephen Dunn MD Dept of Surgery Chair, AIDHC	(i)	532,754	73,443	6,820	8,854	12,176	634,047	0
	(ii)	0	0	0	0	0	0	0
13Julie L Wei MD Surgeon in Chief, NCCO	(i)	524,557	74,503	1,060	0	33,625	633,745	0
	(ii)	0	0	0	0	0	0	0
14Carlos Archilla MD Dept of Anesthesiology Chair, NCCO	(i)	439,284	63,849	1,323	0	27,967	532,423	0
	(ii)	0	0	0	0	0	0	0
15Carolyn F Bannister MD Dept of Anesthesiology Chair, NCCJ	(i)	449,098	71,920	3,208	0	27,211	551,437	0
	(ii)	0	0	0	0	0	0	0
16Jay S Greenspan MD Dept of Pediatrics Chair, AIDHC	(i)	414,853	116,562	17,557	6,407	20,071	575,450	0
	(ii)	0	0	0	0	0	0	0
17Mary B Mehta MD Chief Medical Officer, FL Network Operations	(i)	382,706	55,212	12,853	5,975	20,077	476,823	0
	(ii)	0	0	0	0	0	0	0
18Paul A Pitel MD Dept of Pediatrics Chair, NCCJ	(i)	341,395	48,702	4,465	31,604	13,057	439,223	0
	(ii)	0	0	0	0	0	0	0
19Kevin P Sheahan MD Dept of Pediatrics, Divison Chief, DE	(i)	351,703	42,902	16,748	6,625	19,034	437,012	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Leslie Grissom MD Dept of Radiology, Radiologist, AIDHC (former)	(i)	415,441	20,000	9,790	6,591	13,109	464,931	0
	(ii)	0	0	0	0	0	0	0
1Salvatore R Goodwin MD Dept of Anesthesiology Chair, NCCJ (former)	(i)	218,935	0	2,658	5,046	19,941	246,580	0
	(ii)	0	0	0	0	0	0	0
2Adela T Casas-Melley MD Dept of Surgery Chair, NCH	(i)	660,634	48,750	1,992	0	36,325	747,701	0
	(ii)	0	0	0	0	0	0	0
3Suken A Shah MD Orthopaedic Surgeon	(i)	907,451	10,889	810	6,403	21,115	946,668	0
	(ii)	0	0	0	0	0	0	0
4Pamela I Ellsworth MD Dept of Urology, Division Chief, NCH	(i)	596,990	80,000	4,588	0	23,619	705,197	0
	(ii)	0	0	0	0	0	0	0
5Todd A Maugans MD Dept of Neurosurgery, Division Chief, NCH	(i)	742,896	78,128	3,072	0	31,821	855,917	0
	(ii)	0	0	0	0	0	0	0
6John F Lovejoy MD Dept of Orthopaedics Chair, NCCO	(i)	653,128	69,375	1,060	0	34,589	758,152	0
	(ii)	0	0	0	0	0	0	0
7W T Thompson Member (former)	(i)	0	0	0	0	0	0	0
	(ii)	144,330	0	0	0	0	144,330	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
59-0634433

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

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	33,905,000									
2	Amount of bonds legally defeased	0									
3	Total proceeds of issue	326,242,302									
4	Gross proceeds in reserve funds	0									
5	Capitalized interest from proceeds	0									
6	Proceeds in refunding escrows	24,350,000									
7	Issuance costs from proceeds	1,834,712									
8	Credit enhancement from proceeds	0									
9	Working capital expenditures from proceeds	0									
10	Capital expenditures from proceeds	300,057,590									
11	Other spent proceeds	0									
12	Other unspent proceeds	0									
13	Year of substantial completion	2012									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X									
15	Were the bonds issued as part of an advance refunding issue?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 018 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	1 018 %							
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Schedule K, Part III, Line 4-10/15/2009 326,242,302 Orange County Health Facilities Authority	For the year ended December 31, 2017, private use disclosed in Schedule K, Part III Line 4 Column A is 1.018% Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 10/15/2009 326,242,302 Orange County Health Facilities Authority	10/15/2009 326,242,302 Orange County Health - Calculation last performed on 12/6/2012

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Stephanie Quintavalla	Family of M Giouard	26,466	Employment Compensation		No
(1) Patricia Solo-Josephson	Family of G Josephson	170,513	Employment Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) Richard Finkel MD	Family of T Finkel	349,005	Employment Compensation		No
(1) Kelsey Bridges	Family of R Bridges	63,556	Employment Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Substantial Contributor	Service Provider	114,829	Independent Contractor		No
(1) Substantial Contributor	Service Provider	342,381	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Substantial Contributor	Service Provider	4,338,778	Independent Contractor		No
(1) Substantial Contributor	Service Provider	951,602	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) Substantial Contributor	Service Provider	537,543	Independent Contractor		No
(1) Substantial Contributor	Service Provider	462,197	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) Substantial Contributor	Service Provider	6,568,233	Independent Contractor		No
(1) Substantial Contributor	Service Provider	535,135	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) Substantial Contributor	Service Provider	810,354	Independent Contractor		No
(1) Substantial Contributor	Service Provider	1,956,641	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(15) Substantial Contributor	Service Provider	306,190	Independent Contractor		No
(1) Substantial Contributor	Service Provider	416,791	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(17) Substantial Contributor	Service Provider	19,621,433	Independent Contractor		No
(1) Substantial Contributor	Service Provider	3,900,000	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(19) Substantial Contributor	Service Provider	267,576	Independent Contractor		No
(1) Substantial Contributor	Service Provider	709,726	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(21) Substantial Contributor	Service Provider	3,388,929	Independent Contractor		No
(1) Substantial Contributor	Service Provider	664,542	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(23) Substantial Contributor	Service Provider	359,254	Independent Contractor		No
(1) Substantial Contributor	Service Provider	175,051	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(25) Substantial Contributor	Service Provider	136,975	Independent Contractor		No
(1) Substantial Contributor	Service Provider	1,574,460	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(27) Substantial Contributor	Service Provider	126,459	Independent Contractor		No
(1) Substantial Contributor	Service Provider	273,221	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(29) Substantial Contributor	Service Provider	2,237,367	Independent Contractor		No
(1) Substantial Contributor	Service Provider	705,400	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(31) Substantial Contributor	Service Provider	336,519	Independent Contractor		No
(1) Substantial Contributor	Service Provider	46,653,174	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(33) Substantial Contributor	Service Provider	187,267	Independent Contractor		No
(1) Substantial Contributor	Service Provider	220,108	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(35) Substantial Contributor	Service Provider	1,748,952	Independent Contractor		No
(1) Substantial Contributor	Service Provider	1,389,966	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(37) Substantial Contributor	Service Provider	7,689,431	Independent Contractor		No
(1) Substantial Contributor	Service Provider	1,731,812	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(39) Substantial Contributor	Service Provider	423,670	Independent Contractor		No
(1) Substantial Contributor	Service Provider	538,236	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(41) Substantial Contributor	Service Provider	1,560,409	Independent Contractor		No
(1) Substantial Contributor	Service Provider	358,122	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(43) Substantial Contributor	Service Provider	104,372	Independent Contractor		No
(1) Substantial Contributor	Service Provider	513,967	Independent Contractor		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(45) Substantial Contributor	Service Provider	305,382	Independent Contractor		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		15,050	Cost or Sale price
5 Clothing and household goods	X		165,695	Cost or Sale price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	114,262	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6	2,456	Cost or Sale price
20 Drugs and medical supplies	X	1	20,000	Cost or Sale price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Tickets, auction gifts, & gift baskets)	X	13	15,078	Cost or Sale price
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

59-0634433

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Form 990, Part VI, Section A, Line 2 - Mr Durden , Mr Porter, Mr Lord, Mr Thornton, Mr Rogers and Mr Kuntz have a shared business relationship These individuals serve as trustees of the Alfred I DuPont Testamentary Trust, of which Nemours is the only charitable beneficiary and who are some of the members of Nemours At the beginning of 2018, the Alfred I Dupont Testamentary Trust was granted charitable status as an IRC section 501(c)(3)

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	<p>Management distributed a draft of the 2017 Form 990 to the Audit and Finance committee prior to the scheduled board of directors meeting in November of 2018. During the course of the board of directors meeting, management presented an overview of Form 990 to the Audit and Finance committee and gave the committee members an opportunity to provide comments and ask questions with respect to the draft. Based on feedback provided from the committee members, management updated the draft Form 990. Upon finalization of the return, management provided a final copy of the return via e-mail to the board of directors.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Pension liability adjustment \$38,991,356

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Cruden Bay Risk Retention Group Inc 2836 Airport Road Barre, VT 05641 27-0057453	Risk Retention	VT	501(c)(3)	509(a)(3)	The Nemours Foundation	Yes	
(2)Pediatric Medical Services of Florida Inc 9145 Narcoossee Road Suite A203 Orlando, FL 32827 45-3584225	Health Care	FL	501(c)(3)	509(a)(2)	The Nemours Foundation	Yes	
(3)Nemours New Jersey Physician Practice 1801 Rockland Road Wilmington, DE 19803 46-3160718	Health Care	NJ	501(c)(3)	509(a)(2)	The Nemours Foundation	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Dornoch Sutherland Assurance LTD PO Box 1085 CJ 98-0404800	Captive Insurance	CJ	The Nemours Foundation	C	11,889,680	54,045,731	100 %	Yes	
(2) Alfred I duPont Testamentary Trust 510 Alfred Dupont Place Jacksonville, FL 32202 59-0226560	Investment for Charity	FL	N/A	T	0	0	0 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Dornoch Sutherland Assurance LTD	m	600,000	Fair Market Value
Dornoch Sutherland Assurance LTD	l	12,600,000	Fair Market Value
Cruden Bay Risk Retention Group Inc	l	2,000,000	Fair Market Value
Cruden Bay Risk Retention Group Inc	m	525,000	Fair Market Value
Cruden Bay Risk Retention Group Inc	q	1,099,037	Fair Market Value
Pediatric Medical Services of Florida Inc	r	4,852,332	Fair Market Value
Nemours New Jersey Physician Practice	r	1,944,368	Fair Market Value