

\*\*\* CHANGE IN ACCOUNTING PERIOD \*\*\*

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2017 calendar year, or tax year beginning 01/01, 2018, and ending 06/30, 20 18	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.</u> Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite _____ <u>ONE PLAINSBORO ROAD</u> City or town state or province country and ZIP or foreign postal code _____ <u>PLAINSBORO, NJ 08536</u> <b>D</b> Employer identification number <u>22-2225911</u> <b>E</b> Telephone number (609) 853-7107 <b>G</b> Gross receipts \$ <u>1,481,474.</u> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number _____ <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <u>WWW.PRINCETONHCS.ORG</u> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <u>1978</u> <b>M</b> State of legal domicile <u>NJ</u>

<b>Part I Summary</b>	
<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO FINANCIALLY SUPPORT AND PROMOTE THE MISSION OF PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.</u>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net as:	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<u>19.</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<u>14.</u>
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	<u>0.</u>
<b>6</b> Total number of volunteers (estimate if necessary). . . . .	<u>0.</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<u>0.</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<u>0.</u>
<b>Revenue</b>	
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<u>2,316,037.</u>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<u>1,693,141.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>2,238,050.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<u>0.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<u>6,247,228.</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	<u>1,649,709.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<u>0.</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	<u>0.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) . . . . .	<u>165,979.</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>218,615.</u>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	<u>2,019,723.</u>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	<u>3,835,411.</u>
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	<u>2,411,817.</u>
<b>Net Assets or Fund Balances</b>	
<b>20</b> Total assets (Part X, line 16) . . . . .	<u>55,844,070.</u>
<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>2,354,472.</u>
<b>22</b> Net assets or fund balances Subtract line 21 from line 20. . . . .	<u>53,489,598.</u>

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	Signature of officer <u>Guilherme S. Valladares Sr. CFO</u> Date <u>5/15/19</u> Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>ANTONIO C. RUSSO</u> Preparer's signature <u>Antonio C Russo</u> Date <u>05/14/2019</u> Check <input type="checkbox"/> if self-employed PTIN <u>P00858539</u> Firm's name <u>PRICEWATERHOUSECOOPERS LLP</u> Firm's EIN <u>13-4008324</u> Firm's address <u>2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103</u> Phone no <u>267-330-3000</u>

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2017)

950

SCANNED AUG 06 2019

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 736,896 including grants of \$ 736,896 ) (Revenue \$ 898,511 )

EXPENSES INCURRED TO FINANCIALLY SUPORT AND PROMOTE THE MISSION OF  
PRINCETON HEALTHCARE SYSTEM, A NEW JERSEY NONPROFIT CORPORATION  
AND RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT  
ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES  
TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF  
RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 736,896.

ABD GIRD

**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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2	X
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	X
4 <b>Section 501(c)(3) organizations.</b> 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	X
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
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	X
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	X
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	X
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	X
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
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	X
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	X
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	X
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	X
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	X
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	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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. . . . .	X	
<b>22</b> 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. . . . .		X
<b>23</b> 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. . . . .		X
<b>24a</b> 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. . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>25b</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. . . . .		X
<b>26</b> 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. . . . .		X
<b>27</b> 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. . . . .		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>28c</b> 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. . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> 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. . . . .		X
<b>34</b> 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. . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</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. . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> 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. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

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

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 19 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 14		
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> 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? . . . . .	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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. . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NJ**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ►  
 GUILHERME VALLADARES, MBA ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 (609) 853-7107

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(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			
(1) GERARD A. COMPITO, M.D. CHAIRMAN - DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(2) ALYSON M. LANDERS VICE CHAIR - DIRECTOR	1.00 0.	X		X				0.	0.	0.
(3) LEONARD J. BERLIK VICE CHAIR/TREASURER-DIRECTOR	1.00 0.	X		X				0.	0.	0.
(4) CALVIN L. BUTTS, JR. SECRETARY - DIRECTOR	1.00 0.	X		X				0.	0.	0.
(5) STEPHEN N. ALLEN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) RACHEL P. DULTZ, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(7) W. THOMAS GUTOWSKI, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(8) R. DIXON HAYES DIRECTOR	1.00 0.	X						0.	0.	0.
(9) JENNIFER LAFAVERS-HOLLANDER, RN EX-OFFICIO DIRECTOR	1.00 0.	X						0.	0.	0.
(10) NORMAN KLATH DIRECTOR	1.00 0.	X						0.	0.	0.
(11) RHONDA A. MEDINA DIRECTOR	1.00 0.	X						0.	0.	0.
(12) NEENA M. PATIL DIRECTOR	1.00 0.	X						0.	0.	0.
(13) KIM J. PIMLEY EX-OFFICIO DIRECTOR	1.00 4.00	X						0.	0.	0.
(14) BARRY S. RABNER EX-OFFICIO DIRECTOR - PRES/CEO	5.00 50.00	X		X				0.	0.	0.

(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			
15) HYONA REVERE ----- EX-OFFICIO DIRECTOR/ASST SEC	1.00 0.	X		X				0.	0.	0.
16) RUBY SHARMA ----- DIRECTOR	1.00 4.00	X						0.	0.	0.
17) PAULA W. TAYLOR ----- DIRECTOR	1.00 0.	X						0.	0.	0.
18) AMRIT WALIA-ZAIDI ----- DIRECTOR	1.00 0.	X						0.	0.	0.
19) JOHN D. WALLACE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
20) GUILHERME VALLADARES, MBA ----- ASST TREASURER-SVP/CFO	5.00 50.00			X				0.	0.	0.
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
1b Sub-total . . . . .								0.	0.	0.
c Total from continuation sheets to Part VII, Section A . . . . .								0.	0.	0.
d Total (add lines 1b and 1c) . . . . .								0.	0.	0.

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 0.

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.		



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	195,260			
	d	Related organizations	1d	5,741			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	54,629			
	g	Noncash contributions included in lines 1a-1f \$		8,355			
	h	<b>Total.</b> Add lines 1a-1f		255,630			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	PROGRAM RELATED REVENUE	900099	898,511	898,511		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		898,511			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		130,883			130,883
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			78,609				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		78,609			
	d	Net gain or (loss)		78,609			78,609
	8a	Gross income from fundraising events (not including \$ 195,260 of contributions reported on line 1c) See Part IV, line 18	a	117,841			
	b	Less direct expenses	b	139,008			
	c	Net income or (loss) from fundraising events		-21,167			-21,167
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		0				
12	<b>Total revenue.</b> See instructions		1,342,466	898,511		188,325	

**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 . . . . .	736,896.	736,896.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	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) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	1,579.		1,579.	
c Accounting . . . . .	70,000.		51,800.	18,200.
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	75,905.		75,905.	
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	95,101.		70,375.	24,726.
12 Advertising and promotion . . . . .	135.		100.	35.
13 Office expenses . . . . .	28,358.		20,985.	7,373.
14 Information technology . . . . .	14,716.		10,890.	3,826.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	101,704.		101,704.	
17 Travel . . . . .	647.		479.	168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	2,745.		2,031.	714.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	12,327.		12,327.	
23 Insurance . . . . .	1,968.		1,456.	512.
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 ALLOCATION OF PERSONNEL COST . . . . .	607,243.		449,360.	157,883.
b REPAIRS & MAINTENANCE . . . . .	4,550.		3,367.	1,183.
c FUNDRAISING EXPENSE . . . . .	11,559.		8,554.	3,005.
d DUES & LICENSES . . . . .	3,491.		2,583.	908.
e All other expenses . . . . .	317.		235.	82.
25 Total functional expenses Add lines 1 through 24e . . . . .	1,769,241.	736,896.	813,730.	218,615.
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) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,682,849.	1	583,156.
	2 Savings and temporary cash investments	2,496,113.	2	3,318,354.
	3 Pledges and grants receivable, net	2,718,478.	3	2,487,635.
	4 Accounts receivable, net	187,142.	4	0.
	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	0.	8	0.
	9 Prepaid expenses and deferred charges	6,482.	9	12,921.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 358,871.		
	b Less accumulated depreciation	10b 22,541.	10c	336,330.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities See Part IV, line 11	0.	12	0.
	13 Investments - program-related See Part IV, line 11	47,413,644.	13	48,650,801.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	0.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	55,844,070.	16	55,389,197.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	84,173.	17	208,168.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	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	0.	23	0.
	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	2,270,299.	25	185,892.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	2,354,472.	26	394,060.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	34,708,060.	27	35,253,619.
	28 Temporarily restricted net assets	8,619,608.	28	9,572,878.
	29 Permanently restricted net assets	10,161,930.	29	10,168,640.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	53,489,598.	33	54,995,137.
34 <b>Total liabilities and net assets/fund balances</b>	55,844,070.	34	55,389,197.	

Form 990 (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,342,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,769,241.
3	Revenue less expenses Subtract line 2 from line 1	3	-426,775.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,489,598.
5	Net unrealized gains (losses) on investments	5	972,337.
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	959,977.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,995,137.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- 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  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- 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

- 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? . . . . .  
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	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

JSA  
7E1210 1 000

6365NX 1467

PAGE 16

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	4,896,061	4,306,715	4,311,663	ATCH 1 2,418,993	2,571,667	18,505,099
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	4,896,061	4,306,715	4,311,663	2,418,993	2,571,667	18,505,099
<b>5</b> 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) . . . . .						3,301,989
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						15,203,110

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,896,061	4,306,715	4,311,663	2,418,993	2,571,667	18,505,099
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,464,570	1,396,903	1,474,934	1,221,209	1,976,809	7,534,425
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						0
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						26,039,524
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	8,237,305
<b>13</b> <b>First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	58.38 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	63.50 %
<b>16a</b> <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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 <b>Adjusted Net Income</b> (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)			
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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> 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 <b>Minimum Asset Amount</b> (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 <b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> 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 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 <b>Excess distributions carryover to 2018</b> 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 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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)

SCHEDULE A, PART II, SECTION A

PUBLIC SUPPORT TEST

THE AMOUNTS REPORTED FOR 2017 ARE A COMBINATION OF THE CALENDAR YEAR 2017

AND THE SHORT PERIOD RETURN FROM 1/1/2018 TO 6/30/2018.

-----  
SCHEDULE A, PART II, SECTION A, LINE 1

DURING 2016 THE ORGANIZATION RECEIVED A CONTRIBUTION IN THE AMOUNT OF  
\$1,000,000 FROM A PRIVATE FOUNDATION.

THIS CONTRIBUTION IS BEING CLASSIFIED AS AN UNUSUAL GRANT AND EXCLUDED  
FROM BOTH THE NUMERATOR AND DENOMINATOR IN THE PUBLIC SUPPORT PERCENTAGE  
CALCULATION.

THE CONTRIBUTION IS UNUSUAL IN NATURE BECAUSE, ACCORDING TO FORM 990,  
SCHEDULE A INSTRUCTIONS AND IN ACCORDANCE WITH TREASURY REGULATIONS  
§1.509(A)-3(C)(4):

- IT WAS ATTRACTED BECAUSE OF THE PUBLICLY SUPPORTED NATURE OF THE  
ORGANIZATION,

- IT WAS UNUSUAL AND UNEXPECTED BECAUSE OF THE AMOUNT (NO OTHER  
INDIVIDUALS OR FOUNDATIONS CONTRIBUTED ANY AMOUNT SIMILAR TO THIS AMOUNT

**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.)

IN THE FIVE YEAR PERIOD), AND

- IT WAS LARGE ENOUGH THAT IT WOULD SIGNIFICANTLY DECREASE THE

ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE.

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2016

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
PRIVATE FOUNDATION	07/29/2016	1,000,000.	
TOTAL		<u>1,000,000.</u>	

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 7/25/06, 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. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

JSA

7E1268 2 000

6365NX 1467

PAGE 36

**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
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 on 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                     | 10,161,930.      | 10,146,163.    | 10,101,544.        | 9,920,543.           | 9,474,676.          |
| b Contributions                                  | 6,710.           | 15,767.        | 44,619.            | 181,001.             | 445,867.            |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 10,168,640.      | 10,161,930.    | 10,146,163.        | 10,101,544.          | 9,920,543.          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
- b Permanent endowment  100.0000 %
- c Temporarily restricted endowment  %
- 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:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  | X  |
| (ii) related organizations  | 3a(ii) | X  |
- b If "Yes" on line 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   |                                      |                                 |                              |                |
| b Buildings   |                                      | 14,925.                         | 1,397.                       | 13,528.        |
| c Leasehold improvements  |                                      | 330,508.                        | 20,206.                      | 310,302.       |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      | 13,438.                         | 938.                         | 12,500.        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c). |                                      |                                 |                              | 336,330.       |

Schedule D (Form 990) 2017

**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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

**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) FIXED INCOME SECURITIES	41,831,951.	FMV
(2) DOMESTIC EQUITY MUTUAL FUNDS	184,617.	FMV
(3) INTERNATIONAL EQUITY MUTUAL FUNDS		
(4) INVESTMENTS USING PRACTICAL EXPEDIENT	6,634,233.	FMV
(5) FIXED INCOME MUTUAL FUNDS		FMV
(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PRINCETON HEALTHCARE SYSTEM;	
(3) A RELATED INTERNAL REVENUE	
(4) CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION	162,446.
(5) GIFT ANNUITY	23,446.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	

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

1		Total expenses and losses per audited financial statements . . . . .	1	
2		Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	2a	Donated services and use of facilities . . . . .		
b	2b	Prior year adjustments . . . . .		
c	2c	Other losses . . . . .		
d	2d	Other (Describe in Part XIII ) . . . . .		
e		Add lines 2a through 2d . . . . .	2e	
3		Subtract line 2e from line 1 . . . . .	3	
4		Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		
b	4b	Other (Describe in Part XIII ) . . . . .		
c		Add lines 4a and 4b . . . . .	4c	
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	

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.

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

---

SCHEDULE D, PART X, LINE 2

TEXT OF FIN 48 (ASC 740) FOOTNOTE

EFFECTIVE JANUARY 1, 2018, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA  
(THE "UNIVERSITY") AND PRINCETON HEALTHCARE SYSTEM HOLDING, INC.

---

("HOLDING") ENTERED INTO AN AFFILIATION AGREEMENT WHEREBY THE UNIVERSITY  
BECAME THE SOLE CORPORATE MEMBER OF HOLDING AND ITS AFFILIATES. THE FIN  
48 (ASC 740) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2018  
FINANCIAL STATEMENTS OF THE UNIVERSITY:

THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE  
IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT  
TO THE CONSOLIDATED FINANCIAL STATEMENTS.

**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, line 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>a</b> Mail solicitations               | <input type="checkbox"/> <b>e</b> Solicitation of non-government grants |
| <input type="checkbox"/> <b>b</b> Internet and email solicitations | <input type="checkbox"/> <b>f</b> Solicitation of government grants     |
| <input type="checkbox"/> <b>c</b> Phone solicitations              | <input type="checkbox"/> <b>g</b> Special fundraising events            |
| <input type="checkbox"/> <b>d</b> 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 10 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						
<b>Total</b> .....						

**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

NJ,

**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 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	313,101.		0.	313,101.
	2 Less Contributions . . . . .	195,260.		0.	195,260.
	3 Gross income (line 1 minus line 2) . . . . .	117,841.		0.	117,841.
Direct Expenses	4 Cash prizes . . . . .	1,500.			1,500.
	5 Noncash prizes . . . . .	62,074.			62,074.
	6 Rent/facility costs . . . . .	47,400.			47,400.
	7 Food and beverages . . . . .	21,738.			21,738.
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	6,296.			6,296.
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				139,008.
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-21,167.

**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 \_\_\_\_\_

10 a 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ 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 ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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).

**SCHEDULE I**  
**(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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.

1 (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
(1) PRINCETON HEALTHCARE SYSTEM ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	21-0635009	501 (C) (3)	736,896				PROGRAM SUPPORT
(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 ..... 1.
- 3 Enter total number of other organizations listed in the line 1 table ..... 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
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.

SCHEDULE I, PART I; QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number  
22-2225911

FORM 990, PART V, LINE 1A & 2A; AND PART VII

SHORT-PERIOD-FORM-990-FILING

DUE TO A CHANGE IN THE ORGANIZATION'S ACCOUNTING YEAR END, THIS SHORT  
PERIOD FORM 990 REPORTS INFORMATION FOR THE PERIOD 1/1/2018 THROUGH  
6/30/2018. PER THE FORM 990 INSTRUCTIONS, SINCE THERE IS NO CALENDAR YEAR  
WHICH ENDS DURING THIS TIME PERIOD, NO FORMS 1099, EMPLOYEES OR  
INDEPENDENT CONTRACTORS ARE REPORTED. FURTHER, NO OFFICER, DIRECTOR, KEY  
EMPLOYEE OR HIGHEST COMPENSATED EMPLOYEE COMPENSATION INFORMATION IS  
PROVIDED.

-----  
FORM 990, PART VI, SECTION A, LINE 4  
CHANGES TO GOVERNING DOCUMENTS

EFFECTIVE JANUARY 1, 2018, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA  
(THE "UNIVERSITY") AND PRINCETON HEALTHCARE SYSTEM HOLDING, INC.  
("HOLDING") ENTERED INTO AN AFFILIATION AGREEMENT WHEREBY THE UNIVERSITY  
BECAME THE SOLE CORPORATE MEMBER OF HOLDING AND ITS AFFILIATES.

-----  
FORM, PART VI, SECTION A, LINE 6 & 7  
DETAIL OF MEMBERS



Name of the organization	Employer identification number
PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.	22-2225911

THE UNIVERSITY IS THE SOLE MEMBER OF PRINCETON HEALTHCARE SYSTEM HOLDING, INC. ("HOLDING"). HOLDING IS THE SOLE MEMBER OF THIS ORGANIZATION. HOLDING HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

-----

FORM 990, PART VI, SECTION B, LINES 11B  
FORM 990 REVIEW PROCESS

INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION. A DRAFT COPY OF THE 2017 FORM 990 WAS REVIEWED BY VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS BEFORE IT WAS SUBMITTED TO THE BOARD FOR THEIR REVIEW. A COPY OF THE FINAL 2017 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE.

-----

FORM 990, PART VI, SECTION B, LINE 12C  
CONFLICT OF INTEREST POLICY

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY").

EACH COVERED PERSON\* ANNUALLY SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE PROVIDED BY THE UNIVERSITY AND SHALL UPDATE SUCH

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

QUESTIONNAIRE PROMPTLY AS NECESSARY TO REFLECT CHANGES DURING THE COURSE  
OF THE YEAR. FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI ARE  
ENCOURAGED BUT NOT REQUIRED TO COMPLETE THE QUESTIONNAIRE DURING THE  
FIVE-YEAR PERIOD FOLLOWING COMPLETION OF THEIR TERMS. COMPLETED

QUESTIONNAIRES SHALL BE RETURNED TO THE OFFICE OF THE SECRETARY AND SHALL  
BE SUBJECT TO REVIEW BY SUCH OFFICE AND THE OFFICE OF THE GENERAL  
COUNSEL, AS WELL AS BY ANY OUTSIDE LEGAL COUNSEL AND/OR AUDITORS WHO MAY  
BE APPOINTED TO ADVISE THE COMPENSATION COMMITTEE OF THE BOARD OF  
TRUSTEES APPOINTED TO OVERSEE THIS POLICY. COMPLETED QUESTIONNAIRES ALSO  
SHALL BE AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER.

\*COVERED PERSONS INCLUDE: (1) VOTING MEMBERS OF THE BOARD OF TRUSTEES  
(INCLUDING CHARTER TRUSTEES, TERM TRUSTEES, ALUMNI TRUSTEES, AND  
COMMONWEALTH TRUSTEES); (2) TRUSTEE EMERITI WHO HAVE SERVED IN THAT  
CAPACITY FOR FIVE YEARS OR LESS; (3) OTHER FORMER VOTING TRUSTEES FOR A  
PERIOD OF FIVE YEARS FROM THE END OF THEIR TERM AS SUCH; (4) OFFICERS AS  
DEFINED IN THE STATUTES; AND (5) MEMBERS OF THE INVESTMENT BOARD. EACH  
COVERED PERSON (EXCEPT FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI)  
SHALL BE REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY, THAT HE OR SHE  
HAS READ AND IS IN COMPLIANCE WITH THIS POLICY.

-----

FORM 990, PART VI, SECTION B, LINE 15  
COMPENSATION PROCESS

THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

PENNSYLVANIA ("UNIVERSITY"). COMPENSATION ARRANGEMENTS INVOLVING ANY OF OUR OFFICERS AND/OR KEY EMPLOYEES ARE ESTABLISHED BY THE UNIVERSITY PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS).

-----

FORM 990, PART VI, SECTION C, LINE 19  
DOCUMENTS AVAILABILITY TO PUBLIC

OUR FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

-----

FORM 990, PART XI, LINE 9

DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

OTHER CHANGE IN TEMP. & PERM. RESTRICTED NET ASSETS	\$959,977
	-----
TOTAL	\$959,977

Name of the organization	Employer identification number
PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.	22-2225911
ATTACHMENT 1	
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	

THE MISSION OF THE PRINCETON HEALTHCARE SYSTEM FOUNDATION IS TO FINANCIALLY SUPPORT AND PROMOTE THE MISSION OF THE PRINCETON HEALTHCARE SYSTEM ("PHCS"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

THE FOUNDATION STRIVES TO:

- DEVELOP AND STRENGTHEN PHILANTHROPIC SUPPORT FOR PHCS FROM A FULL RANGE OF CHARITABLE SOURCES;
- INCREASE PUBLIC AWARENESS ABOUT PHCS AND FOSTER EFFECTIVE COMMUNICATION BETWEEN PHCS AND THE COMMUNITIES IT SERVES;
- SUPPORT PHCS'S MISSION OF PROVIDING THE GREATER PRINCETON AND CENTRAL NEW JERSEY COMMUNITIES WITH THE FINEST HEALTHCARE SERVICES AVAILABLE; AND
- APPLY THE HIGHEST STANDARDS OF ETHICAL CONDUCT WITH REGARD TO FUNDRAISING PRACTICES, GOVERNANCE AND STEWARDSHIP.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

22-2225911

**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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	ABRAMSON INSTITUTE 1086 PENLLYN BLUE BELL PIKE BLUE BELL, PA 19422	MED RESEARCH	PA	501 (C) (3)	4	N/A	
(2)	CARL V S PATTERSON 19 UN OF PA C/O PNC BANK, 620 LIBERTY AVE, PITTSBURGH, PA 15222	SUPPORT TRUST	PA	4947 (A) (1)	N/A	N/A	
(3)	CHESTER COUNTY HOSPITAL & HEALTH SYSTEM 701 E MARSHALL STREET WEST CHESTER, PA 19380	MGMT SRVCS	PA	501 (C) (3)	12, I	TRUSTEES	
(4)	CLINICAL CARE ASSOCIATES OF UPHS 250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087	HEALTHCARE	PA	501 (C) (3)	10	TRUSTEES	
(5)	FRANKLIN SPECIALTY PHYSICIANS 3451 WALNUT STREET PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, II	PA HOSPITAL	
(6)	LANCASTER GENERAL HEALTH 555 NORTH DUKE STREET LANCASTER, PA 17604	SUPPORT ORG	PA	501 (C) (3)	12, II	TRUSTEES	
(7)	LANCASTER GENERAL HEALTH COLUMBIA CENTER 306 NORTH 7TH STREET COLUMBIA, PA 17512	FACILITY MGMT	PA	501 (C) (3)	3	LG HOSPITAL	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

22-2225911

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	LANCASTER GENERAL HEALTH FOUNDATION 555 NORTH DUKE STREET LANCASTER, PA 17604	FUNDRAISING	PA	501 (C) (3)	12, I	N/A	X
(2)	LANCASTER GENERAL HEALTH HOLDINGS 555 NORTH DUKE STREET LANCASTER, PA 17604	HEALTHCARE	PA	501 (C) (3)	3	LG HEALTH	X
(3)	LANCASTER GENERAL HOSPITAL 555 NORTH DUKE STREET LANCASTER, PA 17604	HEALTHCARE	PA	501 (C) (3)	3	LG HEALTH	X
(4)	LANCASTER GENERAL MEDICAL GROUP 1030 NEW HOLLAND AVENUE LANCASTER, PA 17601	HEALTHCARE	PA	501 (C) (3)	3	LG HEALTH	X
(5)	MORRIS EST LYDIA T DECD T/W 1525 W W T HARRIS BLVD CHARLOTTE, NC 28262	SUPPORT TRUST	PA	501 (C) (3)	12, III-FI	N/A	X
(6)	NEIGHBORHOOD HEALTH AGENCIES, INC 795 E MARSHALL STREET WEST CHESTER, PA 19380	NURSING	PA	501 (C) (3)	12, I	CCH&HS	X
(7)	NEIGHBORHOOD LEAGUE HEALTH SERVICES 795 E MARSHALL STREET WEST CHESTER, PA 19380	HEALTH SRVCS	PA	501 (C) (3)	10	CCH&HS	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

22-2225911

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	NEIGHBORHOOD VISITING NURSE ASSOCIATION 23-1352243 795 E MARSHALL STREET WEST CHESTER, PA 19380	NURSING	PA	501 (C) (3)	7	CCH&HS	X
(2)	OAP, INC 23-1986931 3451 WALNUT STREET, ROOM 329 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES	X
(3)	PENN CENTER FOR REHAB AND CARE 23-2422635 3609 CHESTNUT STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	501 (C) (3)	3	PMC	X
(4)	PENN CLUB OF NEW YORK, INC 23-2726687 30 WEST 44TH STREET NEW YORK, NY 10036	CLUB	NY	501 (C) (7)	N/A	N/A	X
(5)	PENN PRAXIS, INC 75-2974931 210 SOUTH 34TH STREET PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES	X
(6)	PENN PRESS, INC 23-1876142 3905 SPRUCE STREET PHILADELPHIA, PA 19107	PUBLISHING	PA	501 (C) (3)	12, I	TRUSTEES	X
(7)	PENNSYLVANIA COLLEGE OF HEALTH SCIENCES 06-1645496 850 GREENFIELD ROAD LANCASTER, PA 17601	HEALTH EDU	PA	501 (C) (3)	2	LG HOSPITAL	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**SCHEDULE R**  
**(Form 990)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	PENNSYLVANIA HOSPITAL OF UPHS 800 SPRUCE STREET PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3)	3	TRUSTEES	X
(2)	PGH DEVELOPMENT CORP 426 CURIE BLVD PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	N/A	X
(3)	PHOENIXVILLE HOSPITAL OF UPHS 3001 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	3	TRUSTEES	X
(4)	PRESBYTERIAN ANESTHESIOLOGY FOUNDATION 51 NORTH 39TH STREET PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	PMC	X
(5)	PRESBYTERIAN MEDICAL CENTER OF UPHS 51 NORTH 39TH STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	501 (C) (3)	3	TRUSTEES	X
(6)	PRESBYTERIAN MULTI-SPECIALTY GROUP 51 NORTH 39TH STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	501 (C) (3)	10	PMC	X
(7)	PRESBYTERIAN PERSONAL CARE RESIDENCE 51 NORTH 39TH STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	501 (C) (3)	12, I	PMC	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017



**SCHEDULE R**  
**(Form 990)****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

OMB No. 1545-0047

**2017**Open to Public  
Inspection**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	SS HUEBNER FOUNDATION FOR INSURANCE EDUC 3000 STEINBERG HALL PHILADELPHIA, PA 19104	EDU SUPPORT	PA	501 (C) (3)	12, I	N/A	X
(2)	THE ASC TRUST OF THE UNIV OF PA 1500 MARKET ST, STE 3500E PHILADELPHIA, PA 19102	BUS. TRUST	PA	501 (C) (3)	8	N/A	X
(3)	THE CHESTER COUNTY HOSPITAL 701 E MARSHALL STREET WEST CHESTER, PA 19380	HEALTHCARE	PA	501 (C) (3)	3	CCH&HS	X
(4)	THE HEART GROUP OF LANCASTER GEN HEALTH 217 HARRISBURG AVENUE LANCASTER, PA 17603	CARDIOLOGY	PA	501 (C) (3)	4	LG HEALTH	X
(5)	TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104	EDUCATION	PA	501 (C) (3)	2	N/A	X
(6)	UNITED AUXILIARIES TO LANCASTER GEN HOS 555 NORTH DUKE STREET LANCASTER, PA 17604	SUPPORT ORG	PA	501 (C) (3)	10	N/A	X
(7)	UNIVERSITY CITY ASSOCIATES INC 3451 WALNUT STREET, ROOM 329 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**SCHEDULE R**  
**(Form 990)****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.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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 (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	UNIVERSITY CLUB AT PENN, INC 3611 WALNUT STREET PHILADELPHIA, PA 19104	FAC. CLUB	PA	501 (C) (3)	12, I	TRUSTEES		X
(2)	UPENN INTERNATIONAL 3451 WALNUT STREET, SUITE 731 PHILADELPHIA, PA 19104	SUPPORT ORG	PA	501 (C) (3)	12, I	TRUSTEES		X
(3)	UPENN MASTER RETIREMENT TRUST 3451 WALNUT STREET, ROOM 305 PHILADELPHIA, PA 19104	RETIRE TRUST	PA	501 (A)	N/A	TRUSTEES		X
(4)	UPENN RETIREE BENEFITS TRUST 3451 WALNUT STREET, ROOM 329 PHILADELPHIA, PA 19104	BENEFITS	PA	501 (C) (3)	12, I	TRUSTEES		X
(5)	WISSAHICKON HOSPICE OF UPHS 150 MONUMENT ROAD, SUITE 300 BALA CYNWYD, PA 19004	HOSPICE CARE	PA	501 (C) (3)	10	TRUSTEES		X
(6)	WOMEN'S AND CHILDREN'S HEALTH SERVICES 700 SPRUCE STREET PHILADELPHIA, PA 19106	HEALTHCARE	PA	501 (C) (3)	3	PA HOSPITAL		X
(7)	PRINCETON HEALTHCARE SYSTEM ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	HEALTHCARE	NJ	501 (C) (3)	3	PHCS HOLDING		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**SCHEDULE R**  
(Form 990)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Name of the organization

PRINCETON HEALTHCARE SYSTEM FOUNDATION, INC.

Employer identification number

22-2225911

OMB No 1545-0047

**2017**Open to Public  
Inspection**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)	PRINCETON HEALTHCARE SYSTEM HOLDING, INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	HOLDING CO.	NJ	501 (C) (3)	12, I	N/A	X
(2)	PRINCETON MEDICAL PROPERTIES, INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501 (C) (2)	N/A	PHCS HOLDING	X
(3)	PRINCETON CAREGIVERS, INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HEALTHCARE SVCS	NJ	501 (C) (3)	3	PHCS HOLDING	X
(4)	PRINCETON HEALTHCARE AFFILIATED PHYS, PC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HEALTHCARE SVCS	NJ	501 (C) (3)	10	PHCS HOLDING	X
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2017

JSA

7E1307 1 000

6365NX 1467

**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	
(1) ARI 1740 FUND 32-0472404 N SETON AVE, STE 5500 CHICAGO IL	INVESTMENT	IL	N/A	N/A								X
(2) DVG 1740 FUND, LP 80-0961539 ONE FAWCETT PLACE GREENWICH, CT	INVESTMENT	CT	N/A	N/A								X
(3) EAST MARSHALL STREET PARTNERSH 929 SOUTH HIGH STREET WEST CHE	INVESTMENT	PA	N/A	N/A								X
(4) FERN HILL PARTNERSHIP III, LP 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A								X
(5) FERN HILL, LLC 23-30051147 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A								X
(6) GALLOPAVO, LP 46-4621967 2000 MCKINNEY AVE, STE 2125 DA	INVESTMENT	TX	N/A	N/A								X
(7) JOG V C LIMITED PARTNERSHIP 2300-440 2ND AVE SW CALGARY, A	INVESTMENT	CA	N/A	N/A								X

**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) BARGE GANSE VENACARE BUS TRUST 555 NORTH DUKE STREET LANCASTER, PA 17604	HEALTHCARE	PA	LGSBT	TRUST					X
(2) CLINICAL HEALTH CARE ASSOC OF NJ, PC 250 KING OF PRUSSIA RD, 4TH FL RADNOR, PA 19087-5220	PHYS MGMT	PA	CCA	C-CORP					X
(3) DELANCEY CORPORATION 510 WALNUT STREET, SUITE 420 PHILADELPHIA, PA 19106	RENTAL	PA	PA HOSPITAL	C-CORP					X
(4) FRANKLIN CASUALTY INSURANCE CO P O BOX 350 BURLINGTON, VT 05402-0530	INSURANCE	VT	TRUSTEES	C-CORP					X
(5) LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN CJ KY1-1102	INSURANCE	CJ	LG HEALTH	C-CORP					X
(6) LANCASTER GENERAL SERVICES, INC & SUB 555 NORTH DUKE STREET LANCASTER, PA 17604	PROPERTY SVCS	PA	LG HEALTH	TRUST					X
(7) MAYA 1740 FUND LTD P O BOX 309 UGLAND HOUSE, GRAND CAYMAN CJ KY1-1104	INVESTMENTS	CJ	TRUSTEES	C-CORP					X

**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	
(1) LANCASTER PET PARTNERSHIP, LLP PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	N/A								X
(2) LG HEALTH COMMUNITY CARE COLIA 555 NORTH DUKE STREET LANCASTER	ACO	PA	N/A	N/A								X
(3) LIONVILLE MED OFFICE BLDG PART 929 SOUTH HIGH STREET WEST CHE	INVESTMENT	PA	N/A	N/A								X
(4) MRI GROUP, LLP 33-1011386 PO BOX 4216 LANCASTER, PA 1760	MEDICAL SERVICES	PA	N/A	N/A								X
(5) NEIGHBRHD PRES & DEV FUND, LP 240 NEW YORK DR, STE 1 FORT WA	RENTAL	PA	N/A	N/A								X
(6) OAKLANDS WAY MEDICAL BUILDING 929 SOUTH HIGH STREET WEST CHE	RENTAL	PA	N/A	N/A								X
(7) SISU CAP PRIV EQUITY FUND B 96 HIGH STREET, KENSINGTON, LO	INVESTMENT	UK	N/A	N/A								X

**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) PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1, 14F CHAOYANG DIST, BEIJING CH 100004	BUS. CONSULTING	CH	UPENN INT'L	C-CORP					X
(2) PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104	HEALTHCARE	PA	PNC	C-CORP					X
(3) UPENN HOSPITALITY 701 E MARSHALL STREET WEST CHESTER, PA 19380	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					X
(4) QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST, ROOM 329 PHILADELPHIA, PA 19104	SELF-INSURANCE	BD	TRUSTEES	C-CORP					X
(5) THE PAM 1740 FUND LTD P O BOX 309 UGLAND HOUSE, GRAND CAYMAN CJ KYI-1102	INVESTMENTS	CJ	TRUSTEES	C-CORP					X
(6) TURK'S HEAD HEALTH SERVICES 701 E MARSHALL STREET WEST CHESTER, PA 19380	MEDICAL SRVCS	PA	CCH&HS	C-CORP					X
(7) LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604	TRUST	PA	LG HEALTH	TRUST					X

**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	
(1) SISU CAP PRIV EQUITY FUND E 96 HIGH STREET, KENSINGTON, LO	INVESTMENT	UK	N/A	N/A							X	
(2) SRP INVESTORS FUND A, LP 61-17 2001 ROSS AVE, SUITE 2800 DALL	INVESTMENT	TX	N/A	N/A							X	
(3) TURK'S HEAD SURGERY CENTER, LL 915 OLD FERN HILL ROAD, BLDG B	MEDICAL SERVICES	PA	N/A	N/A							X	
(4) CYRUS 1740 MASTER FUND 98-136 89 NEXUS WAY CAMANA BAY, GRAND	INVESTMENTS	CJ	N/A	N/A							X	
(5) JOG VI C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGAR	INVESTMENTS	CA	N/A	N/A							X	
(6)												
(7)												

**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) PRINCETON HEALTH, INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	MEDICAL	NJ	PCHS HOLDING	C-CORP					X
(2) PHI PHARMACY, INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536	INACTIVE	NJ	PCHS HOLDING	C-CORP					X
(3) ACRM 1740 FUND, LTD C/O WALKER CORPORATE LIMITED GRAND CAYMAN, CJ KY1-9008	INVESTMENTS	CJ	TRUSTEES	C-CORP					X
(4)									
(5)									
(6)									
(7)									

**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.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).

- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).

- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).

- p** Reimbursement paid to related organization(s) for expenses.
- q** Reimbursement paid by related organization(s) for expenses.

- r** Other transfer of cash or property to related organization(s).
- s** Other transfer of cash or property from related organization(s).

**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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## SCHEDULE R, PART V

THE ORGANIZATION IS AN AFFILIATE WITHIN PRINCETON HEALTHCARE SYSTEM, A  
NEW JERSEY NONPROFIT CORPORATION ("PHCS") AND AFFILIATES, A TAX-EXEMPT  
INTEGRATED HEALTHCARE DELIVERY SYSTEM. PRINCETON HEALTHCARE SYSTEM  
HOLDING, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. PHCS  
ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE  
ORDINARY COURSE OF BUSINESS. THESE RELATED PARTY TRANSACTIONS ARE  
RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS  
ORGANIZATION AND ITS AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER  
HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH  
THEY ARE SITUATED.