

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation SCATTERGOOD BEHAVIORAL HEALTH FOUND		A Employer identification number 23-1352178	
Number and street (or P O box number if mail is not delivered to street address) 4641 ROOSEVELT BLVD		Room/suite	B Telephone number (see instructions) (215) 831-3000
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191242399		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 29,480,951	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,159,390			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	386,081	386,081		
	5a Gross rents	202,153	202,153		
	b Net rental income or (loss) 202,153				
	6a Net gain or (loss) from sale of assets not on line 10	340,927			
	b Gross sales price for all assets on line 6a 7,444,661				
	7 Capital gain net income (from Part IV, line 2) . . .				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	538,372			
	12 Total. Add lines 1 through 11	2,626,923	588,234		
	13 Compensation of officers, directors, trustees, etc	202,637	20,263		182,373
	14 Other employee salaries and wages	262,006			262,006
	15 Pension plans, employee benefits	128,039			128,039
	16a Legal fees (attach schedule)	12,889			12,889
	b Accounting fees (attach schedule)	55,500	5,550		49,950
	c Other professional fees (attach schedule)	231,802	220,648		11,154
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .	14,781			
	20 Occupancy	3,975			3,975
	21 Travel, conferences, and meetings	52,311			52,311
	22 Printing and publications				
	23 Other expenses (attach schedule)	167,282			167,282
	24 Total operating and administrative expenses. Add lines 13 through 23	1,131,222	246,461		869,979
	25 Contributions, gifts, grants paid	1,125,278			1,125,278
	26 Total expenses and disbursements. Add lines 24 and 25	2,256,500	246,461		1,995,257
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	370,423			
	b Net investment income (if negative, enter -0-)		341,773		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,428,135	2,012,516	2,012,516
	2 Savings and temporary cash investments	100,082	100,092	100,092
	3 Accounts receivable ▶ <u>197,269</u>			
	Less allowance for doubtful accounts ▶ <u>7,253</u>	529,798	190,016	190,016
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ <u>70,000</u>			
	Less allowance for doubtful accounts ▶ _____	30,000	70,000	30,000
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	68,201	70,135	70,135
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	15,601,512	17,218,604	17,218,604
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	4,000,000	4,000,000	4,000,000	
14 Land, buildings, and equipment basis ▶ <u>2,152,835</u>				
Less accumulated depreciation (attach schedule) ▶ <u>1,546,534</u>	576,328	606,301	4,085,000	
15 Other assets (describe ▶ _____)	1,735,213	1,774,588	1,774,588	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	25,069,269	26,042,252	29,480,951	
Liabilities	17 Accounts payable and accrued expenses	799,781	754,554	
	18 Grants payable			
	19 Deferred revenue	350,000	337,500	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,149,781	1,092,054	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	21,054,657	24,950,198	
	25 Temporarily restricted	449,602		
	26 Permanently restricted	2,415,229		
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	23,919,488	24,950,198	
	31 Total liabilities and net assets/fund balances (see instructions) .	25,069,269	26,042,252	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	23,919,488
2 Enter amount from Part I, line 27a	2	370,423
3 Other increases not included in line 2 (itemize) ▶ _____	3	660,287
4 Add lines 1, 2, and 3	4	24,950,198
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	24,950,198

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,658,045	24,961,645	0 066424
2015	1,478,862	23,778,423	0 062193
2014	1,410,111	21,453,220	0 065730
2013	1,330,727	20,783,395	0 064028
2012	1,215,666	19,603,767	0 062012
2 Total of line 1, column (d)			2 0 320387
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 064077
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 26,993,192
5 Multiply line 4 by line 3			5 1,729,643
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3,418
7 Add lines 5 and 6			7 1,733,061
8 Enter qualifying distributions from Part XII, line 4			8 1,995,257

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,418
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	3,418
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,418
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	4,037
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	4,037
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	619
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 619 Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW SCATTERGOOD COM	13	Yes	
14	The books are in care of PHILADELPHIA FOUNDATION, PHILADELPHIA FOUNDATION Telephone no (215) 563-6417			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

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

1

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
SAMANTHA MATLIN 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	EMPLOYEE 40 00	113,400		
ALYSON FERGUSON 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124	GRANT MAKING 40 00	85,075		
CAITLIN O'BRIEN 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	EMPLOYEE 40 00	61,500		

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

3

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

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

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Total. Add lines 1 through 3 ▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	16,410,058
b	Average of monthly cash balances.	1b	2,320,412
c	Fair market value of all other assets (see instructions).	1c	8,673,786
d	Total (add lines 1a, b, and c).	1d	27,404,256
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	27,404,256
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	411,064
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	26,993,192
6	Minimum investment return. Enter 5% of line 5.	6	1,349,660

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

1	Minimum investment return from Part X, line 6.	1	1,349,660
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	3,418
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,418
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,346,242
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,346,242
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,346,242

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,995,257
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,995,257
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	3,418
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,991,839

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,346,242
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012. 242,550				
b From 2013. 297,055				
c From 2014. 344,008				
d From 2015. 297,893				
e From 2016. 416,609				
f Total of lines 3a through e.	1,598,115			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 1,995,257				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				1,346,242
e Remaining amount distributed out of corpus	649,015			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,247,130			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	242,550			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	2,004,580			
10 Analysis of line 9				
a Excess from 2013. 297,055				
b Excess from 2014. 344,008				
c Excess from 2015. 297,893				
d Excess from 2016. 416,609				
e Excess from 2017. 649,015				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JOE PYLE 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124 (215) 831-3000	
b The form in which applications should be submitted and information and materials they should include CONTACT ORGANIZATION	
c Any submission deadlines CONTACT ORGANIZATION	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors CONTACT ORGANIZATION	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,052,643
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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--	--	--

1a(1)	No
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1a(2)	No
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1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

**Sign
Here**

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

2018-09-06

May the IRS discuss this
return
with the preparer shown
below

(see instr)? ☒ Yes ☐ No

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN FEKETE CPA		2018-10-31		P00956964
	Firm's name ▶ BARATZ & ASSOCIATES PA				Firm's EIN ▶ 22-2212404
	Firm's address ▶ 7 EVES DRIVE SUITE 100 MARLTON, NJ 080533196				Phone no (856) 985-5688

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOE PYLE	PRESIDENT 40 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	202,637	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MOLLY KREIDER VISCARDI	BOARD MEMBER 5 00 2447 GRAYS FERRY AVENUE 2447 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CINDY BAUM BAICKER	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
DAVID R FAIR	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANNE H MATLACK	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
N CHIYO MORIUCHI	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CATHERINE WILLIAMS	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
ANTONIO VALDES	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CAITLIN BUTLER	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
SARA JONES	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MARY CRAUDEREUFF	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
PAT MELLER	BOARD MEMBER 5 00 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACLAMO FAMILY CENTERS ACLAMO FAMILY CENTERS 512 W MARSHALL ST 512 W MARSHALL ST NORRISTOWN, PA 19401			MENTAL HEALTH	20,000
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON, DC 20008			MENTAL HEALTH	38,000
AQUINAS CENTER AQUINAS CENTER1700 FEMON ST 1700 FEMON ST PHILADELPHIA, PA 19145			MENTAL HEALTH	27,550
Total ▶ 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR HIGH IMPACT PHILANTHROPY CENTER FOR HIGH IMPACT PHILANTHROPY 3815 WALNUT ST 3815 WALNUT ST PHILADELPHIA, PA 19104			MENTAL HEALTH	10,000
CENTER FOR HIGH IMPACT PHILANTHROPY CENTER FOR HIGH IMPACT PHILANTHROPY 3815 WALNUT ST 3815 WALNUT ST PHILADELPHIA, PA 19104			MENTAL HEALTH	10,000
CENTER FOR HIGH IMPACT PHILANTHROPY CENTER FOR HIGH IMPACT PHILANTHROPY 3815 WALNUT ST 3815 WALNUT ST PHILADELPHIA, PA 19104			MENTAL HEALTH	150,000
Total ▶ 3a				1,052,643

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S CRISIS TREATMENT CENTER CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVE 1080 N DELAWARE AVE PHILADELPHIA, PA 19125			MENTAL HEALTH	5,000
DEVEREUX ADVANCED BEHAVIORAL HEALTH DEVEREUX ADVANCED BEHAVIORAL HEALTH 444 DEVEREUX DR 444 DEVEREUX DR VILLANOVA, PA 19085			MENTAL HEALTH	38,000
FREE MIGRATION PROJECT FREE MIGRATION PROJECT 1706 N 2ND STREET 1706 N 2ND STREET PHILADELPHIA, PA 19122			MENTAL HEALTH	5,000
Total 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF FARMWORKERS FRIENDS OF FARMWORKERS 699 RANSTEAD STREET 699 RANSTEAD STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	50,000
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD, PA 19041			MENTAL HEALTH	9,900
HEALTH FEDERATION OF PHILADELPHIA HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT ST 1211 CHESTNUT ST PHILADELPHIA, PA 19107			MENTAL HEALTH	7,500
Total ► 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOWARD GOLDMAN AND ASSOCIATES HOWARD GOLDMAN AND ASSOCIATES 10 CROSSROADS DR 10 CROSSROADS DR OWINGS MILLS, MD 21117			MENTAL HEALTH	209
HOWARD GOLDMAN AND ASSOCIATES HOWARD GOLDMAN AND ASSOCIATES 10 CROSSROADS DR 10 CROSSROADS DR OWINGS MILLS, MD 21117			MENTAL HEALTH	20,000
IMPACT SERVICES IMPACT SERVICES 1952 E ALLEGHENY AVE 1952 E ALLEGHENY AVE PHILADELPHIA, PA 19134			MENTAL HEALTH	37,500
Total 				1,052,643
3a				


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH HEALTHCARE FOUNDATION JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD STREET 650 SMITHFIELD STREET PITTSBURGH, PA 15222			MENTAL HEALTH	5,000
KOREAN AMERICAN ASSN OF GREATER PHI KOREAN AMERICAN ASSN OF GREATER PHI 230 E TABOR RD 230 E TABOR RD PHILADELPHIA, PA 19120			MENTAL HEALTH	5,000
LUTHERAN SETTLEMENT HOUSE LUTHERAN SETTLEMENT HOUSE 1340 FRANKFORD AVE 1340 FRANKFORD AVE PHILADELPHIA, PA 19125			MENTAL HEALTH	5,000
Total 3a	▶			1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASKAR DESIGN MASKAR DESIGN1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	651
MASKAR DESIGN MASKAR DESIGN1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	8,812
MODER PATSHALA MODER PATSHALA4416 MARKET STREET 4416 MARKET STREET PHILADELPHIA, PA 19104			MENTAL HEALTH	5,000
Total ▶ 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW KENSINGTON CDC NEW KENSINGTON CDC 2513-15 FRANKFORD AVE 2513-15 FRANKFORD AVE PHILADELPHIA, PA 19125			MENTAL HEALTH	37,500
NEW SANCTUARY MOVEMENT OF PHI NEW SANCTUARY MOVEMENT OF PHI 2601 POTTER ST 2601 POTTER ST PHILADELPHIA, PA 19125			MENTAL HEALTH	30,000
NORTHEAST OHIO MEDICAL UNIV FOUND NORTHEAST OHIO MEDICAL UNIV FOUND 4209 ST RT 44 4209 ST RT 44 ROOTSTOWN, OH 44272			MENTAL HEALTH	5,000
Total ► 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OBERLAND OBERLAND73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	1,250
OBERLAND OBERLAND73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	1,250
OBERLAND OBERLAND73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	6,675
Total ▶ 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OBERLAND OBERLAND73 SPRING STREET N 73 SPRING STREET N NEW YORK, NY 10012			MENTAL HEALTH	7,600
PENN IMMIGRATION AND CITIZENSHIP PENN IMMIGRATION AND CITIZENSHIP 2100 ARCH ST 2100 ARCH ST PHILADELPHIA, PA 19103			MENTAL HEALTH	5,000
PROJECT HEAL PROJECT HEAL199 TAUNTON LAKE RD 199 TAUNTON LAKE RD MARLTON, NJ 08053			MENTAL HEALTH	1,000
Total 				1,052,643
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT HEAL PROJECT HEAL199 TAUNTON LAKE RD 199 TAUNTON LAKE RD MARLTON, NJ 08053			MENTAL HEALTH	25,000
SEAMAAC SEAMAAC1711 S BROAD ST 1711 S BROAD ST PHILADELPHIA, PA 19148			MENTAL HEALTH	1,000
SEAMAAC SEAMAAC1711 S BROAD ST 1711 S BROAD ST PHILADELPHIA, PA 19148			MENTAL HEALTH	1,000
Total ▶ 3a				1,052,643

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SEAMAAC SEAMAAC1711 S BROAD ST 1711 S BROAD ST PHILADELPHIA, PA 19148			MENTAL HEALTH	50,000
SILVER SPRINGS MARTIN LUTHER SCHOOL SILVER SPRINGS MARTIN LUTHER SCHOOL 512 WEST TOWNSHIP LINE RD 512 WEST TOWNSHIP LINE RD PLYMOUTH MEETING, PA 19462			MENTAL HEALTH	25,000
THE MAYOR'S FUND FOR PHILADELPHIA THE MAYOR'S FUND FOR PHILADELPHIA CITY HALL RM 708 CITY HALL RM 708 PHILADELPHIA, PA 19107			MENTAL HEALTH	10,000
Total ▶ 3a				1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TRUSTEES OF THE UNIV OF PA TRUSTEES OF THE UNIV OF PA 801 SPRUCE ST 801 SPRUCE ST PHILADELPHIA, PA 19107			MENTAL HEALTH	50,000
TRUSTEES OF THE UNIV OF PA TRUSTEES OF THE UNIV OF PA 801 SPRUCE ST 801 SPRUCE ST PHILADELPHIA, PA 19107			MENTAL HEALTH	1,250
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	50,000
Total 3a			▶	1,052,643

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	42,115
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN, CT 06511			MENTAL HEALTH	160,000
YALE UNIVERSITY YALE UNIVERSITY389 WHITNEY AVE 389 WHITNEY AVE NEW HAVEN, CT 06511			MENTAL HEALTH	83,881
Total ▶ 3a				1,052,643

TY 2017 Accounting Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	55,500	5,550		49,950

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

TY 2017 Depreciation Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	2005-07-27	832	832	S/L	7 0000				
FILE CABINET	2005-07-29	832	832	S/L	7 0000				
CONFERENCE CABINET	2005-08-04	1,272	1,272	S/L	7 0000				
SIGN	2005-10-31	1,075	1,075	S/L	7 0000				
COMPUTER EQUIPMENT / SOFTWARE	2005-08-01	7,875	7,875	S/L	5 0000				
LAND	2005-06-30	250,000							
LAND IMPROVEMENTS	2005-06-30	250,000							
WEBSTER BUILDING	2005-06-30	1,364,902	1,299,975	150DB	20 0000	8,116			
LAWNSIDE BUILDING	2005-06-30	54,316	54,316	200DB	10 0000				
TWIN COTTAGE	2005-06-30	2,853	2,853	150DB	20 0000				
TWIN HOUSES ON HILL	2005-06-30	74,802	74,802	200DB	10 0000				
BUCKS COUNTY ASSOC	2005-06-30	4,357	4,357	200DB	3 0000				
COMPUTER EQUIPMENT	2006-07-18	6,643	6,643	200DB	5 0000				
EQUIPMENT	2008-06-30	2,509	2,509	S/L	5 0000				
WEBSITE	2012-05-01	47,897	47,897	S/L	3 0000				
WEBSITE DEVELOPMENT	2012-09-25	2,375	2,375	S/L	5 0000				
WEBSITE DEVELOPMENT	2013-01-22	5,780	5,202	S/L	5 0000	578			
WEBSITE DEVELOPMENT	2013-03-14	1,429	1,262	S/L	5 0000	167			
WEBSITE DEVELOPMENT	2013-04-23	4,590	3,902	S/L	5 0000	688			
WEBSITE DEVELOPMENT	2013-06-09	2,763	2,302	S/L	5 0000	461			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WEBSITE DEVELOPMENT	2013-08-21	2,850	2,130	S/L	5 0000	570			
2 MACBOOK AIR 13IN	2013-08-19	3,588	2,834	200DB	5 0000	502			
IPAD	2013-09-18	830	656	200DB	5 0000	116			
LAPTOP	2015-07-09	1,769	1,179	S/L	3 0000	590			
LAPTOP	2015-07-09	1,788	1,192	S/L	3 0000	596			
LAPTOP (EVALUATION)	2015-08-19	1,349	824	S/L	3 0000	450			
LAPTOP (O'BRIEN)	2015-10-29	1,878	1,043	S/L	3 0000	626			
OFFICE FURNITURE	2015-12-16	874	187	S/L	7 0000	125			
OFFICE FURNITURE	2015-12-16	1,913	410	S/L	7 0000	273			
OFFICE FURNITURE	2016-01-19	2,400	486	S/L	7 0000	343			
LAPTOP (MAURI)	2016-07-18	1,743	533	S/L	3 0000	580			
WEBSITE DESIGN - NOT YET IN SERVICE	2018-06-30	44,753							

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

TY 2017 Gain/Loss from Sale of Other Assets Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PUBLICLY TRADED SECURITIES		PURCHASE	2017-12		7,444,661	7,103,734			340,927	

TY 2017 Investments Corporate Stock Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS	17,218,604	17,218,604

TY 2017 Investments - Other Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT IN FBHS, LP	FMV	4,000,000	4,000,000

**TY 2017 Land, Etc.
Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS	1,501,230	1,441,725	59,505	
MOVEABLE EQUIPMENT	151,605	104,809	46,796	
LAND	250,000		250,000	4,085,000
LAND IMPROVEMENTS	250,000		250,000	

TY 2017 Legal Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	12,889			12,889

TY 2017 Other Assets Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	156,710	162,712	162,712
ASSETS HELD IN TRUST	1,578,503	1,611,876	1,611,876

TY 2017 Other Expenses Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BRAND DEVELOPMENT	37,881			37,881
DUES & SUBSCRIPTIONS	7,274			7,274
FUNDRAISING	1,000			1,000
INSURANCE	27,820			27,820
INTERNSHIP	3,000			3,000
IT EXPENSE	12,926			12,926
LAND MAINTENANCE	29,161			29,161
LICENSES AND FEES	250			250
POSTAGE	511			511

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PURCHASED SERVICES	15,588			15,588
RENT	28,500			28,500
SUPPLIES	3,371			3,371

TY 2017 Other Income Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	5,593		
FBHS, LP	532,779		

TY 2017 Other Increases Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	660,287

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

**TY 2017 Other
Notes/Loans Receivable
Long Schedule**

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND
EIN: 23-1352178

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
MENTAL HEALTH ASSOCIATION		30,000	70,000	2016-12	2019-11	10,000 PER YEAR DUE 12/31	3 00 %	NOT SECURED BY ANY COLLATERAL	TO COMPLETE A MERGER		

TY 2017 Other Professional Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANK FEES	220,648	220,648		
LAND MANAGEMENT STUDY	11,154			11,154

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491304004288	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047	
				2017	
Name of the organization SCATTERGOOD BEHAVIORAL HEALTH FOUND				Employer identification number 23-1352178	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
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—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 23-1352178
Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	THE PHILADELPHIA FOUNDATION	\$ 54,360	Person <input checked="" type="checkbox"/>
	1234 SEPTA MARKET-FRANKFORD		Payroll <input type="checkbox"/>
	LINE 1800 PHILADELPHIA, PA 19107		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>7</u>	THE MARGARET CLARK MORGAN FOUNDATION	\$ 38,900	Person <input checked="" type="checkbox"/>
	10 WEST STREETSBORO STREET		Payroll <input type="checkbox"/>
	HUDSON, OH 44236		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	HEALTH FEDERATION OF PHILADELPHIA	\$ 12,000	Person <input checked="" type="checkbox"/>
	1211 CHESTNUT STREET		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19107		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	THE GLENMEDE TRUST COMPANY NA	\$ 50,000	Person <input checked="" type="checkbox"/>
	1650 MARKET ST		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19103		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	UNITED WAY OF GREATER PHILA AND S NJ	\$ 15,000	Person <input checked="" type="checkbox"/>
	1709 BENJAMIN FRANKLIN PKWY		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19103		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	HOMELESS ADVOCACY PROJECT	\$ 8,000	Person <input checked="" type="checkbox"/>
	1429 WALNUT ST		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19102		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	POTTSTOWN SCHOOL DISTRICT	<u>\$ 144,673</u>	Person <input checked="" type="checkbox"/>
	230 BEECH ST		Payroll <input type="checkbox"/>
	POTTSTOWN, PA19464		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	PAUL HELLER	<u>\$ 198,630</u>	Person <input checked="" type="checkbox"/>
	100 FARM HILL LANE		Payroll <input type="checkbox"/>
	CHESAPEAKE CITY, MD21915		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	EDNA MCCONNELL CLARK FOUNDATION	<u>\$ 32,000</u>	Person <input checked="" type="checkbox"/>
	415 MADISON AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY10017		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	ADMIRAL SEARCH & ABSTRAT CORPORATION	<u>\$ 500,000</u>	Person <input checked="" type="checkbox"/>
	312 EXTON COMMONS		Payroll <input type="checkbox"/>
	EXTON, PA19341		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)