Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

Form **990-PF** (2018)

		nent of the Treasury Revenue Service					on this form as tructions and t				Open to Pul	blic Inspection	n
, -			or tax year begi		, and end				. 20				
		f foundation	or tax your bog.	g			, 2010	, una circ		A Employer iden	tification nu		_
,	THE	DEERFIELD F	PARTNERSHIP	FOUNDA	ATION					05-06189	50		
_			ox number if mail is not			idress)		Room/sur	te	B Telephone nur		ructions)	_
	780	THIRD AVENU	JE, 37TH FLO	OR						(212) 5	551-160	0	
(e, country, and ZIP or fo		al code					(111, 331 133			
										C If exemption app			٦
	NEW	YORK, NY 10	017							pending, check h	ere		ر
(eck all that apply	Initial retu	rn		Initial return	n of a former i	oublic cha	ritv	D 1 Faraian assau		. _	٦
			Final retur			Amended r				D 1 Foreign organi2 Foreign organi			لـ
			Address o	hange		Name char					k here and atta		٦
Ī	1 Che	eck type of organi	zation X Sect		(c)(3) e		<u> </u>			•			_
		•	nonexempt charitable				orivate founda	ition C	4	E If private founda under section 50			٦
ī			of all assets at					crual		F If the foundation			_
		of year (from Pa			•	ner (specify)				under section 503			7
			587,400.	_		(d) must be on					_		
1	Part		venue and Expen		(a) F	Revenue and						sbursements	
_			in columns (b), (c), a rily equal the amoun			penses per	(b) Net inv		(c) Adjusted net income		charitable ourposes	
		column (a) (see in		13 111		books						h basis only)	
•	1		ts, etc., received (attach so			1,869,207	經濟體經過	問題問	有能	對於經濟學	影響響	地域開始建設	, ig
	2		e foundation is not req ch Sch D		动性性的	亞維斯的理解的	把鍵盤到點的圖		1000		過過過過	最實際地震	額
	3	Interest on savings and temporary cash investi				15,845	1. 1	15,845.			調響線	野遊響語的	緣
	4	Dividends and inte	erest from securities	\bigcirc .							海 觀點	學論。性質語語組	邀
	5 a	5a Gross rents						205 1			漢語經濟		N
	Ь	Net rental income or	(lass)		部路路面	而,但这些情况	建筑建筑	理學是是	编制		HE ENTERED	West Wash	Ŗ
9	6a	Net gain or (loss) fro	m sale of assets not on			3,989,918		建筑型	建			智慧的	Ž,
0,000	Ь	Gross sales price for assets on line 6a	all 74	1,285.		A. H. P. W.	的。那時間是		對當	a de la companya de			W.
Š	7	Capital gain net in	come (from Part IV,	line 2) .			4,04	17,266.	2	和新加州的			1
0	8	Net short-term cap	oital gain		70.00	Harris State State Total	The second secon	A CHEST MICHONE	Ц	RECE!		Charles Total Process	
	9	Income modification Gross sales less return	ons		基注机	The state of the s			J 71.	ANGUM DELICATION OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		픠
	IVa	and allowances			20 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A STANDARD BEINDE	CONTRACTOR CONTRACTOR	18	州武士 1985年5		No.	<u> </u>
		Less, Cost of goods s			等於新屬		TO CONTRACT TO SERVICE AND THE	TARREST MARKET THE	1	NOVO	201922	0	<u> </u>
			s) (attach schedule)			712,882	州温温温度	2 271	ШÜ		2 mm - mm - mm		<u> </u>
	11		ach schedule) ATCI		 	6,587,852		.3,271. 76,382.	Η.	OGNEN	1 2 X 2 X 3 X 3	TARES DESIGNATION OF THE PROPERTY OF THE PROPE	20
-	12		through 11		 '	0,307,032		0,302.	<u> </u>	<u>ÚUDLI</u>	4 4 0 3 4 E	774等 经规度证据	뙗
q	13		cers, directors, trustees				-						_
9	14		alaries and wages		-		 						_
Administrative Expense	15		iployee benefits				+						_
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	19		ch schedule) and de				 			<u> </u>	新統制		3
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\ \frac{1}{2}	21	• •	s, and meetings										_
2	21 22	•	cations										_
5	23		ttach schedule) ATC		-	212,532	. 17	6,243.				36,28	8
atir.	23 24 25	•	nd administrative ex										_
9	5		gh 23	•		232,535		6,243.	L			36,28	
č	25		s, grants paid			1,199,372	CLANCE AND INC. AUTOM-CIT.		認識記	を		4,199,37	
_	26	-	oursements Add lines 2			1,431,907	1	6,243.				4,235,660	Ō
	27	Subtract line 26 fr	om line 12						産業を				
	a	Excess of revenue ov	er expenses and disbu	rsements		2,155,945	·斯勒斯斯斯	是特別的		对位于1000年的			常
	b	Net investment in	come (if negative, ei	nter -0-)	A SA			0,139.	難為能	增加高級			8
	C	Adjusted net inco	me (if negative, ente	r -0-)		的影響的	独型的数				ALL THE SECOND		数

JSA For Paperwork Reduction Act Notice, see instructions 8E1410 1 000

Page 2

Part II		Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	artii	Datance Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 (Cash - non-interest-beari	ng			
			cash investments ,	2,538,841.	4,609,618.	4,609,618.
		Accounts receivable		建筑建筑设施	THE PARTY OF THE P	
		ess allowance for doub	otful accounts >	*>		
		Pledges receivable >	•			
			btful accounts ▶	1		
			officers, directors, trustees, and other			
			ach schedule) (see instructions)			
			eceivable (attach schedule)		HARRING THE PARTY OF THE PARTY	
		ess allowance for doub		Souther that have been a second to a lamber to erround to the first to the training to the tra	Water Control of the	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS
ß			e			
ssets			eferred charges			
As		•	e government obligations (attach schedule).			
			stock (attach schedule)		-	
		•	bonds (attach schedule)		-	
	11	nvestments land buildings	-		TELL TELL TELL TELL TELL TELL TELL TELL	TO CHANTON TO THE
	· ·	and equipment basis ess accumulated deprecia		THE WORLDWAN CHEST WORKS AND THE STREET STREET, WITH STRE	A THE CONTRACT OF THE PROPERTY	Children Control of the Control of t
٠		attach schedule)	·			
	12 I	nvestments - mortgage (loans	8,287,877.	8,380,128.	7,977,782.
	14 (and, buildings, and	• •			
	· ·	equipment basis Less accumulated deprecia	tion _			THE THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART
		attach schedule) Other assets (describe >	,			
		•	completed by all filers - see the			
			age 1, item l)	10.826.718.	12,989,746.	12,587,400.
				,,,		建产品制态基础 表现现
			ccrued expenses			がは、 は、 は、 は、 は、 は、 は、 は、 は、 は、
s			• • • • • • • • • • • • • • • • • • • •	-		AND THE RESIDENCE OF THE PARTY
ties						A CHARLES OF THE STATE OF THE S
abili			rs, trustees, and other disqualified persons tes payable (attach schedule)			THE STREET STREET STREET
Ľ			e >*)			THE RESERVE OF THE PERSON OF T
	22 (Julier habilities (describe	,			THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IN COLUMN THE PERSON NAMED IN COLUMN THE PERSON NAM
	23	Fotal liabilities (add line	s 17 through 22)	0.	0.	
			v SFAS 117, check here			
ŝ			through 26, and lines 30 and 31.			
ances				,	• • •	
ala				1	· · ·	新兴州产业的企业的企业
		Temporarily restricted .				
			ot follow SFAS 117, check here ► X		-	A STATE OF THE PARTY OF THE PAR
ᆲ		and complete lines 27 t				
ō		· ·	cipal, or current funds			
ž	28		land, bldg , and equipment fund			
SSE	29	·	lated income, endowment, or other funds	10,826,718.	12,989,746.	
Ä	30 1	- -	balances (see instructions)	10,826,718.	12,989,746.	
Ye.	31		net assets/fund balances (see			建筑的原则的区外型的原则
				10,826,718.	12,989,746.	
P			nges in Net Assets or Fund Bala		·	The second second second second second second second second
_			alances at beginning of year - Part		must agree with	
٠			d on prior year's return)			10,826,718.
2		-	line 27a			2,155,945.
			led in line 2 (itemize) ► ATCH 5	• • • • • • • • • • • • • • •	3	7,083.
			· · · · · · · · · · · · · · · · · · ·			12,989,746.
		eases not included in			5	
			alances at end of year (line 4 minus	line 5) - Part II, column (12,989,746.

Part IV Capital Gain	s and Losses for Tax on Inve	estment Income			Page 3
	escribe the kind(s) of property sold (for e brick warehouse, or common stock, 200	• •	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE		·	D - Donation		
b					
C					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
_a					
b			•		
С					
d					
е			,		
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
a					
b					
С					
d					
e					
2 Capital gain net income	o or (not capital loss) If ga	ain, also enter in Part I, line 7			
2 Capital gain liet incom	e or (net capitarioss) {	oss), enter -0- in Part I, line 7	2	4,	047,266.
The state of the s	gain or (loss) as defined in sections				
If gain, also enter in l	Part I, line 8, column (c) See insi	tructions If (loss), enter -0- in 🕽			
Part I, line 8	<u></u>	<u> </u>	3		0.
Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
	r the section 4942 tax on the distrib or't qualify under section 4940(e)		ase perio	d?	Yes X No
1 Enter the appropriate a	amount in each column for each yea	ar, see the instructions before maki	ng any er	tries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	ntio
2017	3,343,703.	6,223,087.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.537306
2016	3,532,571.	9,275,398.			0.380854
2015	3,635,674.	10,117,786.			0.359335
2014	3,373,578.	6,756,209.			0.499330
2013	2,390,550.	4,167,472.	-		0.573621
			<u> </u>		
2 Total of line 1, column	(d)		2		2.350446
	tio for the 5-year base period - divide				
_	•	· · · · · · · · · · · · · · · · · · ·	3		0.470089
the number of years the	e foundation has been in existence i	riess than 5 years	-		
4 Enter the net value of r	noncharitable-use assets for 2018 fi	om Part X, line 5	4	11,	099,369.
5 Multiply line 4 by line 3			5	5,	217,691.
6 Enter 1% of net investr	ment income (1% of Part I, line 27b) .		6		46,001.
			7	5,	263,692.
	utions from Part XII, line 4		8	4,	235,660.
If line 8 is equal to or Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete			

orm 9	90-PF (2018) THE DEERFIELD PARTNERSHIP FOUNDATION 05-061	<u>89</u> 50	F	age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru		
	Exempt operating foundations described in section 4940(d)(2), check here			$\overline{}$
(Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		92,0	03.
1	nere and enter 1% of Part I, line 27b	•	_	
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			1
	Part I, line 12, col (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
	Add lines 1 and 2		92,0	03.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		92,0	03.
	Credits/Payments			1
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 107, 291.			i
	Exempt foreign organizations - tax withheld at source			1
	Tax paid with application for extension of time to file (Form 8868)			1
d i	Backup withholding erroneously withheld			;
7	Total credits and payments Add lines 6a through 6d	`	191,7	46.
8 i	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached		1	38.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		99,6	05.
	Enter the amount of line 10 to be Credited to 2019 estimated tax > 99,605. Refunded > 11			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Γ	Yes	No
	participate or intervene in any political campaign?	1a		Х
-	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	nstructions for the definition	1b		Х
	f 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			
	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	1) On the foundation > \$ (2) On foundation managers > \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
	f "Yes," attach a detailed description of the activities	<u> </u>		
	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? If "Yes," attach a conformed copy of the changes	3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	f "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? ATCH 6	5	Х	
	f "Yes," attach the statement required by <i>General Instruction T</i>	۲		
	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 amonds the governing instrument so that no mandatory directions that	[
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remains in the government and the government?	6	- X	
	conflict with the state law remain in the governing instrument?	7	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		**	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.L	X	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	^	
	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			Х
	complete Part XIV	9		
	Old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10_		X

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
,,	Website address ► N/A			
14	The books are in care of ▶ DEERFIELD MANAGEMENT COMPANY, Telephone no ▶ 212-551	-160	0	
1-4	Located at >780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY ZIP+4 > 10017			
4.5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			TT
15	and enter the amount of tax-exempt interest received or accrued during the year		–	
46	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authorit		Yes	No
10				X
	over a bank, securities, or other financial account in a foreign country?		ــــــ	 7
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1		
Bar	the foreign country ► t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>!</u>
Par			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	1
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		٠.	
	(b) I difficility goods, services, or radiates to (or accept their from) a disqualities person.	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1 1
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	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) Yes X No			1
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	1b	ļ	
	Organizations relying on a current notice regarding disaster assistance, check here		,	. ']
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 2018?	1c	ļ	X
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))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2018?			Ì
	If "Yes," list the years			
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			لــــا
	all years listed, answer "No" and attach statement - see instructions)	2b	 	ļ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			li
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		İ	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 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	1		
	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 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			igsquare
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х

Form	990-PF (2018)	THE DEERFIELD	PARTNERSHIP	FOUNDATION		05-06	618950	F	age 6
Pai	rt VII-B Sta	tements Regarding Activities	for Which Form	4720 May Be Rec	uired (cont	inued)			•
5a	During the year,	did the foundation pay or incur any amo	ount to	_				Yes	No
	(1) Carry on pro	paganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	X No	7 ,	•	,]
	(2) Influence th	e outcome of any specific public ele	ction (see section	4955), or to carry or	n,			t:	١ . إ
	directly or in	directly, any voter registration drive?			. Yes	X No			
	(3) Provide a gr	ant to an individual for travel, study, or o	ther similar purposes?	,	. Yes	X No			{
	(4) Provide a g	rant to an organization other than a	charitable, etc., org	ganization described i			1		{
	section 4945	5(d)(4)(A)? See instructions			. X Yes	No			
	(5) Provide for	any purpose other than religious, ch	arıtable, scientific,	literary, or educations	al	_			1
	purposes, or	for the prevention of cruelty to children	or animals?		. Yes	X No	-1		4
b	•	s "Yes" to 5a(1)-(5), did any of the		•	•				
	Regulations sect	ion 53 4945 or in a current notice regar	ding disaster assistan	ice? See instructions.			5b		X
	Organizations re	elying on a current notice regarding disas	ster assistance, check	here		▶∟	_		
С	If the answer i	s "Yes" to question 5a(4), does the	foundation claim e	exemption from the t					• {
	because it maint	tained expenditure responsibility for the	grant?		. X Yes	No			
	If "Yes," attach t	he statement required by Regulations so	ection 53 4945-5(d)	ATCH 7				'	1
6a	Did the foundat	tion, during the year, receive any fun	ds, directly or indir	ectly, to pay premiur	ns				
	on a personal be	nefit contract?			. L Yes	X No			أحــــــــــــــــــــــــــــــــــــ
þ	Did the foundation	on, during the year, pay premiums, dire	ctly or indirectly, on a	a personal benefit contra	act?		6b		X
	If "Yes" to 6b, file	e Form 8870					ľ	٠.	
7a	•	ng the tax year, was the foundation a pa	•	•	· —	_			اــــا
b	If "Yes," did the	foundation receive any proceeds or have	e any net income atti	ributable to the transact	ion ⁹		7b		
8		n subject to the section 4960 tax on pay	• •				'		. ;
		excess parachute payment(s) during the	year?		. Yes	X No			, }
Pa	t VIII Infor	mation About Officers, Director Contractors	rs, Trustees, Fol	indation Managers	s, Hignly Pa	aia Empi	oyees,		
1		, directors, trustees, and foundati							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid,	(d) Contribut employee bene		(e) Expens		
			devoted to position	enter -0-)	and deferred cor	npensation	Other all	- Traile	
ATC	- B			0.		0.			0.
	 			· ·		<u> </u>			
		 							
		· · · · · · · · · · · · · · · · · · ·							
2	Compensation	of five highest-paid employees	other than thos	se included on line	e 1 - see i	nstruction	ns). If no	one.	enter
	"NONE."								
(2)	Name and address	of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributemployee to	enefit	(e) Expens	e accou	unt,
(α)	ivanic and address	or each employee paid more than \$50,000	devoted to position	(c) compensation	plans and de compens		other all	owance	S
								-	
	NONE								
						ı			
				, , , , <u> </u>					
				_					
Total	number of othe	r employees paid over \$50,000				▶			
							r 990	DE	

Form 990-PF (2018) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 ▶ **Summary of Direct Charitable Activities** Part IX-A 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 beneficianes served, conferences convened, research papers produced, etc. Expenses N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2

Form 990-PF (2018)

3

NONE

All other program-related investments. See instructions

Page 8

Pai	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							
а	Average monthly fair market value of securities	1a						
	Average of monthly cash balances		3,290,613.					
С	Fair market value of all other assets (see instructions)	1c	7,977,782.					
d		1d	11,268,395.					
е	Reduction claimed for blockage or other factors reported on lines 1a and							
	1c (attach detailed explanation)							
2	Acquisition indebtedness applicable to line 1 assets							
3	Subtract line 2 from line 1d	3	11,268,395.					
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see							
	instructions)	4	169,026.					
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,099,369.					
6	Minimum investment return. Enter 5% of line 5	6	554,968.					
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part)	undations						
1	Minimum investment return from Part X, line 6	1	554,968.					
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 92,003							
b	Income tax for 2018 (This does not include the tax from Part VI) 2b	7 _						
	Add lines 2a and 2b	2c	92,003.					
3	Distributable amount before adjustments Subtract line 2c from line 1	1 1	462,965.					
4	Recoveries of amounts treated as qualifying distributions		7,083.					
5	Add lines 3 and 4		470,048.					
6	Deduction from distributable amount (see instructions)							
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,							
	line 1		470,048.					
Pai	rt XII Qualifying Distributions (see Instructions)	•						
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_						
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	4,235,660.					
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							
а	Suitability test (prior IRS approval required)	3a						
	Cash distribution test (attach the required schedule)							
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4,235,660.					
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		0.					
6	Adjusted qualifying distributions. Subtract line 5 from line 4		4,235,660.					
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c		whether the foundation					
	qualifies for the section 4940(e) reduction of tax in those years	9						

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Form 990-PF (2018)

Page **9**

Part XIII Undistributed Income (see instr	ructions)			
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7				470,048.
2 Undistributed income, if any, as of the end of 2018				į.
a Enter amount for 2017 only.			<u></u>	<u> </u>
b Total for pnor years 20_16_,20_15_,20_14_	• 1			1
a From 2013	the seal of the season of the		The state of the s	
b From 2014 3,106,508				to the start of the start of
c From 2015 3,210,788.		_	a tay-ist	\$ 10 mm and 10 m
d From 2016 3, 102, 200	* * * * * * * * * * * * * * * * * * * *	er and the second	'' '	te de trom teknet
e From 2017 3,099,326.	14,729,343.	د کار فاکومو ایدای با در ماها اولاد داخاند ایدای شده	the property of the control of the c	
f Total of lines 3a through e	14,729,343.	A to the second	Pro ak 3 & 4 a a Q &	inac 12 17 € as 1250 ± 200 ± 200 €
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 4,235,660.				1
a Applied to 2017, but not more than line 2a				<u> </u>
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required - see instructions)			a suffer a history	470,048.
d Applied to 2018 distributable amount	3,765,612.			470,048.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	3,703,017.	as the second year of a con-	رو اهي ولا الدارات الدارات الدارات	
6 Enter the net total of each column as indicated below;		ر از موسد المعلق المعلى المادي الماد	e bering the second	
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	10,494,955.	i galifial fine patitione pro	gir balla delle	
b Prior years' undistributed income Subtract				1
line 4b from line 2b				;
d Subtract line 6c from line 6b Taxable				•
amount - see instructions e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus			. وأد معد ما ياه .	4
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be			ကြော်သို့လေ မြေးကြီးချိန် ရှိခြင်း ကြော်သောကျော်သည်	
required - see instructions)		The state of the s	The state of the s	- F
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	2,210,521.	Committee of the second	ا من من الله الله الله الله الله الله الله الل	A STATE OF THE STA
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line Ga	16,284,434.			• **
10 Analysis of line 9	The maje think is a second of the arms.	SUPPLIES OF BUILDING	and marking a glinest is a	
a Excess from 2014 3,106,508.		to a series and an are	- * 1 *1 VII 14	
b Excess from 2015 3,210,788.		and the second		
c Excess from 2016 3,102,200.	•		-	
3 7/E / 3		First 1 (45) (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	the transfer of the contract of	∮
e Excess from 2018 3, 765, 612.			* * * * * * * * * * * * * * * * * * *	Form 990-PF (2018)

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9) 1	NOT APPLICABLE
1 a	If the foundation has	_		•	~	
_	foundation, and the ruling					1(2) 22(1/5)
	Check box to indicate venture the lesser of the ad-		is a private operating		section 4942(j)	(3) or 4942(j)(5)
Za	justed net income from Part	Tax year	(b) 2017	Prior 3 years	/#\ 2015	(e) Total
	I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	return from Part X for each					
L.	year listed					_
	85% of line 2a					
С	Qualifying distributions from Part XII, fine 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					
۵	of exempt activities					
·	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section	/				
h	4942(j)(3)(B)(i)					
_	enter 2/3 of minimum invest-					
	ment return shown in Part X ,					
_	line 6 for each year listed					-
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income	1				
	(interest, dividends, rents,					
	payments on secunties toans (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 sup- port from an exempt					
	organization					
_	(4) Gross investment income.				<u> </u>	<u> </u>
Pa		ntary Information ((uring the year - see		only if the founda	ition had \$5,000 o	r more in assets at
1	Information Regarding					
а	List any managers of			e than 2% of the tota	al contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed n	nore than \$5,000) (Se	ee section 507(d)(2))	•
	NONE					
b	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner					-
				_		
	N/A					
2	Information Regarding	G Contribution, Grant	Gift, Loan, Scholarsh	ip. etc Programs:		
	Check here ► X if t	=			table arganizations o	and door not cooon
	unsolicited requests for	or funds If the found:	nakes continuutions ation makes difts dra	ints etc. to individua	lable organizations in	ind does not accept
	complete items 2a, b, o			into, etc., to individua	is or organizations at	der other conditions,
	The name, address, a			e nerson to whom and	lications should be add	ressed
a	The hame, address, a	na telephone number	or email address of th	ie person to whom app	meations should be add	163364
b	The form in which appl	lications should be sub	mitted and information	n and materials they	should include	
С	Any submission deadli	nes				
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors		_ -			

Part XV Supplementary Information (continued)

Page **11**

3 Grants and Contributions Paid Duri	During the Year or Approved for Future Payment If recipient is an individual, show any relationship to say foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	contribution		
a Paid during the year					
nmou o					
ATCH 9					
Total				4,199,372.	
b Approved for future payment					
·					
			<u> </u>		
Total			<u> ▶ 3</u> b		

Form 990-PF (2018)			-		Page 1 2
Part XVI-A Analysis of Income-Pro			I Control of the		(0)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	(e) Related or exempt function income
1 Program service revenue	Business code	, in our	Exclusion code	, unount	(See instructions)
a					
b					
d	1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		<u> </u>	1.1	15.045	
3 Interest on savings and temporary cash investments	•		14	15,845.	
4 Dividends and interest from securities	· · · · · · · · · · · · · · · · · · ·	4- C X			
5 Net rental income or (loss) from real estate	\				· · · · · · · · · · · · · · · · · · ·
a Debt-financed property	1				
 b Not debt-financed property 6 Net rental income or (loss) from personal property 			†		<u> </u>
7 Other investment income					
8 Gain or (loss) from sales of assets other than invento	1		18	3,989,918.	
9 Net income or (loss) from special events · ·	1				
O Gross profit or (loss) from sales of inventory			1		
1 Other revenue a K-1 INC/LOSS	525990	-389.	14	713,271.	
b	.				
c			1		
d					
Cubastal Add salumans (b) (d) and (s)		-389	1 7, 1	4,719,034.	
2 Subtotal Add columns (b), (d), and (e)3 Total. Add line 12, columns (b), (d), and (e) .					4,718,645.
(See worksheet in line 13 instructions to verify ca					17.1070101
Part XVI-B Relationship of Activiti		ccomplishment of E	xempt Pur	poses	
Explain below how each active accomplishment of the foundation	•	· ·			
					AAAAAAA
*					
			•		

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

		e organization direct tion 501(c) (other									Yes	No
		ations?	man section	SUT(C)(S) Gran	iizations) or	in section	1 327, 1 e k	ating to	political			1
	•	ers from the reportin	a foundation to	a nancharitable (evemet ergen	ization of						
		she reporum	-							12/1)		X .
,		er assets								1a(2)		Х
	• •	ransactions								14(2)		
-			naharitahla avar	nnt organization						15/4)	~ -	 X
	•	es of assets to a not		_								X
		chases of assets frontal of facilities, equi										X
												X
	• •	mbursement arrange										X
		ans or loan guarantee										X
		formance of service										<u>x</u>
		g of facilities, equipm										
		answer to any of th										
		of the goods, other										
		n any transaction or										
(a) Lin	ie no	(b) Amount involved	(c) Name of n	oncharitable exempt o	organization		ption of transfe	ers, transac	tions, and sha	ring arra	ngeme	nts
		N/A				N/A			····			
					_							
		- -										_
			,		•							
		-										
-										•		
						-						
22	le the	foundation directly	or indirectly aff	filiated with or re	elated to on	e or more	tay-eyemnt	organiz	rations		· · · ·	
		ped in section 501(c)								\neg	es X] No
		," complete the follo		500000000000000000000000000000000000000	1 111 36000011 32	.,						J 110
	11 165	(a) Name of organization		(h) Tyne (of organization			c) Descrip	tion of relation:	shin		
		(a) Hame of organization		(5) 1) pc c	or Grant Callott			o, Bess.,p				
	-											
			+									
												_
	Lindor	penalties of penury, I decla	are that I have exami	and this return including	a accompanying si	thedules and st	tatements and to	o the hest	of my knowled	ne and h	helief it	is true
		t, and complete Declaration o						• the Bost		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOI/OI, 12	
Sign				اصلانات	10				May the IR	S discus	s this	retum
Here	<u>ا د</u>			111161	<u> </u>	- Kresic	CNT		1	eparer 9		below?
	Sigi	nature of officer or trustee		✓ Date •		Title			See instruction	is X	Yes	No
		T		- 12 -	<u>-</u>	·	15			D.T.1.1		
Paid		Print/Type preparer's na	U	Preparer's signat			Date		~~ □ "	PTIN		•
		JEFFREY D HAS		JEFFREY D	HASKELL		11/06/2	2019 se		P013		0
Prep		Firm's name ► FC	OUNDATION S					Firm's Ell	<u>,</u> ▶5103	9834	7	
Use	Only	Firm's address ► ON	E HOTTOM T	N, STE 212								
		LA	KE SUCCESS	, NY		110	42	Phone no				
									Fo	m 990	0-PF	(2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

THE DEERFIELD PARTNE	RSHIP FOUNDATION	05-0618950				
Organization type (check one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation				
501(c)(3) taxable private foundation						
Instructions General Rule X For an organization), (8), or (10) organization can check boxes for both the General Rifiling Form 990, 990-EZ, or 990-PF that received, during the yea or property) from any one contributor. Complete Parts I and II. See contributions.	ır, contributions totaling \$5,000				
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that me ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (i d that received from any one contributor, during the year, total co- f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	Form 990 or 990-EZ), Part II, line intributions of the greater of (1)				
contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 the year, total contributions of more than \$1,000 exclusively for renal purposes, or for the prevention of cruelty to children or animal instead of the contributor name and address), II, and III	eligious, charitable, scientific,				
contributor, during to contributions totaled during the year for a General Rule applie totaling \$5,000 or m	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 he year, contributions exclusively for religious, charitable, etc., put more than \$1,000. If this box is checked, enter here the total coin exclusively religious, charitable, etc., purpose. Don't complete as to this organization because it received nonexclusively religious, nore during the year	ortributions that were received any of the parts unless the charitable, etc., contributions				
-	isn't covered by the General Rule and/or the Special Rules doesn at answer "No" on Part IV, line 2, of its Form 990, or check the bo					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

(a) No. Name, address, and ZIP + 4 Total contribution 1 ANDERSON, SUMNER 14 EAST 90TH STREET APT. 7C NEW YORK, NY 10128 (b) (c) Total contribution (a) No. Name, address, and ZIP + 4 2 ATINSKY, LAWRENCE	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d)
14 EAST 90TH STREET APT. 7C \$ 10,	Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contribution	noncash contributions)
No. Name, address, and ZIP + 4 Total contribution	(4)
2 ATINSKY, LAWRENCE	
100 7 0007 077777 177 27	Person X Payroll
122 E. 82ND STREET, APT 3A NEW YORK, NY 10028	, 000. Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contribution	(d) ons Type of contribution
3 BERG, KEVIN 79 FAIRWAY AVE RYE, NY 10580 \$ 18,	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contribution	(d) ons Type of contribution
4 BERNSTEIN, BRENT 43-25 HUNTER STREET APT. 338E FORREST HILLS, NY 11101	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contribution	(d) ons Type of contribution
5 BISHOP, NICHOLAS 217 W. 110TH ST. APT. 9 NEW YORK, NY 10026 \$ 9,	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contribution	(d) ons Type of contribution
6 BIZOZA, BRIAN	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE DEERFIELD PARTNERSHIP FOUNDATION

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		
7	BRANCACCIO, MARIAN		Person X		
	350 W 57TH ST, #11F	\$ 50,000.	Payroll Noncash		
	NEW YORK, NY 10019	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	BUKOWCZYK, STEVEN		Person X		
	88 LEONARD STREET APT. 1709	\$5,000.	Payroll Noncash		
	NEW YORK, NY 10013		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
99_	CAZE, ALEXIS 1079 ORIENTA AVENUE MAMORONECK, NY 10543	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	CLARK, DAVID	, , , , , , , , , , , , , , , , , , , ,	Person X		
	336 EAST 53RD STEET, 5TH FLOOR	\$ 50,000.	Payroll Noncash		
	NEW YORK, NY 10022	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11_	COAN, TIMOTHY		Person X		
	20 PROSPECT PLACE	\$10,000.	Payroll Noncash		
	CROTON ON HUDSON, NY 10520	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	DEERFIELD MANAGEMENT COMPANY, L.P.	_	Person X		
	780 THIRD AVENUE 37TH FL	\$ 817,764.	Payroll Noncash		
	NEW YORK, NY 10017	_	(Complete Part II for noncash contributions)		

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		
13	ELBARDISSI, ANDREW		Person X Payroll		
	290 THIRD AVENUE APT 23B NEW YORK, NY 10010	\$\\$	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14_	FARRELL, MICHAEL		Person X		
	106 CONNELLY AVENUE	\$	Payroll Noncash (Complete Part II for		
	BUDD LAKE, NJ 07828		noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	FURST, HOWIE 7 LUCKENBACH LANE PORT WASHINGTON, NY 11050	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	GADDY, VICKY 56 GANSETT COURT LONG BRANCH, NJ 07740	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	GANESAN, BHARATH 780 THIRD AVENUE, FLOOR 37 NEW YORK, NY 10017	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	GREENE, ADAM 19 OAK AVE LARCHMONT, NY 10538	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

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		
19_	GROSSMAN, ADAM		Person X Payroll		
	7609 ROSSDHU CT.	\$15,000.	Noncash (Complete Part II for		
(-)	CHEVY CHASE, MD 20815		noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	HEIDELBERGER RETZLER, KAREN		Person X		
	315 EAST 83RD STREET PH2	\$25,000.	Payroll		
	NEW YORK, NY 10028		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	HENSHAW, LESLIE		Person X Payroll		
	22 GARDEN PLACE	\$100,000.	Noncash (Complete Part II for		
	BROOKLYN, NY 11201		noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22_	HOCHBERG, STEVEN		Person X		
	428 COLUMBUS AVE., APT 4F	\$25,000.	Payroll		
	NEW YORK, NY 10024		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23_	ISLER, JONATHAN		Person		
	780 THIRD AVENUE, FLOOR 37	\$7,873.	Payroll X		
	NEW YORK, NY 10017		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	JACKSON, ROBERT		Person X		
	12 PHILLIPS LANE	\$50,000.	Payroll Noncash		
	RYE, NY 10580		(Complete Part II for noncash contributions)		
		j l			

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		
25	KAPLAN, JEFFREY		Person X Payroll		
	195 MEADOWVIEW AVENUE HEWLETT, NY 11557	\$ <u>100,000.</u>	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26_	KARNAL, ALEXANDER	_	Person X		
	1061 ESPLANADE	\$	Payroll Noncash		
	PELHAM, NY 10803	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	KARNAL, TERENCE 604 MADISON ST. HOBOKEN, NJ 07030	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
 (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	KOMETZ, AVI 205 EAST 92ND STREET APT. 30E	\$ 30,000.	Person X Payroll Noncash		
	NEW YORK, NY 10128	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	LEFF, JONATHAN	_	Person		
	102 CLIFF AVENUE	\$29,148.	Payroll X		
	PELHAM, NY 10803	_	(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30_	MELLET, VINCENT		Person		
	24 LOCUST LANE	\$21,195.	Payroll X		
	RYE, NY 10580	_	(Complete Part II for noncash contributions)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE DEERFIELD PARTNERSHIP FOUNDATION Employer identification number 05-0618950

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		
31	NAYAK, NARENDRA 505 E. 79TH ST APT. 3K NEW YORK, NY 10075	\$5,001.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	SENDROWSKI, BRYAN 5 STONY POINT RD OAKLAND, NJ 07436	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	SNETIKER, ROBERT 330 W. 58TH ST. APT. 16K NEW YORK, NY 10019	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	STEELMAN, PETER 8226 BAR HARBOR LANE CHARLOTTE, NC 28210	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35	SU, ZHENG 1450 WASHINGTON ST., APT PH1 HOBOKEN, NJ 07030	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36_	TAKATS, PAUL 695 WASHINGTON ST., 2A NEW YORK, NY 10014	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is no	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	WANG, ELISE 160 WEST 86TH ST, APT PH2 NEW YORK, NY 10024	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	WHEELER, CAMERON 114 W. 73RD ST. APT. A NEW YORK, NY 10023	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE DEERFIELD PARTNERSHIP FOUNDATION

Employer identification number 05-0618950

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Partil	Noncash Property (see instructions) Ose duplicate copies	or raithin additional space is not	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SPOTIFY TECHNOLOGY SA		
3	SPOT, 109 SH.		
		\$18,101.	10/05/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	ALPHABET INC CL C		
23	GOOG, 1 SH.		
		\$1,064.	11/09/2018
		Ť	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	CDW CORP		
23	CDW, 75 SH.		
		\$6,809.	11/09/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	NUANCE COMMUNICATIONS, INC		
29	NUAN, 2100 SH.		
			†
		<u>29,148.</u>	12/20/2018
		•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SPOTIFY TECHNOLOGY SA		
30	SPOT, 117 SH.		
		\$\$.	09/12/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization THE DEERFIELD PARTNERSHIP FOUNDATION

Employer identification number 05-0618950

	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ns completing Part III, year (Enter this inform	enter the total	of exclusively religious, charitable, etc.,
(a) No from Part I	(b) Purpose of gift	(c) Use of gil	it	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and		Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of ZIP + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

2018 FORM 990-PF

ATTACHMENT 1

05-0618950

FORM 990PF, PART I - OTHER INCOME

REVENUE AND	EXPENSES PER BOOKS	124, 188.	39,922.	275,606.	273,166.	712,882.
	DESCRIPTION	K-1 INC/LOSS DEERFIELD EMPLOYEES DP LLC	K-1 INC/LOSS DEERFIELD EMPLOYEES DSS LLC	K-1 INC/LOSS DEERFIELD MGMT III LP	K-1 INC/LOSS DEERFIELD MGMT LP	TOTALS

NET	INVESTMENT	INCOME	4,29		275,606.		
AND	EXPENSES	PER BOOKS	124, 188.	39,922.	275,606.	273,166.	

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

990-PF ESTIMATED TAX FOR 2018 990-PF EXTENSION FOR 2017

8,300. 11,703.

TOTALS

20,003.

THE DEERFIELD PARTNERSHIP FOUNDATION

05-0618950

ATTACHMENT 3

PART I - OTHER EXPENSES FORM 990PF,

		CHARITABLE	PURPOSES	35,538.				750.	36,288.
			INCOME				72,107.		176,243.
REVENUE	AND	EXPENSES	PER BOOKS	35, 538.	10,129.	94,007.	72,108.	750.	212, 532.
			DESCRIPTION	ADMINISTRATIVE FEES	K-1 EXP DEERFIELD EMPLOYEES DS	K-1 EXP DEERFIELD MGMT III LP	K-1 EXP DEERFIELD MGMT LP	STATE OR LOCAL FILING FEES	TOTALS

THE DEERFIELD PARTNERSHIP FOUNDATION

05-0618950

ATTACHMENT

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING <u>FMV</u>	2,682,442. 374,007. 1,020,447. 3,900,886.	7,977,782.
ENDING BOOK VALUE	2,341,790. 402,593. 1,223,028. 4,412,717.	8,380,128.
DESCRIPTION	DEERFIELD EMPLOYEES DP LLC DEERFIELD EMPLOYEES DSS LLC DEERFIELD MGMT III LP DEERFIELD MGMT IV LP	TOTALS

ATTACHMENT 5

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

RETURNED GRANT

7,083.

TOTAL

7,083.

2018 FORM 990-PF THE DEERFIELD PARTNERSHIP FOUNDATION 05-0618950
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of	Property	NS AND LO	Descr	ription		P	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adı hasıs	Excess of	D	acquired Gain	<u> </u>
price less	allowed/	other	as of 12/31/69	Adj basis as of 12/31/69	FMV over		or (loss)	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	H	_(loss)	
		PUBLICLY-TRA	ADED SECURIT	CIES		П		
74,285.		18,968.				$\ \ $	55,317.	
						$\ \ $		
		PASSTHROUGH	K1 CAPITAL	GAIN/(LOSS)		$\ \ $	2 001 040	
							3,991,949.	
						$\ \ $		
OTAL GAIN(L	oss)						4,047,266.	
						П		
						$ \ $		
						$\ \ $		
						Н		
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ATTACHMENT 6

FORM 990PF, PART VII-A - LIQUIDATION, TERMINATION, ETC. STATEMENT

AS EXPLAINED BELOW, THE FOUNDATION HAS NO PLANS FOR DISSOLUTION.

THIS STATEMENT IS SUBMITTED TO REPORT THE DISTRIBUTION OF CERTAIN ASSETS DURING THE YEAR. THE DISTRIBUTIONS RESULTED IN A SUBSTANTIAL CONTRACTION OF ASSETS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.6043-3(A)(1) AND THE FORM 990-PF INSTRUCTIONS:

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2018, THE FOUNDATION MADE DISTRIBUTIONS FROM ASSETS FROM SOURCES OTHER THAN CURRENT INCOME. COLLECTIVELY, THE DISTRIBUTIONS IN EXCESS OF CURRENT INCOME TOTALED \$4,199,372. THIS AMOUNT REPRESENTS 25% OR MORE OF THE FOUNDATION'S NET ASSETS OF \$12,208,319 (AS MEASURED BY FAIR MARKET VALUE) AT THE BEGINNING OF THE FOUNDATION'S TAXABLE YEAR ENDING DECEMBER 31, 2018. ALTHOUGH THE FOUNDATION TECHNICALLY EXPERIENCED A SUBSTANTIAL CONTRACTION, IT WILL CONTINUE IN EXISTENCE AND HAS NO PLANS FOR DISSOLUTION.

THE FOUNDATION MADE DISTRIBUTIONS OF CASH TO THE GRANTEES LISTED IN THE ATTACHMENT TO PART XV, LINE 3A; EACH SUCH GRANT WAS MADE SOLELY FOR THE CHARITABLE PURPOSE SPECIFIED THEREIN.

ATTACHMENT 7

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME: RESEAU DES ENTREPRENEURS SOLIDAIRES

GRANTEE'S ADDRESS: CHEMIN DU JURA 3

CITY, STATE & ZIP: MIES

FOREIGN COUNTRY: SWITZERLAND CH-1295

GRANT DATE: 08/17/2015

GRANT AMOUNT: 50,000.

TO PROVIDE MEDICAL SUPPORT TO PEOPLE IN NEED ACROSS GRANT PURPOSE:

MADAGASCAR

AMOUNT EXPENDED: 50,000.

ANY DIVERSION?

DATES OF REPORTS: 5/23/16, 7/11/17, 7/18/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME: FONDATION TERRE DES HOMMES GRANTEE'S ADDRESS: AVENUE DE MONTCHOISI 15

CITY, STATE & ZIP: LAUSANNE

FOREIGN COUNTRY: SWITZERLAND 1006

GRANT DATE: 07/22/2016

GRANT AMOUNT: 48,500.

GRANT PURPOSE: IMPROVEMENT OF URBAN HEALTH ACCESS FOR

MOTHERS AND CHILDREN IN MAURITANIA

AMOUNT EXPENDED: 48,500.

ANY DIVERSION? NO DATES OF REPORTS: 7/10/18

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME: MIFAN MAMA

1533 HUQINGPING ROAD, HOUSE NO. 28 GRANTEE'S ADDRESS:

CITY, STATE & ZIP: SHANGHAI, QINGPU DISTRICT

FOREIGN COUNTRY: CHINA GRANT DATE: 08/03/2016

GRANT AMOUNT: 83,000.

GRANT PURPOSE: TO SUPPORT THE COMMUNITY HEALTH NURSE PROJECT

AMOUNT EXPENDED: 83,000.

ANY DIVERSION? NO

DATES OF REPORTS: 8/29/2017, 10/3/18

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME: MIFAN MAMA

GRANTEE'S ADDRESS: 1533 HUQINGPING ROAD, HOUSE NO. 28

CITY, STATE & ZIP: SHANGHAI, QINGPU DISTRICT

FOREIGN COUNTRY: CHINA

12/06/2017 GRANT DATE:

GRANT AMOUNT: 50,000.

CONT'D ON NEXT PAGE

ATTACHMENT 7 (CONT'D)

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANT PURPOSE:

TO SUPPORT THE ENHANCED OUTREACH EYE CARE PROJECT

AMOUNT EXPENDED:

50,000.

ANY DIVERSION?

NO

DATES OF REPORTS:

10/3/18, 7/23/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME:

RESEAU DES ENTREPRENEURS SOLIDAIRES

GRANTEE'S ADDRESS:

CHEMIN DU JURA 3

CITY, STATE & ZIP:

MIES

FOREIGN COUNTRY:

SWITZERLAND CH-1295

GRANT DATE:

12/06/2017

GRANT AMOUNT:

50,000.

GRANT PURPOSE:

TO PROVIDE MEDICAL SUPPORT TO PEOPLE IN NEED ACROSS

MADAGASCAR

AMOUNT EXPENDED:

49,847.

ANY DIVERSION?

NO

DATES OF REPORTS:

7/18/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME:

RESEAU DES ENTREPRENEURS SOLIDAIRES

GRANTEE'S ADDRESS:

CHEMIN DU JURA 3

CITY, STATE & ZIP:

MIES

FOREIGN COUNTRY:

SWITZERLAND CH-1295

GRANT DATE: GRANT AMOUNT: 12/14/2018

50,000.

GRANT PURPOSE:

TO PROVIDE MEDICAL SUPPORT TO PEOPLE IN NEED ACROSS

MADAGASCAR

AMOUNT EXPENDED:

ANY DIVERSION?

NO

DATES OF REPORTS:

7/18/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME:

MIFAN MAMA

GRANTEE'S ADDRESS:

1533 HUQINGPING ROAD, HOUSE NO. 28

CITY, STATE & ZIP:

SHANGHAI, QINGPU DISTRICT

9,021.

FOREIGN COUNTRY:

CHINA

GRANT DATE:

12/04/2018

GRANT AMOUNT:

25,000.

GRANT PURPOSE:

TO SUPPORT THE ENHANCED OUTREACH EYE CARE PROJECT

AMOUNT EXPENDED:

ANY DIVERSION?

NO

DATES OF REPORTS:

7/23/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVEN BUKOWCZYK 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	VP 1.00	· ·	.0	Ö
ALEXIS CAZE 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM POSITION IN 2018	PRES*, VP 1.00	ó	Ö	· o
LIBIN CHEN* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	ASSISTANT SEC 1.00	.0	Ċ	Ö
DAVID CLARK 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	DIR 1.00	.0	Ö	.0
DAVID DALTON 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	TREAS 1.00	.0	.0	.0

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
ANDREW ELBARDISSI 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	PRES 1.00	·	.0	.0	
JAMES FLYNN 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	DIR 1.00	·	.0	.0	
MIKE FOLEY 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	VP 1.00	·		.0	
HOWIE FURST* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 *REMOVED FROM FOUNDATION IN 2018	VP, PRES 1.00	Ö	.0	.0	
VICKY GADDY 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	VP 1.00	.0	.0	.0	

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE WEEK 1	AND AVERAGE HOURS PER DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHUMAILA IRSHAD 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	VP	1.00	· o	ò	·o
JONATHAN ISLER 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	DIR	1.00	.0	·	.0
KELINA JONES 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	VP	1.00	.0	.0	.0
JONATHAN LEFF* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	VP	1.00	.0	.0	.0
CHRISTINE LIVOTI* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	VP	1.00	·o	Ö	· o

0588190-50	ATTACHMENT 8 (CONT'D)
ZOIR FORM SHOPE	DIRECTORS, AND TRUSTEES
THE DEERFIELD PARTNERSHIP FOUNDATION	FORM 990PF, PART VIII - LIST OF OFFICERS, DIRE

NAME AND ADDRESS DINA LUCCHESI* 780 THIRD AVENUE, 37TH FLOOR	TITLE AWEEK DE	AND AVERAGE HOURS PER DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018 ALLISON MIYAKE* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	TREAS	1.00	Ö	Ö	.0
SHANNON PLUMSTEAD 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	SEC.*	1.00	Ö	Ö	.0
KERRI SEACORD* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	VP	1.00	.0	.0	.0
PAUL TAKATS* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	VP	1.00	0	0	.0

ATTACHMENT 8 (CONT'D)

	1
2018 FORM 990-PF	AND TRUSTEES
18	AN
20	LIST OF OFFICERS, DIRECTORS,
TION	OFFICERS,
NDA	OF
P FOU	LIST
SHI	
TNER	VIII
PAR	ART
SLD	, P.
THE DEERFIELD PARTNERSHIP FOUNDATION	FORM 990PF, PART VIII - I
THE	FORM

EXPENSE ACCT AND OTHER ALLOWANCES	.0	Ċ	Ċ	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	·o	·	0
COMPENSATION	.0	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	ASSISTANT SEC 1.00	SEC, VP 1.00	VP, TREAS 1.00	GRAND TOTALS
NAME AND ADDRESS	CHARLOTTE WILLIAMSON 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	KATHRYN WILSON 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	JIM ZENKER* 780 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 * REMOVED FROM FOUNDATION IN 2018	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COALITION FOR THE HOMELESS INC	N/A	SUPPORT THE COALITION'S CHILD ADVOCATE WHO GUIDES	73,372
129 FULTON ST	PC	FAMILIES WITH YOUNG CHILDREN AND PREGNANT WOMEN	
NEW YORK, NY 10038		THROUGH THE PROCESS OF OBTAINING SAFE AND DECENT	
		SHELTER	
FAMILY CENTER INC	N/A	TRAIN STAFF CLINICIANS IN PARENT CHILD	75,000
493 NOSTRAND AVE STE 3	PC	INTERACTION THERAPY (PCIT)	
BROOKLYN, NY 11216			
INSTIGLIO	N/A	LIVING GOODS TO DESIGN, PREPARE FOR, AND	400,000
1875 CONNECTICUT AVE NW 10TH FL	PC	IMPLEMENT AN INNOVATIVE RESULTS BASED FINANCING	
WASHINGTON, DC 20009		(RBF) MECHANISM FOR COMMUNITY HEALTH IN EAST	
		AFRICA	
JACARANDA HEALTH	N/A	BUILDING SUPER-NURSES FOR MATERNAL HEALTH	50,000
PO BOX 3862	PC	KENYA'S FIRST NURSE MENTOR TRAINING CENTER	
DURHAM, NC 27702			
LAST MILE HEALTH	N/A	SUPPORT CONTINUED SCALE-UP OF LIBERIA'S NATIONAL	200,000
PO BOX 130122	PC	COMMUNITY HEALTH ASSISTANT PROGRAM,	
BOSTON, MA 02113		COST-EFFECTIVENESS STUDY IN GRAND BASSA COUNTY,	
		LAUNCH OF COMMUNITY HEALTH ACADEMY'S ONLINE,	
		FREE, DIGITAL TRAINING COURSE FOR COMMUNITY	
		HEALTH SYSTEM LEADERS	
LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SER	N/A	MATERNITY OUTREACH PROGRAM AND ENVIRONMENTAL	180,000
333 E 115TH ST	PC	HEALTH SERVICES	
NEW YORK, NY 10029			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MUSO INC 3254 19TH ST 2ND FL SAN FRANCISCO, CA 94110	N/A PC	DELIVER AND TEST PROACTIVE CARE IN RURAL MALI THROUGH RIGOROUS IMPLEMENTATION RESEARCH	200,000
NORTHSIDE CENTER FOR CHILD DEVELOPMENT INC 1301 5TH AVE 1ST FL NEW YORK, NY 10029	N/A PC	EARLY CHILDHOOD MENTAL HEALTH (ECMH) PROGRAM	150,000
NYAYA HEALTH A NONFROFIT CORPORATION - POSSIBLE 30 BROAD ST, 9TH FL NEW YORK, NY 10004	N/A PC	ESTABLISH BAYALPATA HOSPITAL AS INNOVATION AND TRAINING CENTER FOR RURAL HEALTHCARE, AND EXPAND USE OF EHR (NEPALEHR) IN AT LEAST 2 GOVERNMENT OWNED FACILITIES	400,000
PARTNERS IN HEALTH A NONPROFIT CORPORATION PO BOX 996 FREDERICK, MD 21705	N/A PC	CONTINUE PROVIDING CARE TO VULNERABLE CHILDREN,	200,000
RESEAU DES ENTREPRENEURS SOLIDAIRES CHEMIN DU JURA 3 MIES SWITZERLAND CH-12	N/A NC	EXPENDITURE RESPONSIBILITY GRANT	90,000
ST BONIFACE HAITI FOUNDATION INC 383 ELLIOT ST NEWTON UPPER FALLS, MA 02464	N/A PC	ADVANCE ACCESS TO AND PROVISION OF HIGH QUALITY SERVICES FOR CHILDREN IN SOUTHERN HAITI	75,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SHSTATMARLE HEALTH ENTERDRISES INC	4/2	CIIDDORT CHESE DONNICTION CCALE IID AND TEAM TO	311 000
175 VARICK ST 6TH FL	PC	EXPAND ACCESS TO AFFORDABLE MENSTRUAL PADS TO	
NEW YORK, NY 10014		OVER 300,000 GIRLS/WOMEN BY 2022	
THE CHILDRENS HEALTH FUND	N/A	PROVIDE HIGH QUALITY, COMPASSIONATE, FAMILY	450,000
215 W 125TH ST STE 301	PC	CENTERED HEALTHCARE TO NY CITY'S MOST MEDICALLY	
NEW YORK, NY 10027		UNDERSERVED CHILDREN	
THE WATER TRUST INC	N/A	IMPROVE HEALTH OF CHILDREN AND FAMILIES IN RURAL	300,000
PO BOX 4668	PC	UGANDA THROUGH SUSTAINABLE CLEAN WATER	
NEW YORK, NY 10163			
UNDER 21	N/A	SUPPORT FOR MEDICATIONS, MEDICAL SUPPLIES, TESTS,	160,000
550 10TH AVE	PC	NEW THERAPEUTIC APPROACHES AT THE WELLNESS	
NEW YORK, NY 10018		CENTER; ALSO BEST PRACTICES TRAINING	
VILLAGE HEALTH WORKS	N/A	EQUIPPING PEDIATRIC AND MATERNITY UNIT OF KIGUTU	150,000
45 W 36TH ST 8TH FL	PC	HOSPITAL AND WOMEN'S HEALTH PAVILION	
NEW YORK, NY 10018			

4, 199, 372
TOTAL CONTRIBUTIONS PAID