

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Name of organization: THE NEMOURS FOUNDATION
D Employer identification number: 59-0634433
E Telephone number: (904) 697-4100
F Name and address of principal officer: R Lawrence Moss MD, 10140 Centurion Parkway North, Jacksonville, FL 32256
G Gross receipts \$ 1,597,799,526
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number: 8516
I Tax-exempt status: 501(c)(3)
J Website: www.nemours.org
K Form of organization: Corporation
L Year of formation: 1936
M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Nemours mission is to provide leadership institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body: 13
4 Number of independent voting members of the governing body: 13
5 Total number of individuals employed in calendar year 2018: 8,595
6 Total number of volunteers (estimate if necessary): 1,541
7a Total unrelated business revenue from Part VIII, column (C), line 12: -77,772
7b Net unrelated business taxable income from Form 990-T, line 34: 0

Table with columns: Revenue, Expenses, Net Assets or Fund Balances, Prior Year, Current Year, Beginning of Current Year, End of Year. Rows include Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, employee benefits, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date: 2019-11-13, Rodney McKendree Sr VP and CFO, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2019-11-11, Check if self-employed, PTIN: P00008888, Firm's name: KPMG LLP, Firm's EIN: 13-5565207, Firm's address: 300 North Greene Street, Suite 400, Greensboro, NC 27401, Phone no: (336) 275-3394

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,037,897,377 including grants of \$ 1,826,691) (Revenue \$ 1,231,012,559)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,037,897,377

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, and Yes/No response columns. Contains 22 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	1,545,011		
	d Related organizations	1d	176,751,889		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,187,151		
	g Noncash contributions included in lines 1a - 1f \$		115,472		
h Total. Add lines 1a-1f		187,484,051			

Program Service Revenue			Business Code				
	2a Net patient revenue		900099	1,154,863,446	1,154,863,446	0	0
b Net research grants		900099	26,106,137	26,106,137	0	0	
c Electronic health record revenue		900099	2,887,233	2,887,233	0	0	
d							
e							
f All other program service revenue			0	0	0	0	
g Total. Add lines 2a-2f			1,183,856,816				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,431,861	0	-77,772	11,509,633	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		2,692,758	0	0	2,692,758	
	6a Gross rents	(i) Real	(ii) Personal				
		476,142	0				
		b Less rental expenses		0	0		
		c Rental income or (loss)		476,142	0		
	d Net rental income or (loss)		476,142	0	0	476,142	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		164,372,006	0				
		b Less cost or other basis and sales expenses		159,439,363	0		
		c Gain or (loss)		4,932,643	0		
	d Net gain or (loss)		4,932,643	0	0	4,932,643	
	8a Gross income from fundraising events (not including \$ 1,545,011 of contributions reported on line 1c) See Part IV, line 18	a		330,149			
		b Less direct expenses	b	589,700			
c Net income or (loss) from fundraising events			-259,551		0	-259,551	
9a Gross income from gaming activities See Part IV, line 19	a		0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities		0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue		Business Code					
11a Specialized services		900099	36,877,075	36,877,075	0	0	
	b Graduate medical education funding		900099	4,059,646	4,059,646	0	
	c Continuing medical education		900099	1,513,134	1,513,134	0	
	d All other revenue			4,705,888	4,705,888	0	
e Total. Add lines 11a-11d			47,155,743				
12 Total revenue. See Instructions			1,437,770,463	1,231,012,559	-77,772	19,351,625	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,513,906	1,513,906		
2 Grants and other assistance to domestic individuals See Part IV, line 22	312,785	312,785		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	18,019,110	0	18,019,110	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	232,542	0	232,542	0
7 Other salaries and wages	673,390,729	524,755,503	146,225,280	2,409,946
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,463,673	31,699,147	8,635,711	128,815
9 Other employee benefits	83,430,240	65,194,766	17,877,700	357,774
10 Payroll taxes	42,733,873	33,501,524	9,064,642	167,707
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,823,394	2,286,409	1,523,090	13,895
c Accounting	693,608	417,302	276,306	0
d Lobbying	504,252	0	504,252	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	75,265,629	52,613,834	22,507,202	144,593
12 Advertising and promotion	8,578,956	4,669,052	3,679,291	230,613
13 Office expenses	144,024,678	130,916,563	12,987,277	120,838
14 Information technology	26,616,768	16,941,159	9,641,810	33,799
15 Royalties	0	0	0	0
16 Occupancy	41,966,370	31,253,299	10,710,867	2,204
17 Travel	7,898,634	5,787,101	2,054,349	57,184
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	4,105,628	2,884,178	950,683	270,767
20 Interest	12,112,816	12,112,816	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	82,163,454	50,117,420	32,046,034	0
23 Insurance	15,272,079	14,912,469	359,455	155
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Provisions for bad debt	36,576,964	36,576,964	0	0
b Repairs and maintenance	8,353,407	4,106,749	4,246,658	0
c Maintenance contracts- Miscel	8,257,101	4,058,857	4,197,699	545
d Subscriptions(mags&db),books	6,125,135	5,658,093	448,864	18,178
e All other expenses	7,774,252	5,607,481	2,158,076	8,695
25 Total functional expenses. Add lines 1 through 24e	1,350,209,983	1,037,897,377	308,346,898	3,965,708
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	327,399,058	1	355,241,396
	2 Savings and temporary cash investments	56,691,934	2	47,527,928
	3 Pledges and grants receivable, net	11,793,349	3	11,458,615
	4 Accounts receivable, net	164,633,239	4	163,569,121
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	5,284,620	8	5,645,118
	9 Prepaid expenses and deferred charges	10,408,384	9	11,034,547
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,869,816,437		
	b Less accumulated depreciation	823,962,976		
		1,014,826,803	10c	1,045,853,461
	11 Investments—publicly traded securities	319,119,021	11	297,819,381
	12 Investments—other securities See Part IV, line 11	112,089,928	12	119,889,790
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	3,934,612	14	4,189,972
15 Other assets See Part IV, line 11	10,683,209	15	12,116,469	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,036,864,157	16	2,074,345,798	
Liabilities	17 Accounts payable and accrued expenses	134,266,608	17	139,553,264
	18 Grants payable	0	18	0
	19 Deferred revenue	4,292,565	19	4,312,825
	20 Tax-exempt bond liabilities	289,622,613	20	274,420,902
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	97,040,000	23	95,815,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	312,651,579	25	284,354,334
	26 Total liabilities. Add lines 17 through 25	837,873,365	26	798,456,325
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	958,256,653	27	1,052,983,925
	28 Temporarily restricted net assets	233,303,816	28	213,867,468
	29 Permanently restricted net assets	7,430,323	29	9,038,080
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,198,990,792	33	1,275,889,473	
34 Total liabilities and net assets/fund balances	2,036,864,157	34	2,074,345,798	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,437,770,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,350,209,983
3	Revenue less expenses Subtract line 2 from line 1	3	87,560,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,198,990,792
5	Net unrealized gains (losses) on investments	5	-27,545,335
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16,883,536
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,275,889,473

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

See Schedule H, Part VI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hugh M Durden Member	7 25	X						0	156,514	0
John F Porter Member	2 12	X						0	125,604	0
John S Lord Member	5 14 5	X						0	142,496	0
Geoffrey M Rogers Member	2 5 8	X						0	143,244	0
Thomas G Kuntz Member	2 5 8	X						0	142,496	0
W L Thornton Member	5 5	X						0	133,126	0
Brian P Anderson Chairman of the Board	10 0	X						97,000	0	0
J Michael McGinnis Director	25 0	X						49,100	0	0
Richard Christopher Director	15 1	X						68,100	0	0
Robert Riney Vice Chairman of the Board	4 5 0	X						71,700	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rosa Hakala Director	2 5 0	X						50,900	0	0
Terri L Kelly Director	3 0	X						65,500	0	0
Toni Jennings Director	3 0	X						77,300	0	0
James S Hunt Director	3 0	X						66,100	0	0
Linda D Norman Director	2 5 0	X						54,500	0	0
Marc Probst Director	1 2 0	X						55,100	0	0
Valerie Montgomery Rice Director	2 5 0	X						53,900	0	0
Jane Cavalier Luca Director	0 7 0	X						55,659	0	0
Claire M DeMattis Director	4 0	X						55,100	0	0
Roy Proujansky EVP Chief Executive DE Operations	40 0			X				1,153,919	0	64,170

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Lawless Sr VP Chief Clinical Officer	40 0			X				652,020	0	48,774
Mariane Stefano Sr VP Chief Experience Officer (former)	40 1			X				124,716	0	848
Gina Altieri Sr VP Chief Strategy Integration	40 0.5			X				548,158	0	43,295
David J Bailey MD President/CEO (former)	40 0			X				2,437,926	0	52,997
Michael J Erhard MD Ent VP and Physician in Chief, FL Operations	40 0			X				721,878	0	135,816
Robert D Bridges EVP Chief Executive FL Operations	40 0			X				1,020,302	0	53,604
Bernard E Rice Ent VP Chief Information Officer	40 7			X				400,420	0	82,766
Marylynn Girouard Board Relations Coordinator	40 0			X				81,202	0	12,959
Rodney A McKendree Sr Vice President and CFO	40 0			X				681,959	0	95,794
Theresa M Young Sr VP Chief Experience Officer	40 4			X				491,706	0	35,999

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William W Higginbotham II Ent VP Finance & Cost Containment	40			X				334,268	0	68,890
Paul Kempinski Ent VP President AIDHC	40			X				1,166,144	0	71,527
Deborah Chang Sr VP Children's Health Policy & Prevention	40			X				417,441	0	25,856
Nancy E Stephenson Ent VP Chief Compliance Officer	40			X				364,778	0	68,259
Cameron S Morrow Assistant Treasurer	40			X				98,587	0	27,628
Deborah Platz Oper VP General Counsel & Corporate Secretary	40			X				434,800	0	69,094
Dana N Bledsoe Ent VP President NCH	40			X				568,103	0	104,155
Martha G McGill ENT VP Chief Network Operations FL	40			X				589,061	0	92,529
Mary Lee MD ENT VP and Physician in Chief Delaware Valley	40			X				489,131	0	52,894
Sarah Sanders Sr VP Marketing and Communications	40			X				177,250	0	18,052

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
R Lawrence Moss MD President/CEO	40 0			X					374,448	0	5,848
William Britton Oper VP Finance Delaware	40 0				X				315,520	0	45,787
Pauline M Corso Oper VP Chief Operating Officer Physician Network DE	40 0				X				359,496	0	45,993
Ray J Hejmanowski Florida Practice Administrator	40 0				X				303,677	0	45,877
Randall W Hartley Oper VP Chief Operating Officer NCH	40 0				X				477,744	0	23,179
Jane M Mericle Oper VP Chief Nursing Executive AIDHC	40 0				X				376,408	0	21,529
Roopnarine Hazarie Practice Administrator	40 0				X				218,111	0	32,474
Helen M Case Oper VP Chief Nursing Officer NCH	40 0				X				354,355	0	19,030
William G Mackenzie MD Dept of Orthopaedics Chair AIDHC	40 0					X			946,373	0	48,215
Suken A Shah MD Orthopaedic Surgeon, NCCW	40 0					X			956,167	0	52,044

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christian Pizarro MD Director of Nemours Cardiac Center	40 0					X		2,068,443	0	50,001
Peter D Wearden MD Cardiothoracic Surgeon, NCCO	40 0					X		1,513,628	0	27,453
Andre Hebra MD Chief Medical Officer NCH	40 0					X		1,016,763	0	160,137
R J Cummings MD Ent VP Chief Medical Officer FL (former)	40 0						X	232,542	0	0
W T Thompson Member (former)	0 0						X	0	145,062	0

TY 2018 Reasonable Cause Explanation

Name: THE NEMOURS FOUNDATION

EIN: 59-0634433

Software ID: 18007995

Software Version: v1.00

Explanation: The Return is being filed on a timely basis. Nemours filed extensions on a timely basis, manually with the IRS. The tax return software system used to efile the return generates a reasonable cause statement if extensions are not filed in that system. Accordingly, the return was properly extended and is now being filed timely by its extended due date of November 15, 2019.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE NEMOURS FOUNDATION	Employer identification number 59-0634433
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,000	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	667,485	
c	Total lobbying expenditures (add lines 1a and 1b)	669,485	
d	Other exempt purpose expenditures	1,349,540,498	
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,350,209,983	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	509,282	343,047	642,301	669,485	2,164,115
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,000	2,000	2,000	2,000	8,000

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 0

(ii) Assets included in Form 990, Part X ▶ \$ _____ 3,386,733

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 0

b Assets included in Form 990, Part X ▶ \$ _____ 0

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	236,912,691	219,937,024	213,014,884	238,322,440	258,479,551
b Contributions	7,706,794	7,176,387	4,694,650	7,762,065	5,586,259
c Net investment earnings, gains, and losses	-13,556,218	22,791,582	12,401,609	-1,214,069	11,563,115
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	12,310,285	12,789,966	10,010,223	31,699,683	37,116,978
f Administrative expenses	158,552	202,336	163,896	155,869	189,507
g End of year balance	218,594,430	236,912,691	219,937,024	213,014,884	238,322,440

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 41 %
 - c** Temporarily restricted endowment ▶ 95.9 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| | Yes | No |
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	91,095	110,257,671		110,348,766
b Buildings	0	870,625,484	325,498,879	545,126,605
c Leasehold improvements	0	48,694,661	21,335,272	27,359,389
d Equipment	0	776,291,209	477,128,825	299,162,384
e Other	0	63,856,317	0	63,856,317
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,045,853,461

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Partnerships	20,961,066	F
(B) Private Equity	19,833,932	F
(C) Hedge Funds	60,490,821	F
(D) Real Estate	18,603,971	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	119,889,790	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Self-insurance reserves	68,759,895
Liabilities for pension benefits	215,594,439
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	284,354,334

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	1,414,524,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-7,185,812
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	604,769
e	Add lines 2a through 2d	2e	-6,581,043
3	Subtract line 2e from line 1	3	1,421,105,933
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	16,664,530
c	Add lines 4a and 4b	4c	16,664,530
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,437,770,463

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

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

1	Total expenses and losses per audited financial statements	1	1,347,262,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	-2,947,493
e	Add lines 2a through 2d	2e	-2,947,493
3	Subtract line 2e from line 1	3	1,350,209,983
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,350,209,983

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 1	Nemours, Pediatric Medical Services of Florida Inc (PMSI) and Cruden Bay Risk Retention Group are exempt from federal income taxes on related income under Section 501(a) of the Internal Revenue Code as organizations described in Section 501(c)(3), and are also exempt from state income taxes. Management believes that the unrelated business income generated by Nemours is not material to the combined financial statements.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2d	Net assets released from restriction- Ed Ball \$6,199,584 plus net assets release from restriction- donations \$2,598,743 plus New Jersey Physician Practice PC (NJPP) (subsidiary) total revenue \$10,763,817 plus PMSI (subsidiary) total revenue \$19,476,125 less Nemours bad debt expense \$36,576,964 less NJPP bad debt expense \$890,642 less PMSI bad debt expense \$965,894 equals \$604,769

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4b	Temp restricted contributions and pledges \$8,196,464 plus temp restricted investment income \$2,222,717 plus temp restricted realized gains \$4,580,588 less fundraising expenses \$589,700 plus PMSI (subsidiary) management fee \$2,413,013 less temp restricted investment expenses \$158,552 equals \$16,664,530

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2d	Fundraising expenses \$589,700 less bad debt expense \$38,433,500 less PMSI (subsidiary) management fee \$2,413,013 plus NJPP (subsidiary) operating expenses \$12,602,995 plus PMSI (subsidiary) operating expenses \$24,706,325 equals (\$2,947,493)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	2			754,159,912

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Investments		284,884,662
East Asia and the Pacific	0	0	Investments		225,252,893

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Investments		89,175,245
North America (including Canada and Mexico, but not the United States)	0	0	Investments		75,416,631

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Investments		25,510,233
Middle East and North Africa	0	0	Investments		24,797,897

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investments		15,762,959
Russia and the newly independent States	0	0	Investments		11,687,912

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		1,588,149
Europe (including Iceland and Greenland)	0	2	Program Services	Investment Mgmt	83,331

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DE Night at Nemours (event type)	Orlando Gala (event type)	21 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	524,465	391,574	959,122	1,875,161
	2 Less Contributions	363,841	346,579	834,592	1,545,012
	3 Gross income (line 1 minus line 2)	160,624	44,995	124,530	330,149
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	2,750	2,750
	7 Food and beverages	76,658	0	94,266	170,924
	8 Entertainment	83,587	0	35,654	119,241
	9 Other direct expenses	162,530	29,515	104,740	296,785
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				589,700
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-259,551

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 THE NEMOURS FOUNDATION

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 59-0634433

OMB No 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			18,601,077	5,426,190	13,174,887	0 98 %
b Medicaid (from Worksheet 3, column a)			630,337,231	532,957,419	97,379,812	7 23 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	648,938,308	538,383,609	110,554,699	8 21 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,836,024	7,526,390	19,309,634	1 43 %
f Health professions education (from Worksheet 5)			9,317,996	5,350,285	3,967,711	0 29 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			39,084,726	15,467,958	23,616,768	1 75 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,518,056	0	1,518,056	0 11 %
j Total Other Benefits	0	0	76,756,802	28,344,633	48,412,169	3 58 %
k Total Add lines 7d and 7j	0	0	725,695,110	566,728,242	158,966,868	11 79 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	38,433,499
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	3,894,104
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	4,964,847
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,070,743
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

2

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.nemours.org/community</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.nemours.org/community</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 54

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	Schedule H, Part I, Line 6a - The Nemours 2018 Report to Our Communities entitled, "Future Forward" can be found at https://www.nemours.org/about/financial-benefit-to-the-community.html
Schedule H, Part I, Line 7	Schedule H, Part I, Line 7 - Nemours calculated the amounts included in Part I, Lines 7a-b utilizing the methodology provided in the various worksheets included in the instructions for Schedule H of Form 990. These worksheets include Worksheet 1, Charity Care at Cost, Worksheet 2, Ratio of Patient Care Cost-to-Charges and Worksheet 3, Unreimbursed Medicaid and Other Means-Tested Government Programs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column f	Nemours included provision for bad debt (bad debt expense) in Form 990, Part IX, line 24 of \$36,576,964. Such amount was subtracted from total expense of \$1,350,209,983 for purposes of determining percent of total expense calculations.
Schedule H, Part I, Line 7a	<p>Financial Assistance at Cost - Nemours' mission is to "provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status." COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS During 2018, Nemours continued to focus on leadership and programs dealing with not just health care, but also areas of children's health promotion and disease prevention. Through Nemours Health & Prevention Services, Nemours Center for Children's Health Media, Nemours Brightstart¹ and others, Nemours subsidized prevention and children's health programs totaling nearly \$15.0 million. Nemours provided a variety of community health services for more than 6,400 of Delaware's low-income senior citizens of approximately \$4.3 million. These outpatient health care services included dental care, eye examinations and eyeglasses, as well as hearing tests and hearing aids at the Nemours Senior Care RESEARCH. Nemours continues to improve children's lives through the power of discovery. However, new discoveries are not enough. We are integrating research findings at the bedside and exam room where it has the greatest impact on children. In total, Nemours subsidized health research by over \$23.6 million during 2018 with more than 620 research projects under the direction of more than 100 Nemours physician-scientists. EDUCATION & TRAINING OF HEALTH PROFESSIONALS Nemours continues to train the next generation of pediatric specialists through affiliations with Thomas Jefferson University, the Mayo Clinic Medical College and others. In 2018, Nemours hosted 798 residents and 1,042 medical students and provided fellowship rotations for 92 physicians. Nemours supported education and training programs for health professionals of nearly \$4.0 million. UNCOMPENSATED MEDICAL CARE Nemours' services classified as "charity care" or where the recipient could not afford services or lacked adequate health insurance, was nearly \$13.2 million in 2018. Nemours also covers the costs in excess of government payments for services provided to Medicaid and other public health beneficiaries of nearly \$97.4 million with an additional \$38.4 million in uncollected patient care charges written off by Nemours during the same period. All totaled, uncompensated care for 2018 approximates \$149.0 million.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section A, Line 2	Bad Debt and Implicit Price Concessions are calculated according to Generally Accepted Accounting Principles (GAAP)
Schedule H, Part III, Section A, Line 4	In the Nemours Children's Hospital and Alfred I duPont Hospital for Children audited financial statements, see footnote 2 beginning on pages 15 and 40 respectively, for a description of implicit price concessions and bad debt expense. The source of the Medicare allowable costs comes from the 2018 Medicare Cost Reports

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section B, Line 8	The entire shortfall related to Medicare reported on line 7 should be considered a community benefit. Nemours is bearing the burden of providing care in excess of our costs to those Medicare patients. The source of the Medicare allowable costs comes from the 2018 Medicare Cost Reports.
Schedule H, Part III, Section C, Line 9b	The Nemours financial assistance policy applies to all of the facilities that it operates. Debt collection is not pursued against patients who qualify for the financial assistance program.

990 Schedule H, H990 Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2	<p>Nemours assesses the healthcare needs of these communities using various methods. For example, Nemours community relations team is active at all sites to identify specific community needs for children. At Nemours, we seek to understand the health needs of the families who live in the communities we serve. Nemours has clinical operations in communities in Delaware, southeastern Pennsylvania and southern New Jersey (referred to as the Delaware Valley), Maryland and Florida. Nemours is committed to improving the health of children, even those who never enter our doors. To do this effectively, Nemours conducts community health needs assessments (CHNAs) then explores potential strategies to influence them. The CHNA can be found at www.nemours.org/community. The "areas of opportunity" listed below represent the significant health needs of children and adolescents in the communities our hospitals serve. Areas of opportunity in the Delaware Valley: access to health services, alcohol, tobacco and other drugs, health education, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, sexual activity. Areas of opportunity in Central Florida: access to health services, health education injury and safety, mental and emotional health, nutrition, physical activity and weight, prenatal and infant health, vision, hearing and speech. Nemours seeks to educate families about children's health and parenting through its Center for Children's Health Media (KidsHealth.org). KidsHealth helps families by enabling parents, kids and teens to better understand and take mastery of their own health. Nemours creates integrated suites of physician reviewed, family-friendly, engaging media that provide families with knowledge, perspective, advice and comfort.</p>
Schedule H, Part VI, Line 3	<p>All of Nemours hospital and clinic locations share the same practice of educating patients and their families in the eligibility process. Information regarding financial assistance can be found on our website at https://www.nemours.org/patientfamily/financialassistance.html. Nemours employs Financial Advocates, as well as engages independent firms (collectively referred to as Financial Advocates) to assist in determining Medicaid eligibility. The Financial Advocates, some of whom are multi-lingual, work with families, educate and assist them with form completion regarding any program for which they might be eligible, including programs in the state of residence. Patients that arrive for an appointment at one of our practices, or admitted to or present to the emergency room at AIDHC or NCH as "self-pay" are screened for Medicaid eligibility. The Financial Advocates follow up directly with the respective State regarding their decision/determination. Certain Financial Advocates may go to the family's home, if necessary. In some instances, certain Financial Advocates will ask for and receive limited power of attorney, in an effort to assist the family with the Medicaid eligibility process. To benefit from Nemours Financial Assistance Program, a family must participate in the Medicaid eligibility process described above. Through that process, Nemours assesses eligibility for our charity care program, which is based on Federal Poverty Guidelines as indicated in Schedule H, Part I, lines 3a and b. Eligibility for the Nemours Financial Assistance Program is completed by the Financial Advocates. Personnel at AIDHC have also established the Family Advisory Council (FAC), a group of parents whose children have had services at AIDHC. The purpose of the FAC is to obtain feedback from families about additional ways Nemours can assist with financial eligibility issues. In an effort to perform proactive outreach in the Delaware Valley, Nemours' Financial Advocates go to our various locations, as well as local Community Health Center facilities. Both types of places represent a source from which families come to Nemours. Such visits focus on educating families about the various funding sources for which they might be eligible. Nemours is Community Partners with Delaware and Pennsylvania State Medicaid.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4	<p>Nemours' clinical operations include two children's hospitals and multiple outpatient clinics. In Wilmington, Delaware, Nemours operates specialty and primary care children's clinics and a health clinic for the elderly. Nemours' service area includes 27 counties throughout Delaware, southeastern Pennsylvania, and southern New Jersey. In 2011, an estimated 204,208 children and youth under the age of 18 lived in Delaware, (US Census Bureau, 2011) comprising approximately 22.7% of the area's total population. Currently, Delaware's children and youth population is comprised primarily of 61% White and 25.7% African American compared to 68.2% White and 14.3% African American, nationally (US Census Bureau, 2011). Household income level can have a significant impact on the health status of children living in the household. Overall, a smaller percentage of children and youth in Delaware (17.5%) live below 100% of the Federal Poverty Level (FPL) when compared to the national rate of children in poverty (22.5%) (US Census Bureau, 2011). Approximately, 63.9% of the area's children and youth live in households with incomes at or above 200 percent of the poverty level (US Census Bureau, 2011). The vast majority of children and youth in the Delaware (96.4%) have health insurance coverage (National Survey of Children's Health, 2011), either through a private source or a public health insurance program such as Medicaid. Nemours' clinical operations in Florida include a children's hospital in Orlando, and a statewide physician practice with campuses in Jacksonville, Pensacola and Orlando. The majority of children and youth in Florida are white (67.6%) while African American children make up 21% of the population (US Census Bureau, 2011). A slightly larger number of children and youth in Florida (24.9%) live below 100% of the FPL when compared to the national rate of children in poverty (22.5%). Based on the US Census bureau (2011), children in Florida are more likely to be uninsured or publicly insured (53.1%), and less likely to be privately insured (59.1%) than children and youth nationally (44.7% and 66.2%, respectively). The majority of children and youth in Florida are covered through private, largely employer-sponsored, health insurance. About 32.1% of children and youth in Florida are covered by public health insurance (us census bureau, 2011), a percentage which is slightly higher than the national average (29.5%). Finally, a greater proportion of children and youth are uninsured in Florida than nationally (21% vs 15.2%) (US Census Bureau, 2011). For more information about the communities Nemours serves, please see our CHNA at https://www.nemours.org/about/why/healthequityinclusion.html</p>
Schedule H, Part VI, Line 5	<p>The Alfred I. duPont Hospital for Children and the Nemours Children's Hospital have open model medical staffs. Criteria for membership and clinical privileges are outlined in the Medical Staff Bylaws. Certain areas of practice are only open to practitioners employed by or under contract with Nemours and are eligible for privileges in their respective areas.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6	Nemours is not a part of an affiliated health care system. However, Nemours works in tandem with numerous community resources in the communities it serves.
Schedule H, Part VI, Line 7	Nemours is not required to file its Community Benefit report with the state of Delaware or Florida. However, Nemours is happy to provide access to its community report on the internet at https://www.nemours.org/about/financial-benefit-to-the-community.html

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3-Group A	Nemours conducted a Child & Adolescent Community Health Needs Assessment (CHNA) in 2016 for Alfred I duPont Hospital for Children and Nemours Children's Hospital. The CHNA report can be found at https://www.nemours.org/about/community-health-needs.html
Schedule H, Part V, Section B, Line 5-Group A	As part of the Child & Adolescent Community Health Needs Assessment (CHNA), Nemours solicited information from multiple key informants: physicians, other health professionals, social service providers, business leaders, public health representatives and other community leaders. A list of these key informants can be found in the Nemours CHNA.

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18e-Group A	Nemours utilizes its own internal collections department in order to address non-payment by patients in a sensitive manner who have not been qualified for financial assistance
Schedule H, Part V, Section B, Line 20a-Group A	None of these efforts were made

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20b-Group A	None of these efforts were made
Schedule H, Part V, Section B, Line 20c-Group A	None of these efforts were made

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20d- Group A	None of these efforts were made

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
16 Nemours Children's Specialty Care Ft Walton Beach Ft Walton Beach 341 Racetrack Road NW Ft Walton Beach, FL 32547	PEDIATRIC SPECIALTY CARE CLINIC
1 Nemours Children's Specialty Care Tallahassee- Centre Pointe Southeast Urological Center 2000 Centre Pointe Blvd Tallahassee, FL 32308	PEDIATRIC SPECIALTY CARE CLINIC
2 NEMOURS DUPONT PEDIATRICS BRYN MAWR Bryn Mawr Medical Arts Pavilion 825 Old Lancaster Road Suite 250 Bryn Mawr, PA 19010	PEDIATRIC SPECIALTY CARE CLINIC AND SURGICAL CENTER
3 NEMOURS DUPONT PEDIATRICS PHILADELPHIA 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107	PEDIATRIC PRIMARY CARE AND SPECIALITY CARE CLINIC
4 NEMOURS DUPONT PEDIATRICS PAOLI 1676 LANCASTER AVE PAOLI, PA 19301	PEDIATRIC PRIMARY CARE CLINIC
5 NEMOURS DUPONT PEDIATRICS SEAFORD 49 FALLON AVENUE SEAFORD, DE 19973	PEDIATRIC PRIMARY AND SPECIALITY CARE AND DYSLEXIA INITIATIVE CLINIC
6 NEMOURS DUPONT PEDIATRICS MIDDLETOWN 200 CLEAVER FARM ROAD SUITE 201 MIDDLETOWN, DE 19709	PEDIATRIC PRIMARY CARE CLINIC
7 Nemours duPont Pediatrics Deptford 1280 Almonesson Road Deptford, NJ 08096	PEDIATRIC SPECIALTY CARE CLINIC AND SURGERY CENTER
8 NEMOURS DUPONT PEDIATRICS FOULK ROAD Foulkstone Plaza 1405 Foulk Road Suite 101 Wilmington, DE 19803	PEDIATRIC PRIMARY CARE CLINIC
9 NEMOURS DUPONT PEDIATRICS ST FRANCIS 700 NORTH CLAYTON STREET SUITE 400 WILMINGTON, DE 19805	PEDIATRIC PRIMARY CARE CLINIC
10 NEMOURS DUPONT PEDIATRICS DOVER 201 Towne Centre Drive Suite 500 Dover, DE 19904	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
11 NEMOURS DUPONT PEDIATRICS MEDIA 1098 W BALTIMORE PIKE SUITE 3403 MEDIA, PA 19063	PEDIATRIC PRIMARY CARE CLINIC
12 NEMOURS DUPONT PEDIATRICS VILLANOVA 789 EAST LANCASTER AVENUE SUITE 10 VILLANOVA, PA 19085	PEDIATRIC PRIMARY CARE CLINIC
13 NEMOURS DUPONT PEDIATRICS COLLEGEVILLE 100 Campus Drive Building A Collegeville, PA 19426	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
14 Nemours duPont Pediatrics Concordville 1020 Baltimore Pike Suite 300 Glen Mills, PA 19342	PEDIATRICS PRIMARY CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 NEMOURS DUPONT PEDIATRICS JESSUP STREET JESSUP STREET 1602 JESSUP STREET WILMINGTON, DE 19802	PEDIATRICS PRIMARY CARE CLINIC
1 NEMOURS DUPONT PEDIATRICS PIKE CREEK 5500 SKYLINE DRIVE SUITE 4 WILMINGTON, DE 19808	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
2 NEMOURS DUPONT PEDIATRICS NEWARK 200 Biddle Ave Suite 100 Newark, DE 19702	PEDIATRICS PRIMARY CARE CLINIC
3 NEMOURS DUPONT PEDIATRICS NEWTOWN SQUARE NEWTOWN SQUARE 3855 WEST CHESTER PIKE SUITE 280 NEWTOWN SQUARE, PA 19073	PEDIATRIC SPECIALITY CARE CLINIC
4 NEMOURS DUPONT PEDIATRICS GLEN MILLS 101 APPLIED BANK BLVD SUITE 11 GLEN MILLS, PA 19342	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
5 NEMOURS CHILDRENS URGENT CARE KISSIMMEE ORLANDO KISSIMMEE 4101 TOWN CENTER BOULEVARD ORLANDO, FL 32837	PEDIATRIC URGENT CARE CLINIC
6 NEMOURS DUPONT PEDIATRICS BECKS WOODS 141 BECKS WOODS DRIVE BEAR, DE 19701	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
7 NEMOURS DUPONT PEDIATRICS EXTON 101 ARRANDALE BLVD SUITE 103 EXTON, PA 19341	PEDIATRICS PRIMARY CARE CLINIC
8 Nemours duPont Pediatrics Wayne 110 W Lancaster Ave Wayne, PA 19087	PEDIATRICS PRIMARY CARE CLINIC
9 NEMOURS DUPONT PEDIATRICS MILFORD TEAL CREEK PLAZA 703 NORTH DUPONT BOULEVARD MILFORD, DE 19963	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
10 NEMOURS CHILDRENS URGENT CARE WATERFORD LAKES WATERFORD LAKES 651 NORTH ALAFAYA TRAIL ORLANDO, FL 32828	PEDIATRIC URGENT CARE CLINIC
11 NEMOURS DUPONT PEDIATRICS VINELAND 2950 COLLEGE DRIVE SUITE 2B VINELAND, NJ 08360	PEDIATRIC SPECIALTY CARE CLINIC
12 Nemours Children's Specialty Care Kissimmee 750 Centerview Blvd Suite Kissimmee, FL 34741	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
13 Nemours Children's Urgent Care Lake Nona 9368 Narcoossee Road Suite 105 Orlando, FL 32827	PEDIATRIC URGENT CARE CLINIC
14 NEMOURS CHILDRENS URGENT CARE SANFORD 1481 WP BALL BOULEVARD SANFORD, FL 32771	PEDIATRIC URGENT CARE CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
46 Nemours duPont Pediatrics Cherry Hill Cherry Hill 325 Marlton Pike East Cherry Hill, NJ 08034	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
1 NEMOURS DUPONT PEDIATRICS LANCASTER 2128 EMBASSY DRIVE LANCASTER, PA 17603	PEDIATRIC SPECIALTY CARE CLINIC
2 NEMOURS SENIORCARE WILMINGTON 1600 ROCKLAND ROAD WILMINGTON, DE 19803	HEALTH CLINIC
3 NEMOURS SENIORCARE MILFORD 915 NORTH DUPONT BOULEVARD MILFORD, DE 19963	HEALTH CLINIC
4 NEMOURS CHILDRENS URGENT CARE MELBOURNE 1270 NORTH WICKHAM ROAD MELBOURNE, FL 32935	PEDIATRIC URGENT CARE CLINIC
5 Nemours Children's Specialty Care Davenport 410 Lionel Way Davenport, FL 33837	PEDIATRIC SPECIALTY CARE CLINIC
6 Nemours Children's Specialty Care Titusville The Childrens Center of Parrish Medical Center 5650 S Washington Ave Titusville, FL 32780	PEDIATRIC SPECIALTY CARE CLINIC
7 NEMOURS DUPONT PEDIATRICS UPLAND CROZER CHESTER MEDICAL CENTER ONE MEDICAL CENTER BLVD SUITE 443 UPLAND, PA 19013	PEDIATRIC SPECIALTY CARE CLINIC
8 Nemours Children's Urgent Care Clermont 1371 Citrus Tower Blvd Clermont, FL 34711	PEDIATRIC URGENT CARE CLINIC

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 42

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Aggregate Research Patient Participation Payment	207	308,635	0	FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(c)(3)	27,500	0	FMV		Donation
AM HEART ASSOCIATION PO BOX 1590 HAGERSTOWN, MD 217411590	13-5613797	501(c)(3)	15,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AM HEART ASSOCIATION GREATER SOUTHEAST AFFILIATE PO BOX 50015 PRESCOTT, AZ 86304	13-5613797	501(c)(3)	27,500	0	FMV		Donation
AM HEART ASSOCIATION 237 EAST MARKS STREET ORLANDO, FL 32803	13-5613797	501(c)(3)	16,682	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AM HEART ASSOCIATION 200 CONTINENTAL DRIVE SUITE 101 NEWARK, DE 19713	13-5613797	501(c)(3)	40,000	0	FMV		Donation
DEPTFORD SOCCER ASSOCIATION 644 PRINCETON BLVD WENNONAH, NJ 08090	20-0787148	501(c)(3)	11,750	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWNSHIP OF DEPTFORD 1011 COOPER STREET DEPTFORD, NJ 08096	21-6000532	GOVT	7,500	0	FMV		Donation
RIPPEL FOUNDATION 14 MAPLE AVE SUITE 200 MORRISTOWN, NJ 07960	22-1559427	501(c)(3)	30,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE HEALTH 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	22-2488654	501(c)(3)	6,500	0	FMV		Donation
AHAVAS TZEDAKAH 816 FOREST AVE LAKEWOOD, NJ 08701	22-3719783	501(c)(3)	12,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER BRANDYWINE 1 E CHESTNUT STREET WEST CHESTER, PA 19380	23-1365994	501(c)(3)	45,000	0	FMV		Donation
TICKET PHILADELPHIA KIMMEL CNTR INC GRP SALES 1500 WALNUT ST FLOOR 17 PHILADELPHIA, PA 19102	23-2865855	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSTEOGENESIS IMPERFECTA FOUND 804 W DIAMOND AVENUE SUITE 210 GAITHERSBURG, MD 20878	23-7076021	501(c)(3)	15,000	0	FMV		Donation
TRACK SHACK EVENT MARKETING AND MANAGEMENT 1013 MONTANA STREET ORLANDO, FL 32803	26-3361402	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION 1500 WALNUT STREET SUITE 301 PHILADELPHIA, PA 19102	36-6009226	501(c)(3)	15,000	0	FMV		Donation
WISHES AND DREAMS FOR CYSTIC FIBROSIS 816 INVERNESS LANE PHILADELPHIA, PA 19128	46-3537810	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE CTR FOR HEALTH INNOVATION 1 INNOVATION WAY SUITE 304 NEWARK, DE 19711	47-3638935	501(c)(3)	26,000	0	FMV		Donation
PED CONGENITAL HEART ASSOC C/O GROBE AND ASSOC 37 KESSET COURT STE 205 MADISON, WI 53711	46-3576700	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIANA CARE HEALTH SVCS OFFICE OF DEVELOPMENT 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	51-0103684	501(c)(3)	10,000	0	FMV		Donation
YMCA OF GREATER BRANDYWINE 3 MT LEBANON ROAD WILMINGTON, DE 19803	51-0065748	501(c)(3)	25,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE UNIVERSITY 1726 STERLING CT AMELIA ISLAND, FL 32034	59-0624412	501(c)(3)	10,000	0	FMV		Donation
WOLFSON CHILDRENS HOSPITAL THE WOMENS BOARD 1325 SAN MARCO BLVD SUITE 802 JACKSONVILLE, FL 32207	59-0747311	501(c)(3)	45,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE ZOO 370 ZOO PARKWAY JACKSONVILLE, FL 32218	59-1319010	501(c)(3)	7,000	0	FMV		Donation
METRO ORLANDO ECONOMIC DEVELOP 301 E PINE ST SUITE 900 ORLANDO, FL 32801	59-1767933	501(c)(3)	25,135	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF CF PO BOX 2987 ORLANDO, FL 32802	59-0951887	501(c)(3)	7,000	0	FMV		Donation
LAKE HIGHLAND PREPARATORY 901 HIGHLAND PARENT ASSOC ORLANDO, FL 32803	59-0624431	501(c)(3)	20,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 1901 ROCKLAND RD WILMINGTON, DE 19803	59-3211250	501(c)(3)	64,025	0	FMV		Donation
RONALD MCDONALD HOUSE 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	59-3211250	501(c)(3)	112,609	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 824 CHILDRENS WAY JACKSONVILLE, FL 32207	59-3211250	501(c)(3)	16,765	0	FMV		Donation
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(c)(3)	25,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP FLORIDA 215 S MONROE STREET SUITE 710 TALLAHASSEE, FL 32301	59-3201445	501(c)(3)	25,000	0	FMV		Donation
ORANGE COUNTY PUBLIC SCHOOLS 445 W AMELIA ST ORLANDO, FL 32801	59-2788435	501(c)(3)	18,200	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	59-2654440	501(c)(3)	10,000	0	FMV		Donation
MAKE A WISH FOUNDATION OF CENTRAL AND NORTH FL 1020 N ORLANDO AVE STE 100 MAITLAND, FL 32751	59-3235806	501(c)(3)	15,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CANCER FUND 4720 SALISBURY RD JACKSONVILLE, FL 32256	59-3359840	501(c)(3)	20,000	0	FMV		Donation
TOM COUGHLIN JAY FOUNDATION CELEBRITY GOLF CLASSIC PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	59-3426937	501(c)(3)	30,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPICE 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	59-3583920	501(c)(3)	12,000	0	FMV		Donation
SHEPHERDS HOPE INC 4851 S APOPKA VINELAND RD ORLANDO, FL 32819	59-3420727	501(c)(3)	7,500	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUFFYS HOPE INC 100 W 10TH STREET SUITE 9 WILMINGTON, DE 19801	06-1652976	501(c)(3)	10,200	0	FMV		Donation
RIDDLE HEALTHCARE FOUNDATION 1068 W BALTIMORE PIKE MEDIA, PA 19063	04-3601189	501(c)(3)	5,250	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE PROSPERITY PARTNERSHIP 1201 N ORANGE STREET SUITE 200 WILMINGTON, DE 19801	82-2881997	501(c)(3)	100,000	0	FMV		Donation
PETE DU PONT FREEDOM FOUNDATION PO BOX 221 MONTCHANIN, DE 19710	82-1237132	501(c)(3)	15,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE C/O TIERNEY COMMUNICATIONS 1700 MARKET STREET 29TH FLOOR PHILADELPHIA, PA 19103	59-3211250	501(c)(3)	25,000	0	FMV		Donation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b Yes									
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	Nemours has established a policy for the reimbursement of travel and related expenses incurred by its employees. All transportation and travel arrangements shall be the most economical under the circumstances. Excursion or coach fares shall be ordered whenever available. Approval of a vice president shall be required for any other class of travel. Each department has the right to limit travel expenditures based on budgetary restrictions and may limit coverage to certain categories of travel expense. First class travel may occur in situations for Nemours employees wherein other fares are not available or travel is for a long period of time or overseas. Board members also have the option of traveling first class. Effective, January 1, 2009, Nemours instituted a written policy regarding such travel.

Return Reference	Explanation
Schedule J, Part I, Line 4	The Nemours Foundation maintained a Supplemental Executive Retirement Plan ("SERP") for a select group of management or highly compensated employees as determined by the Board of Directors. The SERP was adopted in order to provide certain key employees with non-qualified deferred compensation benefits subject to IRC section 457(f) in recognition of the services they provide. The Nemours Foundation makes discretionary contributions to the plan and may amend or terminate the plan at any time. Participants receiving distributions in 2018 include Roy Proujansky (184,764), Stephen Lawless (88,883), Mariane Stefano (18,144), Gina Altieri (52,030), David J Bailey MD (592,161), Robert D Bridges (161,454), Theresa M Young (63,545), Paul Kempinski (196,338), Deborah Chang (20,486), Nancy E Stephenson (61,739), Martha G McGill (43,432), Randall W Hartley (94,462) and Andre Hebra (134,131).

Return Reference	Explanation
Schedule J, Part I, Line 7	Certain employees of Nemours are eligible for incentive compensation. This compensation is based on qualitative and quantitative organizational goals and the achievement of such goals by the organization, its division and individuals.



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
William Britton Oper VP Finance Delaware	(i)	276,423	37,917	1,180	0	45,787	361,307	0
	(ii)	0	0	0	0	0	0	0
Pauline M Corso Oper VP Chief Operating Officer Physician Network DE	(i)	316,162	42,593	741	0	45,993	405,489	0
	(ii)	0	0	0	0	0	0	0
Ray J Hejmanowski Florida Practice Administrator	(i)	265,762	37,308	607	0	45,877	349,554	0
	(ii)	0	0	0	0	0	0	0
Randall W Hartley Oper VP Chief Operating Officer NCH	(i)	334,767	46,263	96,714	7,782	15,397	500,923	94,462
	(ii)	0	0	0	0	0	0	0
Jane M Mericle Oper VP Chief Nursing Executive AIDHC	(i)	307,015	42,767	26,626	0	21,529	397,937	0
	(ii)	0	0	0	0	0	0	0
Roopnarine Hazarie Practice Administrator	(i)	205,578	12,093	440	0	32,474	250,585	0
	(ii)	0	0	0	0	0	0	0
Helen M Case Oper VP Chief Nursing Officer NCH	(i)	309,130	42,629	2,596	0	19,030	373,385	0
	(ii)	0	0	0	0	0	0	0
R J Cummings MD Ent VP Chief Medical Officer FL (former)	(i)	0	140,205	92,337	0	0	232,542	0
	(ii)	0	0	0	0	0	0	0
William G Mackenzie MD Dept of Orthopaedics Chair AIDHC	(i)	819,515	120,000	6,858	0	48,215	994,588	0
	(ii)	0	0	0	0	0	0	0
Suken A Shah MD Orthopaedic Surgeon, NCCW	(i)	940,894	14,463	810	0	52,044	1,008,211	0
	(ii)	0	0	0	0	0	0	0
Christian Pizarro MD Director of Nemours Cardiac Center	(i)	1,887,339	178,782	2,322	0	50,001	2,118,444	0
	(ii)	0	0	0	0	0	0	0
Peter D Wearden MD Cardiothoracic Surgeon	(i)	1,336,880	175,506	1,242	0	27,453	1,541,081	0
	(ii)	0	0	0	0	0	0	0
Andre Hebra MD Chief Medical Officer NCH	(i)	771,613	102,352	142,798	129,428	30,709	1,176,900	134,131
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Orange County Health Facilities Authority	52-1035390	6845036W0	10-15-2009	326,242,302	See Part V	X			X		X
B Orange County Health Facilities Authority	52-1035390	999999999	10-05-2018	152,105,000	See Part V		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			53,197,302	0				
2 Amount of bonds legally defeased			151,080,000	0				
3 Total proceeds of issue			326,242,302	152,105,000				
4 Gross proceeds in reserve funds			0	0				
5 Capitalized interest from proceeds			0	0				
6 Proceeds in refunding escrows			24,350,000	0				
7 Issuance costs from proceeds			1,834,712	323,478				
8 Credit enhancement from proceeds			0	0				
9 Working capital expenditures from proceeds			0	0				
10 Capital expenditures from proceeds			300,057,590	151,781,552				
11 Other spent proceeds			0	0				
12 Other unspent proceeds			0	0				
13 Year of substantial completion	2012		2018					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 803 %		0 215 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0 803 %		0 215 %					
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column a-10/15/2009 326,242,302 Orange County Health Facilities Authority	A portion of the proceeds of these bonds were used to refund on a current basis all of the outstanding Jacksonville Health Facility Authority Revenue Bonds (The Nemours Foundation Project), Series 2007, originally issued on October 3, 2007. The proceeds were used to finance the cost of the acquisition, construction, installation and equipping of a new administrative facility located in Jacksonville, Florida, and owned and operated by Nemours, and related fixtures, furnishings and equipment. The remaining portion of the proceeds of these bonds were used for the purpose of providing funds which, together with other available funds, were used to finance a portion of the cost of the acquisition, construction, installation and equipping of a pediatric healthcare facility owned and operated by Nemours, including a 95-bed freestanding children's hospital known as Nemours Children's Hospital and Outpatient Clinic, and related facilities, equipment, fixtures and furnishings, located in Orlando, Florida. On October 5, 2018 a portion of the bonds (Series 2009A) were defeased in the amount of \$151,080,000 and were replaced by the Orange County Health Facility Authority bond issue dated October 5, 2018 (Series 2018).

Return Reference	Explanation
Schedule K, Part I, Column b-10/05/2018 152,105,000 Orange County Health Facilities Authority	On October 5, 2018, Nemours entered into a legal defeasance of the Florida Authority Series 2009A bonds in the amount of \$151,080,000. At the same time, the Florida Authority issued \$152,105,000 in tax-exempt, fixed rate revenue bonds (Series 2018 bonds).

Return Reference	Explanation
Schedule K, Part III, Line 4-10/15/2009 326,242,302 Orange County Health Facilities Authority	For the year ended December 31, 2018, private use disclosed in Schedule K, Part III Line 4 Column A is 0.458% Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital

Return Reference	Explanation
Schedule K, Part III, Line 4-10/05/2018 152,105,000 Orange County Health Facilities Authority	For the year ended December 31, 2018, private use disclosed in Schedule K, Part III Line 4 Column B is 0.56% Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 10/15/2009 326,242,302 Orange County Health Facilities Authority	(A) Orange County Healthy Facilities Authority - calculation performed 12/6/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 10/05/2018 152,105,000 Orange County Health Facilities Authority	(B) Orange County Healthy Facilities Authority - calculation due 10/05/2019

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Return Reference	Explanation
Schedule K, Part I, Column a-10/15/2009 326,242,302 Orange County Health Facilities Authority	A portion of the proceeds of these bonds were used to refund on a current basis all of the outstanding Jacksonville Health Facility Authority Revenue Bonds (The Nemours Foundation Project), Series 2007, originally issued on October 3, 2007. The proceeds were used to finance the cost of the acquisition, construction, installation and equipping of a new administrative facility located in Jacksonville, Florida, and owned and operated by Nemours, and related fixtures, furnishings and equipment. The remaining portion of the proceeds of these bonds were used for the purpose of providing funds which, together with other available funds, were used to finance a portion of the cost of the acquisition, construction, installation and equipping of a pediatric healthcare facility owned and operated by Nemours, including a 95-bed freestanding children's hospital known as Nemours Children's Hospital and Outpatient Clinic, and related facilities, equipment, fixtures and furnishings, located in Orlando, Florida. On October 5, 2018 a portion of the bonds (Series 2009A) were defeased in the amount of \$151,080,000 and were replaced by the Orange County Health Facility Authority bond issue dated October 5, 2018 (Series 2018).
Schedule K, Part I, Column b-10/05/2018 152,105,000 Orange County Health Facilities Authority	On October 5, 2018, Nemours entered into a legal defeasance of the Florida Authority Series 2009A bonds in the amount of \$151,080,000. At the same time, the Florida Authority issued \$152,105,000 in tax-exempt, fixed rate revenue bonds (Series 2018 bonds).
Schedule K, Part III, Line 4-10/15/2009 326,242,302 Orange County Health Facilities Authority	For the year ended December 31, 2018, private use disclosed in Schedule K, Part III Line 4 Column A is 0.458%. Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital.
Schedule K, Part III, Line 4-10/05/2018 152,105,000 Orange County Health Facilities Authority	For the year ended December 31, 2018, private use disclosed in Schedule K, Part III Line 4 Column B is 0.56%. Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital.
Schedule K, Part IV, Line 2c-10/15/2009 326,242,302 Orange County Health Facilities Authority	(A) Orange County Health Facilities Authority - calculation performed 12/6/2012
Schedule K, Part IV, Line 2c-10/05/2018 152,105,000 Orange County Health Facilities Authority	(B) Orange County Health Facilities Authority - calculation due 10/05/2019

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Stephanie Quintavalla	Family of M Giouard	26,630	Employment Compensation		No
Jennifer A Rice	Family of B Rice	180,289	Employment Compesation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kyle A Hartley	Family of R Hartley	25,912	Employment Compensation		No
Kelsey Terhune	Family of Robert Bridges	73,846	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Stuart MacKenzie MD	Family of W MacKenzie	26,942	Employment Compensation		No
Substantial Contributor	Service Provider	42,453,762	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	22,726,815	Independent Contractor		No
Substantial Contributor	Service Provider	5,372,619	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	4,638,137	Independent Contractor		No
Substantial Contributor	Service Provider	1,930,858	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	1,678,626	Independent Contractor		No
Substantial Contributor	Service Provider	1,294,846	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	1,249,950	Independent Contractor		No
Substantial Contributor	Service Provider	920,125	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	852,356	Independent Contractor		No
Substantial Contractor	Service Provider	782,137	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	535,436	Independent Contractor		No
Substantial Contributor	Service Provider	511,691	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Service Provider	314,070	Independent Contractor		No
Substantial Contributor	Service Provider	227,751	Independent Contractor		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,101	cost or sales price
5 Clothing and household goods	X		292,424	cost or sales price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	115,472	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2	1,197	cost or sales price
20 Drugs and medical supplies	X	2	5,250	cost or sales price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Entertainment)	X	7	9,192	cost or sales price
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Management distributed a draft of the 2018 Form 990 to the Audit and Finance committee prior to the scheduled board of directors meeting in November of 2019. During the course of the board of directors meeting, management presented an overview of Form 990 to the Audit and Finance committee and gave the committee members an opportunity to provide comments and ask questions with respect to the draft. Based on feedback provided from the committee members, management updated the draft Form 990. Upon finalization of the return, management provided a final copy of the return via e-mail to the board of directors.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	<p>The Nemours Foundation's (Nemours) Board of Directors designated the People, Engagement and Compensation Committee (PECC) to serve as the board committee responsible for establishing compensation practices to assure that executive compensation is reasonable and does not violate the private inurement prohibition. The practices and processes are designed to provide market-competitive compensation, to enable the board to exercise good governance oversight, and to use a review and approval process that will qualify for the rebuttable presumption of reasonableness under the federal tax law rules. The PECC annually reviews, in consultation with an independent executive compensation consulting firm specializing in healthcare and the not-for-profit industry, independently sourced benchmark market data to establish the compensation of our officers, senior leadership and key employees and to align our compensation with the compensation practices of organizations similar to Nemours. The Board of Directors determined and approves the compensation for the CEO using the same IRS-approved rebuttable presumption process as the PECC. To indicate our alignment with the compensation practices of organizations similar to Nemours, our compensation philosophy across the board targets the market median for base salaries for all Nemours' Associates, including officers, senior leadership and key employees. Total cash compensation is also generally targeted to be at the median of Nemours' peers.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Pension liability adjustment \$16,883,536

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Cruden Bay Risk Retention Group Inc 135 Allen Brook Lane Suite 101 Williston, VT 05495 27-0057453	Risk Retention	VT	501(c)(3)	509(a)(3)	The Nemours Foundation	Yes	
(2) Pediatric Medical Services of Florida Inc 10140 Centurion Parkway Jacksonville, FL 32256 45-3584225	Health Care	FL	501(c)(3)	509(a)(2)	The Nemours Foundation	Yes	
(3) Nemours New Jersey Physician Practice 1801 Rockland Road Wilmington, DE 19803 46-3160718	Health Care	NJ	501(c)(3)	509(a)(2)	The Nemours Foundation	Yes	
(4) Alfred I duPont Charitable Trust 510 Alfred dupont Place Jacksonville, FL 32202 59-0226560	Charitable Trust	FL	501(c)(3)	509(a)(3)	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)Dornoch Sutherland Assurance LTD PO Box 1085 CJ 98-0404800	Captive Insurance	CJ	The Nemours Foundation	C	13,484,818	60,758,713	100 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007995
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Dornoch Sutherland Assurance LTD	m	1,000,000	Fair Market Value
(1)	Dornoch Sutherland Assurance LTD	l	19,300,000	Fair Market Value
(2)	Cruden Bay Risk Retention Group Inc	l	2,000,000	Fair market value
(3)	Cruden Bay Risk Retention Group Inc	m	1,705,000	Fair market value
(4)	Cruden Bay Risk Retention Group Inc	q	1,190,405	Fair market value
(5)	Pediatric Medical Services of Florida Inc	r	4,934,403	Fair market value
(6)	Nemours New Jersey Physician Practice	r	1,828,585	Fair market value
(7)	Alfred I duPont Charitable Trust	c	176,723,954	FMV
(8)	Alfred I duPont Charitable Trust	q	561,389	FMV