efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation
PHILADELPHIA HEALTH PARTNERSHIP

A Employer identification number
23-2904262

Number and street (or P.O. box number if mail is not delivered to street address)
230 SOUTH BROAD STREET NO 810

Room/suite

B Telephone number (see instructions)
(215) 546-4290

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19102

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 48,224,438

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	35,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	2,869	2,869		
	4	Dividends and interest from securities	586,902	806,266		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	685,255			
	b	Gross sales price for all assets on line 6a 2,209,859				
	7	Capital gain net income (from Part IV, line 2)		1,537,038		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,454,718	25,210		
	12	**Total.** Add lines 1 through 11	2,764,744	2,371,383		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	1,170	59		1,978
	b	Accounting fees (attach schedule)	79,708	29,055		48,863
	c	Other professional fees (attach schedule)	295,994	216,801		80,203
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	60,374	25,178		0
	19	Depreciation (attach schedule) and depletion	2,695	0		
	20	Occupancy	49,347	2,467		42,388
	21	Travel, conferences, and meetings	12,327	0		11,605
	22	Printing and publications	439	22		417
	23	Other expenses (attach schedule)	454,789	79,278		428,419
	24	**Total operating and administrative expenses.** Add lines 13 through 23	956,843	352,860		613,873
	25	Contributions, gifts, grants paid	774,705			1,404,705
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,731,548	352,860		2,018,578
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	1,033,196			
	b	**Net investment income** (if negative, enter -0-)		2,018,523		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	82,887	239,738	239,738
	2 Savings and temporary cash investments	2,234,390	1,438,675	1,438,675
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	6,042	28,541	28,541
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	15,376,036	17,213,631	17,213,631
	c Investments—corporate bonds (attach schedule)	2,376,195	3,263,440	3,263,440
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	22,329,641	26,020,413	26,020,413
	14 Land, buildings, and equipment: basis ▶ 38,620			
	Less: accumulated depreciation (attach schedule) ▶ 38,620	2,695	0	0
	15 Other assets (describe ▶)	20,000	20,000	20,000
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	42,427,886	48,224,438	48,224,438
Liabilities	17 Accounts payable and accrued expenses	91,889	68,974	
	18 Grants payable	645,000	15,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	54,630	115,664	
	23 **Total liabilities**(add lines 17 through 22)	791,519	199,638	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	41,636,367	48,024,800	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	41,636,367	48,024,800	
	30 **Total liabilities and net assets/fund balances** (see instructions)	42,427,886	48,224,438	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	41,636,367
2	Enter amount from Part I, line 27a	2	1,033,196
3	Other increases not included in line 2 (itemize) ▶	3	5,410,237
4	Add lines 1, 2, and 3	4	48,079,800
5	Decreases not included in line 2 (itemize) ▶	5	55,000
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	48,024,800

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,537,038
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,966,711	45,781,015	0.042959
2017	2,460,901	44,054,898	0.055860
2016	1,524,579	40,812,379	0.037356
2015	2,061,720	43,411,995	0.047492
2014	1,613,422	44,365,087	0.036367

2	**Total** of line 1, column (d)	2	0.220034
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.044007
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	45,387,664
5	Multiply line 4 by line 3	5	1,997,375
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	20,185
7	Add lines 5 and 6	7	2,017,560
8	Enter qualifying distributions from Part XII, line 4	8	2,018,578

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	20,185
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	20,185
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	20,185
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 47,980		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 5,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	52,980
8	Enter any **penalty** for underpayment of estimated tax. Check here ☑ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	32,795
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 32,795 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.PHILAHEALTHPARTNERSHIP.ORG

14 The books are in care of ▶ ANN MARIE HEALY EXECUTIVE DIRECTOR Telephone no. ▶ (215) 546-4290

Located at ▶ 230 SOUTH BROAD STREET NO 810 PHILADELPHIA PA ZIP+4 ▶ 19102

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

Yes No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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

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

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☑ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☑ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☑ No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		☐ Yes	☑ No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ Yes	☑ No
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

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

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET SUITE 801 PHILADELPHIA, PA 19107	ADMINISTRATIVE FEES	421,815
COLONIAL CONSULTING LLC 750 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT ADVISORS	67,125
PATRON CAPITAL ADVISERS LLP ONE VINE STREET 3RD FLOOR LONDON, W1J 0AH UK	INVESTMENT ADVISORS	51,055

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

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

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 . . . . . ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	18,377,789
b	Average of monthly cash balances	1b	1,680,645
c	Fair market value of all other assets (see instructions)	1c	26,020,413
d	**Total** (add lines 1a, b, and c)	1d	46,078,847
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	46,078,847
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	691,183
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	45,387,664
6	**Minimum investment return.** Enter 5% of line 5	6	2,269,383

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

1	Minimum investment return from Part X, line 6			1	2,269,383
2a	Tax on investment income for 2019 from Part VI, line 5	2a	20,185		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	43,080		
c	Add lines 2a and 2b			2c	63,265
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	2,206,118
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	2,206,118
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	2,206,118

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,018,578
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,018,578
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	20,185
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,998,393

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,206,118
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			1,582,144	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 2,018,578				
a Applied to 2018, but not more than line 2a			1,582,144	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				436,434
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				1,769,684
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,404,705
b *Approved for future payment* MATERNITY CARE COALITION OF GREATER PHILADELPHIA 2000 HAMILTON STREET SUITE 205 PHILADELPHIA, PA 19130		PC	EARLY CHILDHOOD INITIATIVE	15,000
Total . . . . . ▶ **3b**				15,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,869	
4 Dividends and interest from securities			14	586,902	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	900099	261,579	14	1,193,139	
8 Gain or (loss) from sales of assets other than inventory	900099	33,329	18	651,926	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		294,908		2,434,836	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	2,729,744

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

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

Sign Here

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

******	2020-11-02	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
CONNIE M LIRA		2020-11-02		P00481097
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶41-0746749
Firm's address ▶ 610 W GERMANTOWN PIKE SUITE 400 PLYMOUTH MEETING, PA 19462				Phone no. (215) 643-3900

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
FORESTER SERIES A2 SUB-SERIES 10/10 2	P		
LESS: PASS-THROUGH UBI CAPITAL GAINS	P		
LLC EIN: 26-0724017	P		
LLC EIN: 26-3319245	P		
LLC EIN: 27-3616351	P		
LLC EIN: 45-3539803	P		
LLC EIN: 45-3539803	P		
LP EIN: 06-1569270	P		
LP EIN: 47-1232697	P		
LP EIN: 47-4299035	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
489,206			489,206
		261,579	-261,579
377,458			377,458
		321	-321
87,178			87,178
20,241			20,241
		52,396	-52,396
633			633
6			6
		178	-178

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			489,206
			-261,579
			377,458
			-321
			87,178
			20,241
			-52,396
			633
			6
			-178

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
LP EIN: 90-0762983	P		
PARTNERSHIP EIN: 36-7324183	P		
PARTNERSHIP EIN: 47-2399816	P		
PARTNERSHIP EIN: 47-2399816	P		
PUBLICLY TRADED SECURITIES			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
486,622			486,622
13,131			13,131
3,915			3,915
129,225			129,225
1,716,105		1,472,208	243,897

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			486,622
			13,131
			3,915
			129,225
			243,897

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
ESTELLE B RICHMAN 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	CHAIR 3.00	0	0	0
LOREE D JONES 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	VICE CHAIR 2.00	0	0	0
PETER J ZULEBA III 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	TREASURER 3.00	0	0	0
PETER A THOMPSON 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	SECRETARY 1.00	0	0	0
SHELLY D YANOFF 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 1.00	0	0	0
DAVID J WILLIAMS PHD 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 1.00	0	0	0
LESLIE M WALKER 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 0.25	0	0	0
PAMELA A STRISOFKY CPA 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 1.00	0	0	0
KAMILAH JACKSON MD MPH 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 0.50	0	0	0
MORRISON C HUSTON JR 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 1.00	0	0	0
RONNIE L BLOOM ESQ 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 1.00	0	0	0
JOSE A BAUERMEISTER MPH PHD 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 0.25	0	0	0
LORENA E AHUMADA 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR 0.25	0	0	0
WANDA RONNER MD 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR - LEFT MAR 2019 0.25	0	0	0
A SCOTT MCNEAL DO 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR - LEFT MAR 2019 0.25	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JOAN KENNERSON KING 230 SOUTH BROAD STREET SUITE 810 PHILADELPHIA, PA 19102	DIRECTOR - LEFT MAR 2019 0.25	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN FAMILY HEALTH ORGANIZATION 4415 CHESTNUT STREET SUITE 202 PHILADELPHIA, PA 19104		PC	HEALTH PROGRAM	20,000
CAMBODIAN ASSOCIATION OF GREATER PHILADELPHIA 5412 NORTH 5TH STREET PHILADELPHIA, PA 19120		PC	GENERAL OPERATING SUPPORT	15,000
CENTER FOR ADVOCACY FOR THE RIGHTS AND INTERESTS OF THE ELDERLY (CARIE) TWO PENN CENTER 1500 JFK BLVD SUITE 1500 PHILADELPHIA, PA 19102		PC	CARIE LINE AND CHC OUTREACH, EDUCATION, AND ADVOCACY	25,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S CRISIS TREATMENT CENTER 1080 NORTH DELAWARE AVENUE SUITE 600 PHILADELPHIA, PA 19125		PC	GRANT SPONSORSHIP FOR ANNUAL ADVOCACY EVENT	1,500
COMMUNITY LEGAL SERVICES 1424 CHESTNUT STREET PHILADELPHIA, PA 19102		PC	MEDICAL LEGAL PARTNERSHIP PROGRAM	85,000
JUSTICE AT WORK 699 RANSTEAD STREET SUITE 4 PHILADELPHIA, PA 19106		PC	GENERAL OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA PUERTA ABIERTAPO BOX 534 NARBERTH, PA 19072		PC	GENERAL OPERATING SUPPORT	45,000
LEGAL CLINIC FOR THE DISABLED 1513 RACE STREET PHILADELPHIA, PA 19102		PC	MEDICAL LEGAL PARTNERSHIP AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	90,000
MATERNITY CARE COALITION OF GREATER PHILADELPHIA 2000 HAMILTON STREET SUITE 205 PHILADELPHIA, PA 19130		PC	EARLY CHILDHOOD INITIATIVE	15,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONALITIES SERVICE CENTER 1216 ARCH STREET 4TH FLOOR PHILADELPHIA, PA 19107		PC	GENERAL OPERATING SUPPORT	73,072
OUR LADY OF FATIMA ONE FATIMA DRIVE SECANE, PA 19018		PC	GENERAL OPERATING SUPPORT	100
PARENT-CHILD HOME PROGRAM 163B MINEOLA BOULEVARD MINEOLA, NY 11501		PC	PCHP PHILADELPHIA - SOUTH/SOUTHWEST PROGRAM	75,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY STREET PHILADELPHIA, PA 19102		PC	GENERAL OPERATING SUPPORT	105,033
PENNSYLVANIA VOICE 123 S BROAD STREET SUITE 630 PHILADELPHIA, PA 19109		PC	PHILADELPHIA CENSUS 2020 OUTREACH	50,000
PHILADELPHIA LEGAL ASSISTANCE CENTER 718 ARCH STREET SUITE 300N PHILADELPHIA, PA 191061535		PC	PHILADELPHIA MEDICAL LEGAL COMMUNITY PARTNERSHIP	60,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC CITIZENS FOR CHILDREN AND YOUTH 990 SPRING GARDEN STREET 6TH FLOOR PHILADELPHIA, PA 19103		PC	GENERAL OPERATING SUPPORT	100,000
SEAMAAC1711 SOUTH BROAD STREET PHILADELPHIA, PA 19148		PC	HEALTH AND SOCIAL SERVICES PROGRAM	45,000
SUPPORTIVE OLDER WOMEN'S NETWORK 4100 MAIN STREET SUITE 403 PHILADELPHIA, PA 19127		PC	GRANDFAMILY RESOURCE CENTER	40,000
Total . . . . . ▶ **3a**				1,404,705

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3535 MARKET STREET SUITE 750 PHILADELPHIA, PA 19104		PC	HISTORIC PRESERVATION ENDOWMENT FOR PENNSYLVANIA HOSPITAL	500,000
Total . . . . . ▶ **3a**				1,404,705

TY 2019 Accounting Fees Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	46,758	28,055		19,648
AUDIT	32,950	1,000		29,215

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Investments Corporate Bonds Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME FUND - LOOMIS CORE PLUS BOND - 163,842.57SH	2,180,745	2,180,745
FIXED INCOME FUND- VANGUARD SHORT TERM BOND FUND - 102,430.979SH	1,082,695	1,082,695

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Investments Corporate Stock Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
US EQUITY COMPOSITE FUND - JACKSON SQUARE SMID GROWTH - 138,957.292SH	3,518,996	3,518,996
US EQUITY COMPOSITE FUND - DFA US CORE EQUITY - 183,494.987SH	4,850,863	4,850,863
INTERNATIONAL EQUITY COMPOSITE FUND - VANGUARD DEVELOPED MKTS - 254,024.48SH	3,591,906	3,591,906
US EQUITY COMPOSITE FUND - VULCAN LARGE CAP VALUE - 208,702.343SH	5,251,866	5,251,866

TY 2019 Investments - Other Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HEDGE FUNDS COMPOSITE - FORESTER OFFSHORE - 751.85SH	FMV	872,543	872,543
INTERNATIONAL EQUITY COMPOSITE FUND - TYBOURNE LONG OPPORTUNITIES - 1381.5SH	FMV	2,791,324	2,791,324
REAL ESTATE - PATRON FUND V	FMV	509,412	509,412
HEDGE FUNDS COMPOSITE - FPA MULTI ADVISOR FUND - 1,181.78SH	FMV	1,734,403	1,734,403
REAL ESTATE - BPG FUND IX	FMV	170,465	170,465
PRIVATE EQUITY COMPOSITE - TIFF PRIVATE EQUITY PARTNERS 2008, LLC	FMV	386,990	386,990
PRIVATE EQUITY COMPOSITE - TIFF PRIVATE EQUITY PARTNERS 2009, LLC	FMV	218,804	218,804
PRIVATE EQUITY COMPOSITE - TIFF PRIVATE EQUITY PARTNERS 2011, LLC	FMV	895,269	895,269
REAL ESTATE - OWS MORTGAGE OPPORTUNITY OFFSHORE	FMV	137,888	137,888
PRIVATE EQUITY COMPOSITE - RCP FUND VIII	FMV	1,331,278	1,331,278
INT'L EQUITY COMPOSITE FD - WELLINGTON CONTRARIAN INTL VALUE - 354,241.172SH	FMV	4,006,468	4,006,468
PRIVATE EQUITY COMPOSITE - WARBURG PINCUS PRIVATE EQUITY XII	FMV	1,065,346	1,065,346
GLOBAL FIXED INCOME - COLCHESTER GLOBAL BOND FUND - 50,763.5482SH	FMV	923,081	923,081
REAL ESTATE - MADISON INTERNATIONAL REALTY IV	FMV	1,536	1,536
HEDGE FUNDS COMPOSITE - HENGISTBURY FUND - 15,000SH	FMV	1,784,202	1,784,202
FIXED INCOME FUND - OHA DIVERSIFIED CREDIT STRATEGIES - 864.12SH	FMV	948,440	948,440
PRIVATE EQUITY COMPOSITE - DIGITAL ALPHA FUND I	FMV	804,825	804,825
REAL ESTATE - CROW REAL ESTATE FUND VIII-A	FMV	743,233	743,233
HEDGE FUNDS COMPOSITE - NITORUM OFFSHORE FUND	FMV	1,368,104	1,368,104
HEDGE FUNDS COMPOSITE - CANYON VALUE REALIZATION FUND - 1,000SH	FMV	1,038,102	1,038,102
INTERNATIONAL EQUITY COMPOSITE FUND - WESTWOOD EMERGING MKTS - 82,809.75SH	FMV	3,236,418	3,236,418
INTERNATIONAL EQUITY COMPOSITE FUND - AFR CONCENTRATED VALUE	FMV	1,052,282	1,052,282

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Land, Etc. Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE AND EQUIPMENT	38,620	38,620	0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

TY 2019 Legal Fees Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	1,170	59		1,978

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Other Assets Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	20,000	20,000	20,000

TY 2019 Other Decreases Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Description	Amount
DEFERRED EXCISE TAX ADJUSTMENT	55,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

TY 2019 Other Expenses Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE FEES	418,217	37,517		381,473
OFFICE EXPENSE	22,397	1,119		29,115
DUES AND SUBSCRIPTIONS	13,815	0		17,831
BANK CHARGES	360	360		0
LLC EIN: 26-0724017 - OTHER INVESTMENT EXPENSES	0	10,765		0
LLC EIN: 26-3319245 - OTHER INVESTMENT EXPENSES	0	7,829		0
LLC EIN: 27-3616351 - OTHER INVESTMENT EXPENSES	0	36,923		0
LLC EIN: 45-3539803 - OTHER INVESTMENT EXPENSES	0	116		0
LP EIN: 47-1232697 - OTHER INVESTMENT EXPENSES	0	943		0
LP EIN: 47-4299035 - OTHER INVESTMENT EXPENSES	0	7,627		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LP EIN: 81-0802581 - OTHER INVESTMENT EXPENSES	0	139		0
LP EIN: 81-1442775 - OTHER INVESTMENT EXPENSES	0	7		0
LP EIN: 81-2647574 - OTHER INVESTMENT EXPENSES	0	127		0
LP EIN: 81-3195396 - OTHER INVESTMENT EXPENSES	0	29		0
LP EIN: 81-5392718 - OTHER INVESTMENT EXPENSES	0	13		0
LP EIN: 82-3810942 - OTHER INVESTMENT EXPENSES	0	21,491		0
LP EIN: 98-1350296 - OTHER INVESTMENT EXPENSES	0	13,652		0
PARTNERSHIP EIN: 47-2399816 - OTHER INVESTMENT EXPENSES	0	1,693		0
LESS: PHP EXPENSES ALLOCABLE TO UBI	0	-42,487		0
LESS: PASS-THROUGH UBI OTHER INVESTMENT EXPENSES	0	-18,585		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Other Income Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT LOSS	59,798	59,798	59,798
PASS-THROUGH ALLOCATION ON BOOKS	1,394,920	0	1,394,920
LLC EIN: 26-0724017	0	-879	0
LLC EIN: 26-3319245	0	16,197	0
LLC EIN: 27-3616351	0	16,336	0
LLC EIN: 45-3539803	0	48	0
LP EIN: 47-4299035	0	-1,391	0
LP EIN: 90-0762983	0	-5,177	0
PARTNERSHIP EIN: 36-7324183	0	-61,653	0
PARTNERSHIP EIN: 47-2399816	0	35,260	0
LESS: PASS-THROUGH UBI OTHER INVESTMENT INCOME	0	-33,329	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321033920

TY 2019 Other Increases Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	5,410,237

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

TY 2019 Other Liabilities Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAX LIABILITY	51,000	106,000
RENT PAYABLE	3,630	9,664

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

TY 2019 Other Professional Fees Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROGRAMMATIC CONSULTANTS	12,345	0		13,710
PROFESSIONAL FEES	4,705	0		4,350
WEBSITE CONSULTANT	5,825	0		5,825
INVESTMENT ADVISORY	67,125	67,125		0
IT CONSULTING	4,000	200		3,800
ALTERNATIVE INVESTMENT - INVESTMENT FEES	201,994	149,476		52,518

TY 2019 Taxes Schedule

Name: PHILADELPHIA HEALTH PARTNERSHIP

EIN: 23-2904262

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UNRELATED BUSINESS INCOME TAX	16,454	0		0
PF EXCISE TAX	43,920	0		0
LLC EIN: 26-0724017 - FOREIGN TAXES PAID	0	74		0
LLC EIN: 26-3319245 - FOREIGN TAXES PAID	0	2,845		0
LLC EIN: 27-3616351 - FOREIGN TAXES PAID	0	37		0
LLC EIN: 45-3539803 - FOREIGN TAXES PAID	0	1,816		0
PARTNERSHIP EIN: 36-7324183 - FOREIGN TAXES PAID	0	170		0
PARTNERSHIP EIN: 47-2399816 - FOREIGN TAXES PAID	0	20,236		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321033920

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
PHILADELPHIA HEALTH PARTNERSHIP

Employer identification number
23-2904262

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
PHILADELPHIA HEALTH PARTNERSHIP

Employer identification number
23-2904262

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	$ 35,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
PHILADELPHIA HEALTH PARTNERSHIP

Employer identification number
23-2904262

Part II **Noncash Property**

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

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

Name of organization
PHILADELPHIA HEALTH PARTNERSHIP

Employer identification number
23-2904262

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ ______
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	