

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation SCATTERGOOD BEHAVIORAL HEALTH FOUND		A Employer identification number 23-1352178	
Number and street (or P.O. box number if mail is not delivered to street address) 4641 ROOSEVELT BLVD		Room/suite	B Telephone number (see instructions) (215) 831-3000
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191242399		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 31,420,143		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	370,631			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	330,654	330,654		
	5a Gross rents	211,572	211,572		
	b Net rental income or (loss) 211,572				
	6a Net gain or (loss) from sale of assets not on line 10	20,343			
	b Gross sales price for all assets on line 6a 37,243				
	7 Capital gain net income (from Part IV, line 2) . . .				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	538,549			
	12 Total. Add lines 1 through 11	1,471,749	542,226		
	13 Compensation of officers, directors, trustees, etc.	191,552	19,155		172,397
	14 Other employee salaries and wages	445,421			445,674
	15 Pension plans, employee benefits	173,417			173,417
	16a Legal fees (attach schedule)	71,575			71,575
	b Accounting fees (attach schedule)	60,600	6,060		54,540
	c Other professional fees (attach schedule)	192,992	192,992		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .	13,665			
	20 Occupancy	5,046			5,046
	21 Travel, conferences, and meetings	55,669			55,669
	22 Printing and publications				
	23 Other expenses (attach schedule)	558,651			558,651
	24 Total operating and administrative expenses. Add lines 13 through 23	1,768,588	218,207		1,536,969
	25 Contributions, gifts, grants paid	891,366			891,366
	26 Total expenses and disbursements. Add lines 24 and 25	2,659,954	218,207		2,428,335
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,188,205			
	b Net investment income (if negative, enter -0-)		324,019		
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	872,276	661,971	661,971
	2 Savings and temporary cash investments	100,102	100,102	100,102
	3 Accounts receivable ▶ <u>332,570</u>			
	Less: allowance for doubtful accounts ▶ <u>7,253</u>	395,824	325,317	325,317
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable	1,984,167	966,748	966,748
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ <u>97,500</u>			
	Less: allowance for doubtful accounts ▶ _____	110,000	97,500	97,500
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	52,799	48,229	48,229
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	18,439,693	19,368,520	19,368,520
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	4,000,000	4,000,000	4,000,000	
14 Land, buildings, and equipment: basis ▶ <u>2,076,929</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>1,482,336</u>	607,105	594,593	4,085,000	
15 Other assets (describe ▶ _____)	1,807,973	1,766,756	1,766,756	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	28,369,939	27,929,736	31,420,143	
Liabilities	17 Accounts payable and accrued expenses	702,438	1,160,459	
	18 Grants payable	452,112	150,000	
	19 Deferred revenue	325,000	328,612	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,479,550	1,639,071	
	Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.		
24 Net assets without donor restrictions		22,813,767	22,604,490	
25 Net assets with donor restrictions		4,076,622	3,686,175	
Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> 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)		26,890,389	26,290,665	
30 Total liabilities and net assets/fund balances (see instructions) .	28,369,939	27,929,736		

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	26,890,389
2 Enter amount from Part I, line 27a	2	-1,188,205
3 Other increases not included in line 2 (itemize) ▶ _____	3	588,481
4 Add lines 1, 2, and 3	4	26,290,665
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	26,290,665

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	2,522,815	27,652,870	0.091232
2017	1,991,839	26,993,192	0.073790
2016	1,658,045	24,961,645	0.066424
2015	1,478,862	23,778,423	0.062193
2014	1,410,111	21,453,220	0.065730

2 Total of line 1, column (d)	2	0.359369
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	0.071874
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	28,011,807
5 Multiply line 4 by line 3	5	2,013,321
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,240
7 Add lines 5 and 6	7	2,016,561
8 Enter qualifying distributions from Part XII, line 4	8	2,428,335

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,240
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	3,240
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,240
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,960
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,960
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	720
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 720 Refunded ▶	11	

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

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


Located at ► 1835 MARKET ST 1835 MARKET STREET PHILADELPHIA PAZIP+4 ► 19103

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 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	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.**

		Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? <input type="checkbox"/>	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 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.) <input type="checkbox"/>	3b	No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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


5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	No
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
SAMANTHA MATLIN 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	EMPLOYEE 40.00	132,149		
ALYSON FERGUSON 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHIALDELPHIA, PA 19124	GRANT MAKING 40.00	92,009		
CAITLIN O'BRIEN 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	EMPLOYEE 40.00	67,500		
AMI DIALLO 4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124	EMPLOYEE 40.00	65,795		

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

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
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 "DO INITIATIVE" THE FOUNDATION STAFF PROVIDES A VARIETY OF TECHNICAL ASSISTANCE AND CONSULTING SERVICES TO GRANTEEES AND PARTNERS. THE FOUNDATION STAFF SHARE THEIR EXPERIENCE AND EXPERTISE TO HELP BUILD CAPACITY WITHIN ORGANIZATIONS, SO THE ORGANIZATION CAN BETTER MEET THEIR GOALS AND DELIVER ON THEIR MISSION. THE SERVICES PROVIDED TO NON-PROFITS INCLUDE PROGRAM PLANNING, EVALUATION DESIGN AND IMPLEMENTATION, USING DATA TO MAXIMIZE RESULTS, MEMBERSHIP ON ADVISORY BOARDS AND COMMITTEES, PRECEPTING GRADUATE LEVEL RESEARCH, FACILITATING AND STAFFING LARGE COALITIONS, AND PROVIDING TRAINING FOR PROGRAM EVALUATION.	383,338
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	18,904,107
b	Average of monthly cash balances.	1b	867,225
c	Fair market value of all other assets (see instructions).	1c	8,667,051
d	Total (add lines 1a, b, and c).	1d	28,438,383
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	28,438,383
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	426,576
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	28,011,807
6	Minimum investment return. Enter 5% of line 5.	6	1,400,590

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

1	Minimum investment return from Part X, line 6.	1	1,400,590
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	3,240
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	3,240
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,397,350
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,397,350
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,397,350

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	2,428,335
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,428,335
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	3,240
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,425,095

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				1,397,350
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 344,008				
b From 2015. 297,893				
c From 2016. 416,609				
d From 2017. 649,015				
e From 2018. 1,148,013				
f Total of lines 3a through e.	2,855,538			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 2,428,335				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				1,397,350
e Remaining amount distributed out of corpus	1,030,985			
5 Excess distributions carryover applied to 2019. (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	3,886,523			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .	344,008			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	3,542,515			
10 Analysis of line 9:				
a Excess from 2015. 297,893				
b Excess from 2016. 416,609				
c Excess from 2017. 649,015				
d Excess from 2018. 1,148,013				
e Excess from 2019. 1,030,985				

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: JOE PYLE 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124 (215) 831-3000	
b The form in which applications should be submitted and information and materials they should include: CONTACT ORGANIZATION	
c Any submission deadlines: CONTACT ORGANIZATION	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: CONTACT ORGANIZATION	

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

Recipient 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 <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	784,697
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
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					
4 Dividends and interest from securities.			14	330,654	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.			16	211,572	
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					20,343
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a FBHS, LP _____			14	538,549	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				1,080,775	20,343
13 Total. Add line 12, columns (b), (d), and (e).					1,101,118

[illegible]

Part XVII

- | | | | |
|--|--|-----|----|
| | | Yes | No |
|--|--|-----|----|

--	--	--

- | | | |
|-------|--|----|
| 1a(1) | | No |
| 1a(2) | | No |

--	--	--

- | | | |
|--------------|--|-----------|
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |

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

value
ue

[illegible]

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

***** 2020-10-09 *****

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**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN FEKETE CPA		2020-12-07		P00956964
	Firm's name ▶ BARATZ & ASSOCIATES PA				Firm's EIN ▶ 22-2212404
	Firm's address ▶ 7 EVES DRIVE SUITE 100 MARLTON, NJ 080533196				Phone no. (856) 985-5688

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOE PYLE	PRESIDENT 40.00	191,552	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MOLLY KREIDER VISCARDI	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CINDY BAUM BAICKER	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CATHERINE WILLIAMS	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
CAITLIN BUTLER	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
MARY CRAUDEREUFF	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				
JOHN CHURCH	BOARD MEMBER 5.00	0	0	0
4641 ROOSEVELT BLVD 4641 ROOSEVELT BLVD PHILADELPHIA, PA 19124				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT AVE WASHINGTON, DC 20008			MENTAL HEALTH	38,000
ACTIVE MINDS ACTIVE MINDS2647 CONNECTICUT AVE 2647 CONNECTICUT WASHINGTON, DC 20008			MENTAL HEALTH	2,500
AIDS LAW PROJECT OF PHILADELPHIA AIDS LAW PROJECT OF PHILADELPHIA 1211 CHESTNUT ST 600 1211 CHESTNUT ST 600 PHILADELPHIA, PA 19107			MENTAL HEALTH	2,500
Total			3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AL-BUSTAN SEEDS OF CULTURE AL-BUSTAN SEEDS OF CULTURE 3645 LANCASTER AVE 3645 LANCASTER AVE PHILADELPHIA, PA 19104			MENTAL HEALTH	65,000
AL-BUSTAN SEEDS OF CULTURE AL-BUSTAN SEEDS OF CULTURE 3645 LANCASTER AVE 3645 LANCASTER AVE PHILADELPHIA, PA 19104			MENTAL HEALTH	5,000
AQUINAS CENTER AQUINAS CENTER1700 FERNON ST 1700 FERNON ST PHILADELPHIA, PA 19145			MENTAL HEALTH	5,000
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR HIGH IMPACT PHILANTHROPY CENTER FOR HIGH IMPACT PHILANTHROPY 3815 WALNUT ST 3815 WALNUT ST PHILADELPHIA, PA 19104			MENTAL HEALTH	50,000
CHILDREN'S CRISIS TREATMENT CENTER CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVE 1080 N DELAWARE AVE PHILADELPHIA, PA 19125			MENTAL HEALTH	2,500
DEVEREUX ADVANCED BEHAVIORAL HEALTH DEVEREUX ADVANCED BEHAVIORAL HEALTH 444 DEVEREUX DR 444 DEVEREUX DR VILLANOVA, PA 19085			MENTAL HEALTH	25,000
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DREXEL UNIVERSITY DREXEL UNIVERSITY 3141 CHESTNUT ST 3141 CHESTNUT ST PHILADELPHIA, PA 19104			MENTAL HEALTH	39,772
HAVERFORD COLLEGE HAVERFORD COLLEGE 370 LANCASTER AVENUE 370 LANCASTER AVENUE HAVERFORD, PA 19041			MENTAL HEALTH	57,100
IMPACT SERVICES IMPACT SERVICES 1952 E ALLEGHENY AVE 1952 E ALLEGHENY AVE PHILADELPHIA, PA 19134			MENTAL HEALTH	40,000
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEFFERSON UNIVERSITY JEFFERSON UNIVERSITY 4201 HENRY AVE 4201 HENRY AVE PHILADELPHIA, PA 19144			MENTAL HEALTH	15,000
PHILADELPHIA CHINATOWN DEVELOPMENT PHILADELPHIA CHINATOWN DEVELOPMENT 301 N 9TH ST 301 N 9TH ST PHILADELPHIA, PA 19107			MENTAL HEALTH	5,000
PHILADELPHIA CHINATOWN DEVELOPMENT PHILADELPHIA CHINATOWN DEVELOPMENT 301 N 9TH ST 301 N 9TH ST PHILADELPHIA, PA 19107			MENTAL HEALTH	65,000
Total	▶ 3a			784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WELCOMING CENTER FOR NEW PENNSYLVAN WELCOMING CENTER FOR NEW PENNSYLVANIANS 211 N 13TH ST 4TH FL 211 N 13TH ST 4TH FL PHILADELPHIA, PA 19107			MENTAL HEALTH	5,000
WELCOMING CENTER FOR NEW PENNSYLVAN WELCOMING CENTER FOR NEW PENNSYLVANIANS 211 N 13TH ST 4TH FL 211 N 13TH ST 4TH FL PHILADELPHIA, PA 19107			MENTAL HEALTH	85,000
WELCOMING CENTER FOR NEW PENNSYLVAN WELCOMING CENTER FOR NEW PENNSYLVANIANS 211 N 13TH ST 4TH FL 211 N 13TH ST 4TH FL PHILADELPHIA, PA 19107			MENTAL HEALTH	2,500
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PHILADELPHIA BAIL FUND PHILADELPHIA BAIL FUND PO BOX 22316 PO BOX 22316 PHILADELPHIA, PA 19110			MENTAL HEALTH	50,000
MASKAR DESIGN MASKAR DESIGN1608 WALNUT STREET 1608 WALNUT STREET PHILADELPHIA, PA 19103			MENTAL HEALTH	29,825
PHILANTHROPY NETWORK GREATER PHILA PHILANTHROPY NETWORK GREATER PHILA 230 S BROAD ST STE 402 230 S BROAD ST STE 402 PHILADELPHIA, PA 19102			MENTAL HEALTH	30,000
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAFEHOUSE SAFEHOUSEPO BOX 60990 PO BOX 60990 PHILADELPHIA, PA 19133			MENTAL HEALTH	5,000
TRUSTEES OF THE UNIV OF PA TRUSTEES OF THE UNIV OF PA 801 SPRUCE ST 801 SPRUCE ST PHILADELPHIA, PA 19107			MENTAL HEALTH	50,000
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	55,000
Total			▶ 3a	784,697

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHYY WHYY150 N SIXTH STREET 150 N SIXTH STREET PHILADELPHIA, PA 19106			MENTAL HEALTH	55,000
Total ▶ 3a				784,697

TY 2019 Accounting Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	60,600	6,060		54,540

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

TY 2019 Depreciation Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	2005-07-27	832	832	S/L	7.0000				
FILE CABINET	2005-07-29	832	832	S/L	7.0000				
CONFERENCE CABINET	2005-08-04	1,272	1,272	S/L	7.0000				
SIGN	2005-10-31	1,075	1,075	S/L	7.0000				
COMPUTER EQUIPMENT / SOFTWARE	2005-08-01	7,875	7,875	S/L	5.0000				
LAND	2005-06-30	250,000							
LAND IMPROVEMENTS	2005-06-30	250,000							
WEBSTER BUILDING	2005-06-30	1,364,902	1,303,256	150DB	20.0000	4,624			
LAWNSIDE BUILDING	2005-06-30	54,316	54,316	200DB	10.0000				
TWIN COTTAGE	2005-06-30	2,853	2,853	150DB	20.0000				
TWIN HOUSES ON HILL	2005-06-30	74,802	74,802	200DB	10.0000				
BUCKS COUNTY ASSOC	2005-06-30	4,357	4,357	200DB	3.0000				
COMPUTER EQUIPMENT	2006-07-18	6,643	6,643	200DB	5.0000				
EQUIPMENT	2008-06-30	2,509	2,509	S/L	5.0000				
WEBSITE	2012-05-01	47,897	47,897	S/L	3.0000				
WEBSITE DEVELOPMENT	2012-09-25	2,375	2,375	S/L	5.0000				
WEBSITE DEVELOPMENT	2013-01-22	5,780	5,780	S/L	5.0000				
WEBSITE DEVELOPMENT	2013-03-14	1,429	1,429	S/L	5.0000				
WEBSITE DEVELOPMENT	2013-04-23	4,590	4,590	S/L	5.0000				
WEBSITE DEVELOPMENT	2013-06-09	2,763	2,763	S/L	5.0000				

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WEBSITE DEVELOPMENT	2013-08-21	2,850	2,850	S/L	5.0000				
2 MACBOOK AIR 13IN	2013-08-19	3,588	3,588	200DB	5.0000				
IPAD	2013-09-18	830	830	200DB	5.0000				
LAPTOP	2015-07-09	1,769	1,769	S/L	3.0000				
LAPTOP	2015-07-09	1,788	1,788	S/L	3.0000				
LAPTOP (EVALUATION)	2015-08-19	1,349	1,349	S/L	3.0000				
LAPTOP (O'BRIEN)	2015-10-29	1,878	1,878	S/L	3.0000				
OFFICE FURNITURE	2015-12-16	874	437	S/L	7.0000	125			
OFFICE FURNITURE	2015-12-16	1,913	957	S/L	7.0000	273			
OFFICE FURNITURE	2016-01-19	2,400	1,171	S/L	7.0000	343			
LAPTOP (MAURI)	2016-07-18	1,743	290	S/L	3.0000	581			
WEBSITE DESIGN	2019-01-28	59,671	19,327	S/L	5.0000	7,303			
LAPTOP	2019-01-07	1,248	208	S/L	3.0000	416			
IPAD (JOE)	2020-06-30	2,025		S/L	3.0000				

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

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
COMPUTER EQUIPMENT / SOFTWARE	2005-08	PURCHASE	2020-06			7,875				7,875
COMPUTER EQUIPMENT	2006-07	PURCHASE	2020-06			6,643				6,643
EQUIPMENT	2008-06	PURCHASE	2020-06			2,509				2,509
WEBSITE	2012-05	PURCHASE	2020-06			47,897				47,897
WEBSITE DEVELOPMENT	2012-09	PURCHASE	2020-06			2,375				2,375
WEBSITE DEVELOPMENT	2013-01	PURCHASE	2020-06			5,780				5,780
WEBSITE DEVELOPMENT	2013-03	PURCHASE	2020-06			1,429				1,429
WEBSITE DEVELOPMENT	2013-04	PURCHASE	2020-06			4,590				4,590
WEBSITE DEVELOPMENT	2013-06	PURCHASE	2020-06			2,763				2,763
WEBSITE DEVELOPMENT	2013-08	PURCHASE	2020-06			2,850				2,850
2 MACBOOK AIR 13IN	2013-08	PURCHASE	2020-06			3,588				3,588
IPAD	2013-09	PURCHASE	2020-06			830				830
LAPTOP (EVALUATION)	2015-08	PURCHASE	2020-06			1,349				1,349
LAPTOP (O'BRIEN)	2015-10	PURCHASE	2020-06			1,878				1,878
LAPTOP (MAURI)	2016-07	PURCHASE	2020-06			1,743			-872	871
PUBLICLY TRADED SECURITIES		PURCHASE	2019-12		37,243	16,028			21,215	

TY 2019 Investments Corporate Stock Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS	19,368,520	19,368,520

TY 2019 Investments - Other Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Investments Other Schedule 2

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

**TY 2019 Land, Etc.
Schedule****Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS	1,501,230	1,444,208	57,022	
MOVEABLE EQUIPMENT	75,699	38,128	37,571	
LAND	250,000		250,000	4,085,000
LAND IMPROVEMENTS	250,000		250,000	

TY 2019 Legal Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	71,575			71,575

TY 2019 Other Assets Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	168,715	173,217	173,217
ASSETS HELD IN TRUST	1,639,258	1,593,539	1,593,539

TY 2019 Other Expenses Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES & SUBSCRIPTIONS	19,791			19,791
INSURANCE	37,042			37,042
INTERNSHIP	2,700			2,700
IT EXPENSE	78,880			78,880
LAND MAINTENANCE	34,334			34,334
LICENSES AND FEES	3,327			3,327
POSTAGE	21			21
PURCHASED SERVICES	321,073			321,073
RENT	39,839			39,839

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	12,597			12,597
MARKETING & EDUCATIONAL MATER	9,047			9,047

TY 2019 Other Income Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FBHS, LP	538,549		

TY 2019 Other Increases Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND

EIN: 23-1352178

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	588,481

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

TY 2019 Other
Notes/Loans Receivable
Long Schedule

Name: SCATTERGOOD BEHAVIORAL HEALTH FOUND
EIN: 23-1352178

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
MENTAL HEALTH ASSOCIATION		30,000		2016-12	2019-11	10,000 PER YEAR DUE 12/31	3.00 %	NOT SECURED BY ANY COLLATERAL	TO COMPLETE A MERGER		
FIRST STEP STAFFING		50,000	50,000	2018-01	2024-01	INT DUE QRTLY PRIN 2024	10.00 %	NOT SECURED BY ANY COLLATERAL	WORKING CAPITAL FOR GENERAL PURPOSE		
COUNCIL FOR RELATIONSHIPS		50,000	47,500	2018-09	2023-08	PRIN & INT DUE 8/30 5 PYMT	4.00 %	NOT SECURED BY ANY COLLATERAL	BEGIN AN ONLINE THERAPY PROGRAM		

TY 2019 Other Professional Fees Schedule**Name:** SCATTERGOOD BEHAVIORAL HEALTH FOUND**EIN:** 23-1352178

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANK FEES	192,992	192,992		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
Name of the organization SCATTERGOOD BEHAVIORAL HEALTH FOUND		Employer identification number 23-1352178

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
---	--

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

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

Name of organization SCATTERGOOD BEHAVIORAL HEALTH FOUND	Employer identification number 23-1352178
---	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

23-1352178

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	THE PHILADELPHIA FOUNDATION	\$ 14,739	Person <input checked="" type="checkbox"/>
	1234 SEPTA MARKET-FRANKFORD LINE 1800		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19107		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>7</u>	PAUL HELLER	\$ 101,301	Person <input checked="" type="checkbox"/>
	100 FARM HILL LANE		Payroll <input type="checkbox"/>
	CHESAPEAKE CITY, MD 21915		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	POTTSTOWN SCHOOL DISTRICT	\$ 59,350	Person <input checked="" type="checkbox"/>
	230 BEECH ST		Payroll <input type="checkbox"/>
	POTTSTOWN, PA 19464		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	THE PETER AND ELIZABETH C TOWER FOUNDATION	\$ 50,000	Person <input checked="" type="checkbox"/>
	2351 N FOREST RD		Payroll <input type="checkbox"/>
	GETZVILLE, NY 14068		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	PHMMC INC	\$ 97,000	Person <input checked="" type="checkbox"/>
	1601 MARKET ST 6TH FL		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19103		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	THE LINCOLN FINANCIAL MURAL ARTS CEN	\$ 23,370	Person <input checked="" type="checkbox"/>
	1729 MT VERNON ST		Payroll <input type="checkbox"/>
	PHILADELPHIA, PA 19130		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>6</div>	THE MARGARET CLARK MORGAN FUNDATION	<div>\$ 10,000</div>	<div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) </div>
	10 WEST STREETSBORO ST STE 200		
	HUDSON, OH 44236		