

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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0052  
**2020**  
**Open to Public Inspection**

**For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020**

Name of foundation ELIZABETHTOWN HEALTHCARE FOUNDATION		<b>A Employer identification number</b> 22-2473474	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 259	Room/suite	<b>B Telephone number</b> (see instructions) (908) 994-8065	
City or town, state or province, country, and ZIP or foreign postal code ELIZABETH, NJ 072070259		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>14,017,319</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> 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.)			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	17	17		
	<b>4</b> Dividends and interest from securities	139,061	139,061		
	<b>5a</b> Gross rents	744,308	744,308		
	<b>b</b> Net rental income or (loss) <span style="float: right;">611,849</span>				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	149,779			
	<b>b</b> Gross sales price for all assets on line 6a <span style="float: right;">14,906</span>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		149,779		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,033,165	1,033,165			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	60,330	45,248		15,082
	<b>14</b> Other employee salaries and wages	6,033	4,525		1,508
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	7,140	7,140		0
	<b>b</b> Accounting fees (attach schedule)	8,200	4,100		4,100
	<b>c</b> Other professional fees (attach schedule)	52,396	52,396		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	27,750	16,009		0
	<b>19</b> Depreciation (attach schedule) and depletion	17,846	17,846		
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	66,037	41,691		24,346
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	245,732	188,955		45,036
	<b>25</b> Contributions, gifts, grants paid	665,003			665,003
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	910,735	188,955		710,039	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	122,430				
<b>b Net investment income</b> (if negative, enter -0-)		844,210			
<b>c Adjusted net income</b> (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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	311,993	341,914	341,914
	<b>2</b> Savings and temporary cash investments . . . . .	167,479	4,980	4,980
	<b>3</b> Accounts receivable ▶ <u>26,887</u>			
	Less: allowance for doubtful accounts ▶ _____	63,270	26,887	26,887
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,281	14,236	14,236
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)	771,663	732,988	790,642
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	2,234,783	2,464,719	3,881,543
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	423,586	475,524	542,340
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ <u>2,586,140</u>			
Less: accumulated depreciation (attach schedule) ▶ <u>1,830,392</u>	773,594	755,748	6,625,000	
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	1,267,453	1,368,722	1,436,112	
<b>14</b> Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>15</b> Other assets (describe ▶ _____)	395,178	353,665	353,665	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,421,280	6,539,383	14,017,319	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	18,200	8,200	
	<b>18</b> Grants payable . . . . .	6,000	6,000	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	5,376	11,049	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	29,576	25,249	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	6,391,704	6,514,134	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	6,391,704	6,514,134		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	6,421,280	6,539,383		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	6,391,704
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	122,430
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	6,514,134
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	6,514,134

**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.)
<b>1 a</b> MORGAN STANLEY	P		
<b>b</b> MORGAN STANLEY	P		
<b>c</b> CAPITAL GAINS DIVIDENDS	P		
<b>d</b>			
<b>e</b>			

(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)
<b>a</b>			4,349
<b>b</b>			130,524
<b>c</b> 14,906			14,906
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			4,349
<b>b</b>			130,524
<b>c</b>			14,906
<b>d</b>			
<b>e</b>			

<b>2</b> 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	}	<b>2</b>	149,779
<b>3</b> 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				<b>3</b>	

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

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .				<b>2</b>
<b>3</b> Reserved . . . . .				<b>3</b>
<b>4</b> Reserved . . . . .				<b>4</b>
<b>5</b> Reserved . . . . .				<b>5</b>
<b>6</b> Reserved . . . . .				<b>6</b>
<b>7</b> Reserved . . . . .				<b>7</b>
<b>8</b> Reserved . . . . .				<b>8</b>

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 14,523.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 11-14 cover questions about controlled entities, distributions, public inspection requirements, and books in care.

Located at 1160-1164 ELIZABETH AVENUE ELIZABETH NJ ZIP+4 07207

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.

Table with 3 columns: Question number, Description, and Yes/No columns. Row 16 covers interest in foreign countries.

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.

Main table for Part VII-B with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-4b cover various activities like property sales, borrowing, compensation, and business holdings.

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

<b>5a</b> During the year did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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		<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
<b>c</b> 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6a</b> 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>6b</b>		<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.				
<b>7a</b> 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>7b</b>		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?				
<b>8</b> 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
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)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	6,192,163
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	413,813
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	6,625,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	13,230,976
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	13,230,976
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	198,465
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	13,032,511
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	651,626

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	651,626
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	11,735
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	11,735
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	639,891
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	639,891
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	639,891

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	710,039
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	710,039
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	710,039

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				639,891
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	22,417			
<b>b</b> From 2016. . . . .	13,305			
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .	70,651			
<b>f</b> Total of lines 3a through e. . . . .	106,373			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 710,039				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				639,891
<b>e</b> Remaining amount distributed out of corpus	70,148			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	176,521			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	22,417			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . . . .	154,104			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	13,305			
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .	70,651			
<b>e</b> Excess from 2020. . . . .	70,148			

**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 2020, 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				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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:

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

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**c** Any submission deadlines:

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**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	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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				665,003
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, and Other revenue.

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

Table with 2 columns: Line No. and 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.)

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

Part XVII

- 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.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

Table with 4 columns: (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 [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Sign Here

Signature of officer or trustee: \*\*\*\*\* Date: 2021-10-18 Title: \*\*\*\*\*

May the IRS discuss this return with the preparer shown below (see instr.) [x] Yes [ ] No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name (NICHOLAS JACANGELO), Preparer's Signature, Date (2021-10-18), Check if self-employed, PTIN (P01452105), Firm's name (MCGRATH & COMPANY LLP), Firm's EIN (13-5559072), Firm's address (150 BROADWAY SUITE 1212 NEW YORK, NY 100384499), Phone no. (212) 571-2300.

(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
DAVID A FLETCHER PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE /PRES/ASST SECRETARIA 10.00	60,330	6,033	0
RICHARD WIDTH ESQ PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE/CHAIRMAN 0.75	0	0	0
VICTOR RICHEL PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE 0.75	0	0	0
RICHARD MACKESSEY MD PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE 0.75	0	0	0
DAVID GIBBONS PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE/TREASURER 0.75	0	0	0
JOHN R BLASI ESQ PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE/VICE- CHAIRMAN 0.75	0	0	0
LAURIE WESTRA RN PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE/SECRETARY 0.75	0	0	0
DOUGLASS HARRIS PO BOX 259 ELIZABETH, NJ 072070259	TRUSTEE 0.75	0	0	0

**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)				
<b>a</b> <i>Paid during the year</i>				
INROADS TO OPPORTUNITIES 301 COX STREET ROSELLE, NJ 07203	NO INDIVIDUALS	PC	PROGRAM SUPPORT - HIRE MUSIC THERAPIST	15,000
ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE ROSELAND, NJ 07068	NO INDIVIDUALS	PC	PROGRAM SUPPORT -WELLNES PROGRAM	5,000
EMMANUEL CANCER FOUNDATION 77 BRANT AVE SUITE 304 CLARK, NJ 07066	NO INDIVIDUALS	PC	PROGRAM SUPPORT- CHILDREN/FAMILIES - PEDIATRIC CANCER	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				665,003

**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)				
<b>a</b> <i>Paid during the year</i>				
JEWISH FAMILY SERVICES OF CENTRAL NEW JERSEY 655 WESTFIELD AVE ELIZABETH, NJ 07208	NO INDIVIDUALS	PC	SUPPORT PROGRAMS- FAMILIES WITH SPECIAL NEEDS	45,000
KEAN UNIVERSITY 1000 MORRIS AVE UNION, NJ 07083	NO INDIVIDUALS	PC	PROGRAM SUPPORT - CARDIOVASCULAR PREVENTION IN HAITIANS	20,000
THE INSTITUTE OF MUSIC FOR CHILDREN 780 SALEM AVE ELIZABETH, NJ 07208	NO INDIVIDUALS	PC	SUMMER PROGRAM - HEALTH & WELLNESS FOR CHILDREN	25,000
<b>Total . . . . .</b>	<b>▶ 3a</b>			665,003



**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)				
<b>a</b> <i>Paid during the year</i>				
TRINITAS HEALTH FOUNDATION 225 WILLIAMSON STREET ELIZABETH, NJ 07202	NO INDIVIDUALS	PC	INSTALLATION OF NEW MRI SYSTEM	125,000
TRINITAS HEALTH FOUNDATION 225 WILLIAMSON STREET ELIZABETH, NJ 07202	NO INDIVIDUALS	PC	CAMPAIGN FOR MEDICAL CENTER EMPLOYEE RFP	105,000
YMCA201 TUCKER AVE UNION, NJ 07083	NO INDIVIDUALS	PC	PROGRAM SUPPORT- WELLNESS CAMPAIGNS	45,000
<b>Total . . . . . ▶ 3a</b>				665,003

**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)				
<b>a</b> <i>Paid during the year</i>				
YWCA1131 E JERSEY STREET ELIZABETH, NJ 07201	NO INDIVIDUALS	PC	CAPITAL SUPPORT	25,000
TRINITAS SCHOOL OF NURSING 225 WILLIAMSON STREET ELIZABETH, NJ 07202	NO INDIVIDUALS	PC	PURCHASE PEDIATRIC PATIENT SIMULATOR	16,542
TRINITAS HEALTH FOUNDATION 225 WILLIAMSON STREET ELIZABETH, NJ 07202	NO INDIVIDUALS	PC	ASSIST WITH EXPENSES CARING FOR PATIENTS WITH COVID-19	175,000
<b>Total . . . . . ▶ 3a</b>				665,003

**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)				
<b>a</b> <i>Paid during the year</i>				
EMMANUEL CANCER FOUNDATION 77 BRANT AVE SUITE 304 CLARK, NJ 07066	NO INDIVIDUALS	PC	PROVIDE SUPPORT TO FAMILIES WITH PEDIATRIC CANCER	10,000
COMMUNITY ACCESS UNLIMITED 80 W GRAND AVE ELIZABETH, NJ 07020	NO INDIVIDUALS	PC	FUND HEALTHY RELATIONSHIPS	18,461
TRINITAS HEALTH FOUNDATION 225 WILLIAMSON STREET ELIZABETH, NJ 07202	NO INDIVIDUALS	PC	FOUR HEALTH EDUCATIONS PROGRAMS	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				665,003

**TY 2020 Accounting Fees Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	8,200	4,100		4,100

**TY 2020 Investments Corporate Bonds Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SEE ATTACHED - CORP. BONDS	475,524	542,340

**TY 2020 Investments Corporate Stock Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SEE ATTACHED - STOCKS	2,464,719	3,881,543

**TY 2020 Investments Government Obligations Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**US Government Securities - End  
of Year Book Value:**

732,988

**US Government Securities - End  
of Year Fair Market Value:**

790,642

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2020 Investments - Other Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
SEE ATTACHED - MUTUAL FUNDS	AT COST	1,368,722	1,436,112



**TY 2020 Legal Fees Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	7,140	7,140		0

**TY 2020 Other Assets Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	9,938		
PREPAID EXCISE TAX	6,313		
DEFERRED LEASING COMMISSIONS	378,927	353,665	353,665

**TY 2020 Other Expenses Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSES	20,000	0		20,000
INSURANCE	10,344	10,344		0
OFFICE EXPENSES & DUES	4,346	0		4,346
ADVERTISING	6,085	6,085		0
AMORTIZATION OF LEASING COMMISSIONS	25,262	25,262		0

**TY 2020 Other Liabilities Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DUE TO TRINTAS HOSPITAL	5,376	5,621
ACCRUED EXCISE TAX	0	5,428

**TY 2020 Other Professional Fees Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENTS MANAGEMENT FEES	52,396	52,396		0
APPRAISAL FEE	0	0		0

**TY 2020 Taxes Schedule****Name:** ELIZABETHTOWN HEALTHCARE FOUNDATION**EIN:** 22-2473474**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
REAL ESTATE TAXES	16,009	16,009		0
FEDERAL EXCISE TAX	11,741	0		0