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

Return of Private Foundation

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

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

Name of foundation
INTEGRA FOUNDATION INC
% Glen Coleman

A Employer identification number
52-2388679

Number and street (or P.O. box number if mail is not delivered to street address)
1100 CAMPUS RD

Room/suite

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
PRINCETON, NJ 085406650

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 743,943

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	250,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	0	0	0	
	4	Dividends and interest from securities	0	0	0	
	5a	Gross rents	0	0	0	
	b	Net rental income or (loss) 0				
	6a	Net gain or (loss) from sale of assets not on line 10	0			
	b	Gross sales price for all assets on line 6a 0				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications			0	
	10a	Gross sales less returns and allowances 0				
	b	Less: Cost of goods sold 0				
	c	Gross profit or (loss) (attach schedule)	0		0	
	11	Other income (attach schedule)	0	0	0	
	12	**Total.** Add lines 1 through 11	250,000	0	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
	14	Other employee salaries and wages	0	0	0	0
	15	Pension plans, employee benefits	0	0	0	0
	16a	Legal fees (attach schedule)	0	0	0	0
	b	Accounting fees (attach schedule)	7,000	0	0	0
	c	Other professional fees (attach schedule)	0	0	0	0
	17	Interest	0	0	0	0
	18	Taxes (attach schedule) (see instructions)	0	0	0	0
	19	Depreciation (attach schedule) and depletion	0	0	0	
	20	Occupancy	0	0	0	0
	21	Travel, conferences, and meetings	0	0	0	0
	22	Printing and publications	0	0	0	0
	23	Other expenses (attach schedule)	0	0	0	0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	7,000	0	0	0
	25	Contributions, gifts, grants paid	459,000			459,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	466,000	0	0	459,000
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-216,000			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			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	959,943	743,943	743,943
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶	0	0	
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)		0	
	b Investments—corporate stock (attach schedule)		0	
	c Investments—corporate bonds (attach schedule)		0	
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶		0	
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)		0	
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶		0	
	15 Other assets (describe ▶)	0	0	0
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	959,943	743,943	743,943
Liabilities	17 Accounts payable and accrued expenses	0	0	
	18 Grants payable	0	2,500	
	19 Deferred revenue	0	0	
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)		0	
	22 Other liabilities (describe ▶)	0	0	
	23 **Total liabilities**(add lines 17 through 22)	0	2,500	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	959,943	741,443	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	959,943	741,443	
	30 **Total liabilities and net assets/fund balances** (see instructions)	959,943	743,943	

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	959,943
2	Enter amount from Part I, line 27a	2	-216,000
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	743,943
5	Decreases not included in line 2 (itemize) ▶	5	2,500
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	741,443

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) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	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

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

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**			
b	Reserved		1	0
c	All other domestic foundations enter 1.39% 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	
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	
6	Credits/Payments:			
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a 0		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0		
d	Backup withholding erroneously withheld	6d 0		
7	Total credits and payments. Add lines 6a through 6d		7	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 0 **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)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		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? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NJ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶ www.integra-foundation.org

14 The books are in care of ▶ INTEGRA LIFESCIENCES CORPORATION Telephone no. ▶ (609) 936-2465

Located at ▶ 1100 CAMPUS RD PRINCETON NJ ZIP+4 ▶ 085406650

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

16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

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

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

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

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes ☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes ☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes ☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes ☑ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes ☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		☐ Yes ☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?		☐ Yes ☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes ☑ No	
b	If "Yes," did it have excess business holdings in 2020 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 2020.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

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

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

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

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

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

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

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

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

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	
2	
3	
4	

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

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

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	0
b	Average of monthly cash balances	1b	756,193
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	756,193
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	756,193
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,343
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	744,850
6	**Minimum investment return.** Enter 5% of line 5	6	37,243

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	37,243
2a	Tax on investment income for 2020 from Part VI, line 5	2a	0		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	0		
c	Add lines 2a and 2b			2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	37,243
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	37,243
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	37,243

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	459,000
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	459,000
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	459,000

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
1 Distributable amount for 2020 from Part XI, line 7				37,243
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 298,936				
b From 2016. 825,629				
c From 2017. 498,753				
d From 2018. 407,832				
e From 2019. 405,253				
f **Total** of lines 3a through e.	2,436,403			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 459,000				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				37,243
e Remaining amount distributed out of corpus	421,757			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,858,160			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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)	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .	298,936			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	2,559,224			
10 Analysis of line 9:				
a Excess from 2016. . . . 825,629				
b Excess from 2017. . . . 498,753				
c Excess from 2018. . . . 407,832				
d Excess from 2019. . . . 405,253				
e Excess from 2020. . . . 421,757				

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

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

Daniel Norman
1100 CAMPUS RD
PRINCETON, NJ 08540
(609) 936-2465
daniel.norman@integralife.com

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

NONE

c Any submission deadlines:

NONE

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

NONE

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				459,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

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

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

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

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

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here

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

******	2021-09-06	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STUART ESSIG 1100 CAMPUS RD PRINCETON, NJ 08540	TRUSTEE 0	0	0	0
JUDITH O GRADY 1100 CAMPUS RD PRINCETON, NJ 08540	TRUSTEE 0	0	0	0
GLENN COLEMAN 1100 CAMPUS RD PRINCETON, NJ 08540	TRUSTEE 0	0	0	0
SIMON ARCHIBALD 1100 CAMPUS RD PRINCETON, NJ 08540	PRESIDENT 0	0	0	0
WILLIAM WEBER 1100 CAMPUS RD PRINCETON, NJ 08540	VICE PRESIDENT 0	0	0	0
SRAVAN EMANY 1100 CAMPUS RD PRINCETON, NJ 08540	TREASURER 0	0	0	0
GIANNA SABELLA 1100 CAMPUS RD PRINCETON, NJ 08540	EXECUTIVE DIRECTOR 15.00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGINEERING WORLD HEATH 151 East Rosemary Street suite 201 CHAPEL HILL, NC 27514	No Relationship	PC	Summer Institute Scholarship Program - Support for engineering student volunteers working in developing world hospitals.	1,000
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Suite 550 CHICAGO, IL 60631	No Relationship	PC	2020 Regional Meeting - New York - Support for education for patients families and caregivers in their communities to learn about the latest advances in brain tumor research treatment and care	1,500
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Suite 550 CHICAGO, IL 60631	No Relationship	PC	2020 Regional Meeting - Minneapolis - Support for education for patients families and caregivers in their communities to learn about the latest advances in brain tumor research treatment and care	1,500
Total . . . . . ▶ **3a**				459,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Suite 550 CHICAGO, IL 60631	No Relationship	PC	2020 Regional Meeting - Tampa FL - Support for education for patients families and caregivers in their communities to learn about the latest advances in brain tumor research treatment and care	1,500
LSU HEALTH FOUNDATION NEW ORLEANS 2000 Tulane Ave 4th Fl NEW ORLEANS, LA 70112	No Relationship	PC	6th Annual LSU Peripheral Nerve Dissection Course - The Kline Legacy - Support for peripheral nerve education for medical residents and young physicians	5,000
NATIONAL BRAIN TUMOR SOCIETY 55 Chapel Street Suite 200 NEWTON, MA 02458	No Relationship	PC	5th Annual Central New Jersey Brain Tumor Walk- Support for research and public policy to improve the availability of new and better treatments and fuel the discovery of a cure for brain tumors.	5,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
ADAPTIVE SPORTSPO Box 1639 Crested Butte, CO 81224	No Relationship	PC	Roger Pepper Adventure Camp for Teen Burn Survivors - Support for camp for teenage burn survivors	7,500
HMJ FUND FOR THE ADV OF MIL MEDICIN 6720-A Rockledge Drive Suite 100 BETHESDA, MD 20817	No Relationship	PC	2020 Heroes of Military Medicine Award Dinner - Support for the advancement of medicine for the mutual benefit of military and civilian health	2,000
HOPE FOR HYDOBrecksville Ohio 44141 BRECKSVILLE, OH 44141	No Relationship	PC	The Cleveland Derby race to cure hydrocephalus - Support for hydrocephalus research	2,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
PEDIATRIC HYDROCEPHALUS FOUNDATION Pediatric Hydrocephalus Foundation WOODBRIDGE, NJ 07095	No Relationship	PC	10th Issues and Action Conference - Support for research and education for hydrocephalus	3,000
CUREPSP INC1216 Broadway 2nd Floor NY, NY 10001	No Relationship	PC	CurePSP-Mayo Clinic Brain Donation Program - Support for research for for progressive supranuclear palsy PSP corticobasal degeneration CBD multiple system atrophy MSA and related prime of life brain diseases	1,500
ISLES INC10 Wood Street TRENTON, NJ 08618	No Relationship	PC	General Operating Funds - Support for organization's mission to foster more self-reliant families in healthy sustainable communities	10,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
TRAVIS MANION FOUNDATION 164 E State St DOYLESTOWN, PA 18901	No Relationship	PC	Survivor Services - Support program for survivors of the fallen.	5,000
PETER SHEEHAN DC FOUNDATION 45 Rockefeller Plaza Suite 2000 NEW YORK, NY 10111	No Relationship	PC	Peter Sheehan Young Innovator Award - Support for basic translational or clinical research for amputation prevention or wound healing	5,500
CASE WESTERN RESERVE U 10900 Euclid Avenue CLEVELAND, OH 44106	No Relationship	PC	Cell-based Therapy and Tissue Engineering Course - Support for education in tissue engineering for graduate students post-graduate students and health science professionals	7,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
MIND YOUR BRAINP O Box 1127 PAOLI, PA 19301	No Relationship	PC	Mind Your Brain Foundation's Resource and Education Inititiave: 2020 Community Resource Day - Support for webcast to expand the event's reach to include participation by those with traumatic brain injuries who cannot physically join the event in Philadelphia	2,000
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Suite 550 CHICAGO, IL 60631	No Relationship	PC	2020 ABTA National Conference - Support for education for patients families and caregivers in their communities to learn about the latest advances in brain tumor research treatment and care	1,500
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON RD EWING, NJ 08628	No Relationship	PC	2020 MUSE Program in Biomedical Engineering - Support for student research projects in the Biomedical Engineering field	7,000
Total . . . . . ▶ **3a**				459,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 Wallace Becknell Rd SANTA BARBARA, CA 93117	No Relationship	PC	Emergency Response 2020 - Support for worldwide disaster relief	25,000
EMORY UNIVERSITY Depart of Surgery H WING 1364 Clifton Rd NE ATLANTA, GA 30322	No Relationship	PC	Emory Haiti Alliance Surgical Mission to Haiti - Support for charitable surgical mission to Haiti	5,000
NEUROCRITICAL CARE SOCIETY 330 N Wabash Suite 2000 CHICAGO, IL 60611	No Relationship	PC	Annual Meeting Travel Grants - Support for neurocritical care education for healthcare professionals	20,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
AMERICARES FOUNDATION 88 Hamilton Avenue STAMFORD, CT 06902	No Relationship	PC	Americares Emergency Response Partner Program - Support for worldwide disaster relief	25,000
TIGERLILY FOUNDATION 42020 Village Center Plaza Stoneridge, VA 20105	No Relationship	PC	Young MBC Program - Support for young women living with metastatic breast cancer	4,000
SGK CENTERAL AND SOUTH NJ 2 Princess Road Ste D LAWRENCEVILLE, NJ 20105	No Relationship	PC	Metastatic Breast Cancer Conference - Breast Reconstruction Seminar - Support for seminar that educates engages and empowers women to make the reconstruction decision that is best for them following a breast cancer diagnosis.	5,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
POTOMAC COMMUNITY RESOURCES 9200 Kentsdale Drive POTOMIC, MD 20854	No Relationship	PC	Annual Fund - Support for PCR's therapeutic recreational social and respite care programs for teens and adults with developmental differences.	2,500
THINKFIRST FOUNDATION 1801 N Mill Street Suite F NAPERVILLE, IL 60563	No Relationship	PC	2020 ThinkFirst Conf on Injury Prevention - AANS and CNS Meetings - Support for injury prevention training for brain spinal cord and other traumatic injury through education research and advocacy	6,000
PLASTIC SURGERY FOUNDATION 444 E Algonquin Rd ARLINGTON HEIGHT, IL 60005	No Relationship	PC	Breast Reconstruction Awareness Campaign - Support for projects and programs to raise awareness of breast reconstruction surgery options in the community.	10,000
Total . . . . . ▶ **3a**				459,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CBT FOUNDATION 1460 Broadway 8th Floor NY, NY 10036	No Relationship	PC	2020 Gala - Support for pediatric brain tumor research	10,000
FIREFIGHTERS FOR HEALING PO Box 374 CHAMPLIN, MN 55316	No Relationship	PC	Transitional Healing Center - Support for a new healing center that provides emergency housing for families of burn and trauma survivors and first responders and program space for services that complement existing outpatient services provided by Hennepin Healthcare the University of Minnesota Children's Hospital Gillette Children's Hospital Region's Hospital Phillips Northwestern Hospital and others	20,000
STUDENTS TWO SCIENCE 66 Deforest Avenue EAST HANOVER, NJ 07963	No Relationship	PC	Next Generation STEM leaders - Support for STEM education and urban community development in socioeconomically disadvantaged communities where leadership is strong and ready to adopt comprehensive solutions from 5th-12th grade	500
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
UNIVERSIT OF TEXAS FOUNDATION 1601 Rio Grande Suite 360 AUSTIN, TX 78767	No Relationship	PC	University of Texas Department of Biomedical Engineering Graduate Student Retreat - Support for biomedical engineering graduate students to increase the dissemination of scientific ideas across laboratories faculty and graduate students	2,000
WORLD PEDIATRIC PROJECT 7201 Glen Forest Dr Ste 304 RICHMOND, VA 23226	No Relationship	PC	Orthopedic Surgical Program - Support for a charitable surgical mission for pediatric surgical and diagnostic care of children and local training of orthopedic surgeons in Yoro Honduras	5,000
BRICK EDUCATION NETWORK INC 534 Clinton Avenue NEWARK, NJ 07108	No Relationship	PC	Brick Education Health and Wellness - Support students' academic emotional and health and wellness success	500
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
AF FOR SURGERY OF THE HAND 822 W Washington Blvd 2nd Floor CHICAGO, IL 60607	No Relationship	PC	Travel Scholarships - Support for education scholarship for residents fellows and active duty military to attend the Adrian E. Flatt Residents & Fellows Conference and the ASSH Annual Meeting.	7,200
DIRECT RELIEF 6100 Wallace Becknell Rd SANTA BARBAR, CA 93117	No Relationship	PC	COVID-19 Pandemic Response - Support for COVID disaster relief efforts	25,000
AMERICARES FOUNDATION 88 Hamilton Avenue STAMFORD, CT 06902	No Relationship	PC	COVID-19 Pandemic Response - Support for COVID disaster relief efforts	25,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
SOCIETY OF NEUROLOGICAL SURGEONS S500 Meadowbrook Drive ROLLING MEADOWS, IL 60008	No Relationship	PC	2020 Research Update in Neuroscience for Neurosurgeons RUNN Course - Support for fundamental neurobiology education and research	5,000
ENABLE INC13 Roszel Road Suite B110 PRINCETON, NJ 08540	No Relationship	PC	Covid-19 Relief - Support for masks gloves cleaning products thermometers extra food and bedding materials due to COVID-19	500
AANS5550 Meadowbrook Court ROLLING MEADOWBROOK DR, IL 60008	No Relationship	PC	Abstract Award 2020 CNS; 2020 AANS - Support for research investigating benign brain spinal or peripheral nerve tumors.	2,500
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
FIGHTING CHILDRENS CANCER 55 Lane Road Suite 300 FAIRFIELD, NJ 07004	No Relationship	PC	Family Assistance Relief Program - Support for need-based financial assistance program for families struggling with pediatric cancer	5,000
CENTER FOR EXCELLENCE IN EDUCATION 8201 Greensboro Dr Suite 215 MCLEAN, VA 22102	No Relationship	PC	Biounlimited and USA Biounlimited - Support for STEM education	2,500
ICAN27 West Morten Avenue PHOENIX, AZ 85021	No Relationship	PC	Beast Reconcstruction Website Project - Support for breast cancer reconstruction education	2,500
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
BOYS GIRLS CLUB OF MERCER COUNTY 212 Centre Street TRENTON, NJ 08611	No Relationship	PC	Triple Play-Healthy Living Program - Support for After School Program for 600 at-risk youth from the greater Trenton community	500
NATIONAL MILITARY FAMILY ASSO 3601 Eisenhower Avenue Suite 425 ALEXANDRIA, VA 22304	No Relationship	PC	Operation Purple Camps - Support for military children 7-17 to attend a camp that provides each camper with an individualized plan to help them learn to cope with the stress caused by a parent's deployment injury or life-altering transition	6,000
PEOPLE WORKING COOPERATIVELY 4612 PADDOCK CINCINNATI, OH 45229	No Relationship	PC	PWC Volunteer Involvement Program - Support for volunteer program for both the volunteers and the vulnerable clients they serve helping to provide critical home repairs and services enabling low-income families to remain in their homes living independently and healthier in a safe sound environment.	5,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
JFK MEDICAL CENTER FOUNDATION 80 James Street EDISON, NJ 08820	No Relationship	PC	12th Annual JFK Miles for Minds Virtual 5K Race - Support for New Jersey patients suffering from traumatic brain injuries	500
HOPE LOVE COMPANY 65 S Main St Building C Suite 101 PENNINGTON, NJ 08534	No Relationship	PC	Camp HLC New Jersey - Support for a free retreat for children young adults and their families whose lives have been affected by ALS	1,000
SPECIAL OLYMPICS OF NJ 1 Eunice Kennedy Shriver Way LAWRENCEVILLE, NJ 08648	No Relationship	PC	Special Olympics New Jersey Healthy Communities Total Body Challenge - Support for athletes with intellectual disabilities in New Jersey with as many virtual opportunities fitness and wellness resources for them to utilize during the pandemic.	2,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
BURN INSTITUTE 8825 Aero Drive Suite 200 SAN DIEGO, CA 92123	No Relationship	PC	Emergency Needs & Special Assistance Prog - Support for a comprehensive support program focused on assisting burn survivors' physical and emotional recovery	2,000
AMERICAN RED CROSS 601 North Golden Circle Drive SANTA ANA, CA 92705	No Relationship	PC	COVID-19 Antibody Testing - Support for COVID-19 Red Cross antibody test	2,000
PUSH TO WALK100 Bauer Drive OAKLAND, NJ 07436	No Relationship	PC	Client Workout and Wheels Scholarship Fund - Support for physical rehabilitation of people with spinal cord injuries and other forms of paralysis to optimize current quality of life and to prepare for future medical advancements	500
Total . . . . . ▶ **3a**				459,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES MARSHAL WALKER FOUNDATION 8735 West Higgins Road Suite 300 CHICAGO, IL 60631	No Relationship	PC	AMWF Grant Program - Support for research and education for neuroscience nursing	20,000
GARDEN STATESMEN PRINCETON CHAPTER 12 GARNET COURT FRANKLIN PARK, NJ 08823	No Relationship	PC	General Operating Expenses - Support for free community service concerts	1,000
NAACP EMPOWERMENT PROGRAMS 4805 Mount Hope Drive BALTIMORE, MD 21215	No Relationship	PC	We are Done Dying - Support for campaign focused on communities of color and how they are faring in health education economic opportunity and criminal justice during the pandemic.	20,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
PRINCETON FIRST AID RESCUE SQUAD 2 Mount Lucas Road PRINCETON, NJ 08540	No Relationship	PC	Volunteer EMT Training Program - Support for delivering EMT classes to new volunteers re-certifying existing EMTs and providing ongoing emergency medical and rescue training for all members	1,000
AA OF O HEAD NECK SURGERY 1650 Diagonal Road ALEXANDRIA, VA 22310	No Relationship	PC	Implicit Bias Training for Physicians - Support for education products to help physicians to identify and eliminate implicit bias thus improving healthcare outcomes for all especially underrepresented minorities women and those of diverse backgrounds	8,000
CHILDRENS BURN FOUNDATION 5000 Van Nuys Blvd Suite 210 SHERMAN OAKS, CA 91403	No Relationship	PC	Full Recovery Program - Support for a full range of programs and services for young burn survivors	10,000
Total . . . . . ▶ **3a**				459,000

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a *Paid during the year*				
BRAIN INJURY ALLIANCE OF NJ 825 Georges Road 2nd Floor NORTH BRUSWICK, NJ 08902	No Relationship	PC	Brain Injury Alliance of New Jersey annual 5K Run Walk and Roll - Support for programs for brain injury patients	2,000
PRINCETON COMMITTEE OF UNCF 60 Park Place Suite 406 NEWARK, NJ 07102	No Relationship	PC	College Access for Underserved Students with Emphasis on STEM - Integra Foundation Scholarship Program - Support for students in need in NJ Cincinnati and Boston to attend college	16,800
SPINA BIFIDA ASSO OF GREATER NE 219 E Main Street Suite 100B MILFORD, MA 01757	No Relationship	PC	Virtual Holiday in a Box Event - Support for families and individuals living with Spina Bifida the leading form of permanently disabling birth defect	1,000
Total . . . . . ▶ **3a**				459,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER MERCER COUNTY 3150 Brunswick Pike Suite 230 Crossroads Corporate Center LAWRENCEVILLE, NJ 08648	No Relationship	PC	"United Way of Greater Mercer County COVID-19 Health & Wellness Response - Support for delivery of an on-the-ground system of support and expanded network of wrap around services to uplift struggling families which includes the Community Benefits Enrollment Program Familywize Prescription Savings Program and NJ 2-1-1 "	2,000
TIDES FOUNDATIONPO BOX 29903 SAN FANCISCO, CA 94129	No Relationship	PC	Black Lives Matter General Support - Support for Black Live Matter	20,000
DREXEL UNIVERSITY 3141 Chestnut Street PHILADELPHIA, PA 19104	No Relationship	PC	2nd Immune Modulation & Engineering Symposium - Support for education and research in immune modulation	2,500
Total . . . . . ▶ **3a**				459,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN SPINE GROUP INC 1579 N Altadena Dr PASADENA, CA 91107	No Relationship	PC	Race for Neurosurgery Education - Support for neurosurgical education for medical students	5,000
TECH IMPACT417 N 8th St Suite 203 PHILADELPHIA, PA 19123	No Relationship	PC	Tech Works Program - Support for education technical training and employment opportunities for young adults who face significant economic or social barriers to advancing in their careers and in life	3,000
THE AUSTIN PLASTIC SURGERY 9415 Burnet Rd Suite 207 AUSTIN, TX 78758	No Relationship	PC	Cleft Care Community of Central Texas - Support for at-risk lower-income children teens born with cleft lip palate as well as their family members	1,000
Total . . . . . ▶ **3a**				459,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURN FOUNDATION OF AMERICA 3614 J Dewey Gray Circle Bldg C AUGUSTA, GA 30909	No Relationship	PC	Patient and Family Services Chavis House - Support for housing for burn patients and their families	2,000
ALISA ANN RUCH BURN FOUNDATION 50 N Hill Ave SUITE 305 PASADENA, CA 91106	No Relationship	PC	Burn Survivor Services - Support for burn survivors of all ages starting with sitting at their bedside in the burn unit to provide individual support and continuing for years thereafter by engaging them in therapeutic and recreational activities	2,500
CAMP POSITBILITIES FOUNDATION PO BOX 4411 WILMINGTON, DE 19807	No Relationship	PC	Support for camp for children with diabetes	2,000
Total . . . . . ▶ **3a**				459,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN BRAIN TUMOR FOUNDATION Children s Brain Tumor Foundation 1 NY, NY 10036	No Relationship	PC	2020 Gala - Support for pediatric brain tumor research	2,000
AANS CNS5550 Meadowbrook Dr ROLLING MEADOWS, IL 60008	No Relationship	PC	David Kline Research Award - Support for impactful basic or clinical research related to peripheral nerves	10,500
YMCA OF METRO CHICAGO 1030 West Van Buren CHICAGO, IL 60607	No Relationship	PC	YMCA of Metropolitan Chicago - General Operating Support	2,000
Total . . . . . ▶ **3a**				459,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH START SURGICAL GIFTS 2011 Palomar Airport Road Suite 20 CARLSBAD, CA 92011	No Relationship	PC	Surgery Weekend Program - Support for program for children and youth with craniofacial deformities that provides medical surgical and dental healthcare as well as follow-up care services all free of charge	5,000
BRAIN SPINE GROUP INC 1579 N ALTADENA DR PASADENA, CA 91107	No Relationship	PC	Medical Student Neurosurgery Training Center - Support for hands-on and web-based education to medical students around the world pursuing careers in neurological surgery	15,000
Total . . . . . ▶ **3a**				459,000

Form 990PF Part XVI-A Line 1 - Program service revenue:

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		**(e)** Related or exempt function income (See the instructions.)
1 Program service revenue:	**(a)** Business code	**(b)** Amount	**(c)** Exclusion code	**(d)** Amount	
a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
		0		0	0

TY 2020 Accounting Fees Schedule

Name: INTEGRA FOUNDATION INC

EIN: 52-2388679

Software ID: 20012075

Software Version: V1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Audit Fee	7,000	0	0	0

TY 2020 Other Decreases Schedule

Name: INTEGRA FOUNDATION INC
EIN: 52-2388679
Software ID: 20012075
Software Version: V1.0

Description	Amount
Grant #20-02-023	2,500

TY 2020 Other Liabilities Schedule

Name: INTEGRA FOUNDATION INC

EIN: 52-2388679

Software ID: 20012075

Software Version: V1.0

Description	Beginning of Year - Book Value	End of Year - Book Value
None	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491249004001

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
INTEGRA FOUNDATION INC

Employer identification number
52-2388679

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
INTEGRA FOUNDATION INC

Employer identification number
52-2388679

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTEGRA LIFESCIENCES CORPORATION 1100 CAMPUS RD PRINCETON, NJ 08540	$ 250,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
INTEGRA FOUNDATION INC

Employer identification number
52-2388679

Part II **Noncash Property**

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

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

Name of organization
INTEGRA FOUNDATION INC

Employer identification number
52-2388679

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

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee