

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE NEMOURS FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10140 Centurion Parkway North

City or town, state or province, country, and ZIP or foreign postal code
Jacksonville, FL 32256

D Employer identification number
59-0634433

E Telephone number
(904) 697-4100

F Name and address of principal officer:
R Lawrence Moss MD
10140 Centurion Parkway North
Jacksonville, FL 32256

G Gross receipts \$ 1,679,050,912

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.nemours.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1936 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Nemours mission is to provide leadership institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9,572
6 Total number of volunteers (estimate if necessary)	6	1,541
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,477,512
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	187,484,051	186,693,616
9 Program service revenue (Part VIII, line 2g)	1,183,856,816	1,264,548,232
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,364,504	14,688,015
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,065,092	62,532,521
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,437,770,463	1,528,462,384
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,826,691	1,945,648
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	858,270,167	921,917,792
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,982,206		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	490,113,125	522,185,053
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,350,209,983	1,446,048,493
19 Revenue less expenses. Subtract line 18 from line 12	87,560,480	82,413,891

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,074,345,798	2,285,597,717
21 Total liabilities (Part X, line 26)	798,456,325	949,548,219
22 Net assets or fund balances. Subtract line 21 from line 20	1,275,889,473	1,336,049,498

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2020-11-12

Rodney McKendree CFO and Business Services Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date 2020-11-10

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401 Phone no. (336) 275-3394

Check if self-employed PTIN P00008888

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,107,560,552 including grants of \$ 1,945,648) (Revenue \$ 1,323,990,972)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,107,560,552

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9,572			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a Yes		
b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a Yes		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b Yes		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15 Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Rodney McKendree CFO 10140 Centurion Parkway North Jacksonville, FL 32256 (904) 697-4100

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	26,599,445	862,959	2,378,236

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,602

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HSC Builders and Construction Manager 340 New Mill Lane Exton, PA 19341	Building & Construction	20,445,238
Robins and Morton Group 400 Shades Creek Parkway Birmingham, AL 35209	Building & Construction	12,164,619
Crothall Health Care Inc 13028 Collection Center Drive Chicago, IL 60693	Housekeeping & Laundry SV	11,740,955
ID Griffith Inc 735 S Market Street Wilmington, DE 19801	Building & Construction	9,212,579
Thomas Jefferson University 1025 Walnut Street Philadelphia, PA 19107	Residency Program Expense	7,299,410

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 244

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	1,188,920		
	d Related organizations	1d	175,848,850		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,655,846		
	g Noncash contributions included in lines 1a - 1f:\$	1g	140,100		
	h Total. Add lines 1a-1f		186,693,616		

Program Service Revenue		Business Code			
2a Net patient service revenue	900099	1,236,044,576	1,236,044,576	0	0
b Net research grants	900099	26,707,407	26,707,407	0	0
c Electronic health record revenue	900099	1,796,249	1,796,249	0	0
d					
e					
f All other program service revenue.		0	0	0	0
g Total. Add lines 2a-2f.		1,264,548,232			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,118,429	0	1,477,512	12,640,917	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		2,499,654	0	0	2,499,654	
	6a Gross rents	(i) Real	699,064	0			
		(ii) Personal					
		b Less: rental expenses	0	0			
		c Rental income or (loss)	699,064	0			
	d Net rental income or (loss)		699,064	0	0	699,064	
	7a Gross amount from sales of assets other than inventory	(i) Securities	150,638,208	0			
		(ii) Other					
		b Less: cost or other basis and sales expenses	150,068,622	0			
		c Gain or (loss)	569,586	0			
	d Net gain or (loss)		569,586	0	0	569,586	
	8a Gross income from fundraising events (not including \$ 1,188,920 of contributions reported on line 1c). See Part IV, line 18		410,969				
		b Less: direct expenses	519,906				
		c Net income or (loss) from fundraising events		-108,937	0		-108,937
	9a Gross income from gaming activities. See Part IV, line 19		0				
		b Less: direct expenses	0				
		c Net income or (loss) from gaming activities		0	0	0	0
	10a Gross sales of inventory, less returns and allowances		0				
b Less: cost of goods sold		0					
c Net income or (loss) from sales of inventory			0	0	0	0	
Miscellaneous Revenue		Business Code					
11a Specialized services	900099	45,130,519	45,130,519	0	0		
	b Graduate medical education funding	900099	4,135,733	4,135,733	0	0	
	c Continuing medical education	900099	1,467,545	1,467,545	0	0	
	d All other revenue		8,708,943	8,708,943	0	0	
	e Total. Add lines 11a-11d		59,442,740				
12 Total revenue. See instructions		1,528,462,384	1,323,990,972	1,477,512	16,300,284		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,742,939	1,742,939		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	202,709	202,709		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	15,832,604	0	15,832,604	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,515,393	0	6,515,393	0
7 Other salaries and wages	724,423,809	563,614,113	158,303,619	2,506,077
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	43,247,617	33,842,029	9,271,237	134,351
9 Other employee benefits	85,603,443	66,763,514	18,441,267	398,662
10 Payroll taxes	46,294,926	36,263,987	9,854,227	176,712
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	3,036,164	1,747,027	1,263,025	26,112
c Accounting	678,018	395,967	282,051	0
d Lobbying	806,602	0	806,602	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,877,458	59,428,537	25,358,500	90,421
12 Advertising and promotion	7,538,480	4,327,987	3,100,347	110,146
13 Office expenses	151,573,050	136,905,822	14,457,800	209,428
14 Information technology	30,300,264	20,588,552	9,664,119	47,593
15 Royalties	0	0	0	0
16 Occupancy	45,294,470	34,043,769	11,248,913	1,788
17 Travel	8,614,295	6,487,899	2,072,418	53,978
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,890,497	2,816,746	865,215	208,536
20 Interest	10,312,578	10,312,578	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	88,484,712	53,311,446	35,173,266	0
23 Insurance	25,833,075	25,479,546	352,834	695
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Provision for bad debts	27,324,480	27,324,480	0	0
b Maintenance contracts - Miscel	9,212,790	4,647,452	4,565,338	0
c Repairs and maintenance	8,909,073	4,494,240	4,414,833	0
d Subscriptions(mags & db),books	7,451,475	6,859,162	588,084	4,229
e All other expenses	8,047,572	5,960,051	2,074,043	13,478
25 Total functional expenses. Add lines 1 through 24e	1,446,048,493	1,107,560,552	334,505,735	3,982,206
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	355,241,396	1	407,801,935
	2 Savings and temporary cash investments	47,527,928	2	48,944,104
	3 Pledges and grants receivable, net	11,458,615	3	11,185,392
	4 Accounts receivable, net	163,569,121	4	177,036,883
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	5,645,118	8	6,417,363
	9 Prepaid expenses and deferred charges	11,034,547	9	15,403,479
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,960,539,310		
	b Less: accumulated depreciation	10b 896,616,175	1,045,853,461	10c 1,063,923,135
	11 Investments—publicly traded securities	297,819,381	11	326,065,506
	12 Investments—other securities. See Part IV, line 11	119,889,790	12	129,992,806
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	4,189,972	14	4,099,406
	15 Other assets. See Part IV, line 11	12,116,469	15	94,727,708
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,074,345,798	16	2,285,597,717	
Liabilities	17 Accounts payable and accrued expenses	139,553,264	17	155,853,044
	18 Grants payable	0	18	0
	19 Deferred revenue	4,312,825	19	4,300,428
	20 Tax-exempt bond liabilities	274,420,902	20	269,246,816
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	95,815,000	23	94,545,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	284,354,334	25	425,602,931
	26 Total liabilities. Add lines 17 through 25	798,456,325	26	949,548,219
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,275,889,473	27	1,336,049,498
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,275,889,473	32	1,336,049,498	
33 Total liabilities and net assets/fund balances	2,074,345,798	33	2,285,597,717	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,528,462,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,446,048,493
3	Revenue less expenses. Subtract line 2 from line 1	3	82,413,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,275,889,473
5	Net unrealized gains (losses) on investments	5	42,689,976
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-64,943,842
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,336,049,498

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule H, Part VI

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David J Bailey MD Physician and President/CEO (former)	40 0			X				3,206,836	0	43,570
Christian Pizarro Director of Nemours Cardiac Ct	40 0					X		2,068,571	0	53,221
R Lawrence Moss President/CEO	40 0			X				1,441,282	0	284,089
Peter D Wearden MD Cardiothoracic Surgeon	40 0					X		1,574,488	0	27,800
Robert D Bridges EVP Chief Exec FL Operations	40 7			X				1,063,932	0	98,315
Theresa M Young Sr VP Chief Experience Officer (former)	40 0			X				1,052,873	0	33,613
Andre Hebra MD CMO NCH	40 0					X		979,940	0	85,046
Suken A Shah Orthopaedic Surgeon	40 0					X		989,541	0	49,986
William G Mackenzie Chair Dept of Orthopaedics	40 0					X		972,254	0	48,700
Rodney A McKendree Chief Financial and Business Services Officer	40 4			X				847,825	0	139,868

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Roy Proujansky EVP Chief Exec DE Operations (former)	40 1			X				905,807	0	69,211
Michael J Erhard MD Ent VP and Physician in Chief Florida Operations	40 0			X				831,127	0	133,627
Mary Lee ENT VP and Physician in Chief DE Valley	40 1			X				795,932	0	139,288
Dana N Bledsoe Ent VP President NCH	40 0			X				666,685	0	99,144
Stephen Lawless Sr VP Chief Clinical Officer	40 1			X				680,917	0	55,442
Jay S Greenspan Chief Executive of Delaware Valley Operations	40 0			X				654,864	0	52,774
Martha G McGill ENT VP Chief Network Ops FL	40 1			X				602,671	0	82,146
Gina Altieri Enterprise Chief Communications Officer	40 0			X				603,730	0	62,955
Deborah Platz Oper VP General Counsel & Corporate Secretary (former)	40 0			X				471,964	0	70,062
Bernard E Rice Ent VP CIO	40 0			X				417,315	0	89,594

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deborah Chang Sr VP CH Policy & Prevention	40 0			X				433,491	0	42,279
Randall W Hartley Oper VP COO NCH	40 0				X			441,180	0	20,158
William W Higginbotham II Ent VP Finance & Cost Contnmnt	40 7			X				356,836	0	81,180
Jane M Mericle Oper VP Chief Nursing & Patient Ops Off DE Valley	40 0				X			405,329	0	28,955
Pauline M Corso Oper VP COO Phy Network DE	40 0				X			379,852	0	47,445
Chiedu P Adebisi Chief Human Resources Officer	40 0			X				349,551	0	55,639
Helen M Case Oper VP CNO NCH	40 0				X			365,670	0	19,384
William Britton Oper VP Finance Delaware	40 0				X			332,385	0	49,834
Sarah Sanders Sr VP Marketing and Communications	40 0			X				303,010	0	65,332
Ray J Hejmanowski Florida Practice Administrator	40 0				X			317,923	0	49,640

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura A Kowal Oper VP Chief Legal Officer Enterprise	40 0			X				301,689	0	34,798
Roopnarine Hazarie Practice Administrator	40 0				X			245,079	0	30,021
Lori Polidore Sr Director of Nursing	40 0				X			192,582	0	30,933
James D Tyner Administrative Dir-Surgery	40 0				X			164,272	0	16,109
Beverly M Wingate FL Site Practice Administrator	40 0				X			150,517	0	24,524
Hugh M Durden Member	5 25	X						0	161,054	0
Thomas G Kuntz Member	3 8	X						0	148,049	0
Geoffrey M Rogers Member Director	3 8	X						0	147,832	0
John S Lord Member	2 15	X						0	147,059	0
W L Thornton Member	5 5	X						0	133,346	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cameron S Morrow Assistant Treasurer	40			X				104,030	0	28,179
John F Porter Member	2	X						0	125,619	0
Marylynn Girouard Manager Governance Office	40			X				97,023	0	22,112
Robert Riney Chairman of the Board	8	X						83,775	0	0
Nancy E Stephenson Ent VP CCO (former)	40			X				66,163	0	11,092
Terri L Kelly Director	4	X						61,900	0	0
Toni Jennings Director	3	X						61,300	0	0
James S Hunt Director and Chairman of the Board (former)	5	X						61,300	0	0
Linda D Norman Director	3	X						57,050	0	0
Claire M DeMattis Director	4	X						55,700	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rosa Hakala Director	3 0	X						55,100	0	0
Marc Probst Director	1 0	X						55,100	0	0
Jane Cavalier Luca Director	4 0	X						55,100	0	0
J Michael Mcginnis Director	3 0	X						53,300	0	0
Valerie Montgomery Rice Director	3 0	X						50,300	0	0
Anna Small Ent VP CCO	40 0			X				32,559	0	2,171
Richard Walsh Director	4 0	X						33,050	0	0
Richard Christopher Director (former)	15 2.0	X						26,325	0	0
Brian P Anderson Chairman of the Board (former)	10 0	X						22,450	0	0

TY 2019 Reasonable Cause Explanation

Name: THE NEMOURS FOUNDATION

EIN: 59-0634433

Software ID: 19009572

Software Version: v1.00

Explanation: The return is being filed on a timely basis. The Organization filed extensions on a timely basis with the IRS. Accordingly, the return was properly extended and is now being filed timely by its extended due date of November 16, 2020.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	949,520	
c Total lobbying expenditures (add lines 1a and 1b)	951,520	
d Other exempt purpose expenditures	1,444,888,973	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,445,840,493	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	343,047	642,301	669,485	951,520	2,606,353
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,000	2,000	2,000	2,000	8,000

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 0
- (ii) Assets included in Form 990, Part X ▶ \$ 3,386,733
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ 0
- b Assets included in Form 990, Part X ▶ \$ 0

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	218,594,430	236,912,691	219,937,024	213,014,884	238,322,440
b Contributions	9,610,720	7,706,794	7,176,387	4,694,650	7,762,065
c Net investment earnings, gains, and losses	31,666,343	-13,556,218	22,791,582	12,401,609	-1,214,069
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	10,157,031	12,310,285	12,789,966	10,010,223	31,699,683
f Administrative expenses	205,668	158,552	202,336	163,896	155,869
g End of year balance	249,508,794	218,594,430	236,912,691	219,937,024	213,014,884

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 3.7 %
- c** Temporarily restricted endowment ▶ 96.3 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	91,095	111,430,450		111,521,545
b Buildings	0	882,329,120	350,400,771	531,928,349
c Leasehold improvements	0	52,194,216	24,201,646	27,992,570
d Equipment	0	833,994,796	522,013,758	311,981,038
e Other	0	80,499,633	0	80,499,633
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,063,923,135

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) Hedge Funds	69,896,674	F
(B) Private Equity	21,562,888	F
(C) Partnerships	20,219,729	F
(D) Real Estate	18,313,515	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	129,992,806	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	425,602,931

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,540,498,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,299,559
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	11,259,233
e	Add lines 2a through 2d	2e	24,558,792
3	Subtract line 2e from line 1	3	1,515,940,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	12,522,347
c	Add lines 4a and 4b	4c	12,522,347
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,528,462,384

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

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

1	Total expenses and losses per audited financial statements	1	1,456,665,712
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	10,617,219
e	Add lines 2a through 2d	2e	10,617,219
3	Subtract line 2e from line 1	3	1,446,048,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,446,048,493

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Supplemental Information

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

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	The audited financial statement footnote has been included in Part XIII.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2d	Net assets released from restriction- Ed Ball \$6,205,292 plus net assets release from restriction- donations \$3,265,682 plus New Jersey Physician Practice PC (NJPP) (subsidiary) total revenue \$8,230,959 plus PMSI (subsidiary) total revenue \$23,212,622 less Nemours bad debt expense \$27,324,480 less NJPP bad debt expense \$1,004,883 less PMSI bad debt expense \$1,325,959 equals \$11,259,233.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4b	Temp restricted contributions and pledges \$8,181,380 plus temp restricted investment income \$2,276,717 less temp restricted realized losses \$791 less fundraising expenses \$519,906 plus PMSI (subsidiary) management fee \$2,790,635 less temp restricted investment expenses \$205,688 equals \$12,522,347.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2d	Fundraising expenses \$519,906 less bad debt expense \$29,655,322 less PMSI (subsidiary) management fee \$2,790,635 plus NJPP (subsidiary) operating expenses \$13,748,663 plus PMSI (subsidiary) operating expenses \$28,794,607 equals \$10,617,219.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			131,864,545

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

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Investments		54,011,669
East Asia and the Pacific	0	0	Investments		50,192,964

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (including Canada and Mexico, but not the United States)	0	0	Investments		8,599,580
South Asia	0	0	Investments		7,231,260

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Investments		4,238,730
Middle East and North Africa	0	0	Investments		2,767,417

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investments		2,719,722
Russia and the newly independent States	0	0	Investments		1,454,004

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		573,122
Europe (including Iceland and Greenland)	0	0	Program Services	Investment Management	76,077

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NEMOURS FOUNDATION

Employer identification number

59-0634433

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DE Night at Nemours (event type)	2019 Radiothon (event type)	24 (total number)	(add col. (a) through col. (c))
1	Gross receipts	390,697	206,604	1,002,558	1,599,859
2	Less: Contributions	354,943	206,604	627,373	1,188,920
3	Gross income (line 1 minus line 2)	35,754	0	375,185	410,939
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	73,849	73,849
	7 Food and beverages	75,290	0	118,415	193,705
	8 Entertainment	9,100	0	32,189	41,289
	9 Other direct expenses	119,322	10,396	81,344	211,062
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-108,966

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Hospitals

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

OMB No. 1545-0047
2019
Open to Public Inspection

Employer identification number
 59-0634433

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,888,278	-1,280,640	3,168,918	0.22 %
b Medicaid (from Worksheet 3, column a)			702,469,181	573,393,151	129,076,030	8.86 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	704,357,459	572,112,511	132,244,948	9.08 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			27,270,389	7,795,520	19,474,869	1.34 %
f Health professions education (from Worksheet 5)			9,570,832	5,271,580	4,299,252	0.3 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			40,171,349	14,977,855	25,193,494	1.73 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,746,505	0	1,746,505	0.12 %
j Total. Other Benefits	0	0	78,759,075	28,044,955	50,714,120	3.49 %
k Total. Add lines 7d and 7j	0	0	783,116,534	600,157,466	182,959,068	12.57 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	29,655,322
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,433,472
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,059,026
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-625,554
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

2

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.nemours.org/community</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.nemours.org/community</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	The Nemours 2019 Report to Our Communities entitled, "Built for Impact" can be found at https://www.nemours.org/about/financial-benefit-to-the-community.html .
Schedule H, Part I, Line 7	Schedule H, Part I, Line 7 - Nemours calculated the amounts included in Part I, Lines 7a-b utilizing the methodology provided in the various worksheets included in the instructions for Schedule H of Form 990. These worksheets include Worksheet 1, Charity Care at Cost, Worksheet 2, Ratio of Patient Care Cost-to-Charges and Worksheet 3, Unreimbursed Medicaid and Other Means-Tested Government Programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column f	Nemours included provision for bad debt (bad debt expense) in Form 990, Part IX, line 24 of \$27,324,480. Such amount was subtracted from total expense of \$1,446,048,493 for purposes of determining percent of total expense calculations.
Schedule H, Part I, Line 7a	<p>Financial Assistance at Cost - Nemours' mission is to "provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status." COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS: During 2019, Nemours continued to focus on leadership and programs dealing with not just health care, but also areas of children's health promotion and disease prevention. Through Nemours' Value-Based Services Organization, National Office of Policy & Prevention, KidsHealth and Reading BrightStart!, Nemours subsidized prevention and children's health programs totaling nearly \$15.0 million. Nemours provided a variety of community health services for more than 6,000 of Delaware's low-income senior citizens of approximately \$4.5 million. These outpatient health care services included dental care, eye examinations and eyeglasses, as well as hearing tests and hearing aids at the Nemours Senior Care. RESEARCH: Nemours continues to improve children's lives through the power of discovery. However, new discoveries are not enough. We are integrating research findings at the bedside and exam room where it has the greatest impact on children. In total, Nemours subsidized health research by over \$25.2 million during 2019 with more than 414 research projects under the direction of more than 107 Nemours physician-scientists. EDUCATION & TRAINING OF HEALTH PROFESSIONALS: Nemours continues to train the next generation of pediatric specialists through affiliations with Thomas Jefferson University, the Mayo Clinic Medical College and others. In 2019, Nemours hosted 912 residents and 1,022 medical students and provided fellowship rotations for 107 physicians. Nemours supported education and training programs for health professionals of nearly \$4.3 million. UNCOMPENSATED MEDICAL CARE: Nemours' services classified as "charity care" or where the recipient could not afford services or lacked adequate health insurance, was nearly \$3.2 million in 2019. Nemours also covers the costs in excess of government payments for services provided to Medicaid and other public health beneficiaries of nearly \$129.0 million with an additional \$29.7 million in uncollected patient care charges written off by Nemours during the same period. All totaled, uncompensated care for 2019 approximates \$161.9 million.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section A, Line 2	Bad Debt and Implicit Price Concessions are calculated according to Generally Accepted Accounting Principles (GAAP).
Schedule H, Part III, Section A, Line 4	In the Nemours Children's Hospital and Alfred I duPont Hospital for Children audited financial statements, see footnote 2 located on pages 15 and 40 respectively, for a description of implicit price concession and bad debt expense. The source of the Medicare allowable costs comes from the 2019 Medicare Cost Reports.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Section B, Line 8	The entire shortfall related to Medicare reported on line 7 should be considered a community benefit. Nemours is bearing the burden of providing care in excess of our costs to those Medicare patients. The source of the Medicare allowable costs comes from the 2019 Medicare Cost Reports.
Schedule H, Part III, Section C, Line 9b	The Nemours financial assistance policy applies to all of the facilities that it operates. Debt collection is not pursued against patients who qualify for the financial assistance program.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Alfred I duPont Hospital for Children 1600 Rockland Road Wilmington, DE 19803 www.nemours.org HSPTL-003; DE	X		X							A
2	Nemours Children's Hospital 6535 Nemours Pkwy Orlando, FL 32827 www.nemours.org 4509; FL	X		X							A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3-Group A	Nemours conducted a Child & Adolescent Community Health Needs Assessment (CHNA) in 2019 for Alfred I duPont Hospital for Children and Nemours Children's Hospital. The CHNA report can be found at https://www.nemours.org/about/community-health-needs.html .
Schedule H, Part V, Section B, Line 5-Group A	As part of the Child & Adolescent Community Health Needs Assessment (CHNA), Nemours solicited information from multiple key informants: physicians, other health professionals, social service providers, business leaders, public health representatives and other community leaders. A list of these key informants can be found in the Nemours CHNA.

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

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

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

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

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

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

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

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

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

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

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)
 How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 Nemours duPont Pediatrics Wilmington 1600 Rockland Road Wilmington, DE 19803	PEDIATRIC SPECIALTY CARE CLINIC AND CARDIAC CENTER
1 Nemours Children's Specialty Care Orlando Downtown 1717 South Orange Avenue Suite 100 Orlando, FL 32806	PEDIATRIC SPECIALTY CARE CLINIC
2 Nemours Children's Specialty Care Lake Mary 3300 West Lake Mary Blvd Suite 100 Lake Mary, FL 32746	PEDIATRIC SPECIALTY CARE CLINIC
3 Nemours Children's Specialty Care Lake Nona 9368 Narcoossee Road Suite 105 Orlando, FL 32827	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
4 Nemours Children's Specialty Care Wesley Chapel 2020 Ashley Oaks Circle Suite 102 Wesley Chapel, FL 33544	PEDIATRIC SPECIALTY CARE CLINIC
5 Nemours Children's Specialty Care Winter Garden 2020 Daniels Road Suite B Winter Garden, FL 34787	PEDIATRIC SPECIALTY CARE CLINIC
6 Nemours Children's Specialty Care Jacksonville 807 Childrens Way Jacksonville, FL 32207	PEDIATRIC SPECIALTY CARE CLINIC INCLUDING BRIGHTSTART DYSLEXIA INITIATIVE
7 Nemours Children's Specialty Care Brunswick Southeast Georgia Health System 3025 Shrine Road Suite 350 Brunswick, GA 31520	PEDIATRIC SPECIALTY CARE CLINIC
8 Nemours Children's Specialty Care Daytona Beach 1219 Dunn Ave Daytona Beach, FL 32114	PEDIATRIC SPECIALTY CARE CLINIC
9 Nemours Children's Specialty Care Fleming Island Baptist Clay Medical Center Campus 1747 Baptist Clay Drive Suite 130 Fleming Island, FL 32003	PEDIATRIC SPECIALTY CARE CLINIC
10 Nemours Children's Specialty Care Jacksonville South 14785 Old St Augustine Road Suite 200 Jacksonville, FL 32258	PEDIATRIC SPECIALTY CARE CLINIC
11 Nemours Children's Specialty Care Lake City 164 NW Madison St Suite 201 Lake City, FL 32055	PEDIATRIC SPECIALTY CARE CLINIC
12 Nemours Children's Clinic Pensacola 8331 North Davis Highway Pensacola, FL 32514	PEDIATRIC SPECIALTY CARE CLINIC
13 Nemours Children's Clinic Bonifay 2600 Hospital Drive Bonifay, FL 32425	PEDIATRIC SPECIALTY CARE CLINIC
14 Nemours Children's Specialty Care Ft Walton Beach Ft Walton Beach 341 Racetrack Road NW Ft Walton Beach, FL 32547	PEDIATRIC SPECIALTY CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
16 Nemours Children's Specialty Care Tallahassee- Centre Pointe Southeast Urological Center 2000 Centre Pointe Blvd Tallahassee, FL 32308	PEDIATRIC SPECIALTY CARE CLINIC
1 Nemours duPont Pediatrics Philadelphia 833 Chestnut Street Suite 300 Philadelphia, PA 19107	PEDIATRIC PRIMARY CARE AND SPECIALITY CARE CLINIC
2 Nemours duPont Pediatrics Bryn Mawr Bryn Mawr Medical Arts Pavilion 825 Old Lancaster Road Suite 250 Bryn Mawr, PA 19010	PEDIATRIC SPECIALTY CARE CLINIC AND SURGICAL CENTER
3 Nemours duPont Pediatrics Seaford 49 Fallon Ave Seaford, DE 19973	PEDIATRIC PRIMARY AND SPECIALITY CARE AND DYSLEXIA INITIATIVE CLINIC
4 Nemours duPont Pediatrics Paoli 1676 Lancaster Ave Paoli, PA 19301	PEDIATRIC PRIMARY CARE CLINIC
5 Nemours duPont Pediatrics Deptford 1280 Almonesson Road Deptford, NJ 08096	PEDIATRIC SPECIALTY CARE CLINIC AND SURGERY CENTER
6 Nemours duPont Pediatrics Middletown 200 Cleaver Farm Road Suite 201 Middletown, DE 19709	PEDIATRIC PRIMARY CARE CLINIC
7 Nemours duPont Pediatrics Foulk Road Foulkstone Plaza 1405 Foulk Road Suite 101 Wilmington, DE 19803	PEDIATRIC PRIMARY CARE CLINIC
8 Nemours duPont Pediatrics St Francis 700 North Clayton Street Suite 400 Wilmington, DE 19805	PEDIATRIC PRIMARY CARE CLINIC
9 Nemours duPont Pediatrics Dover 201 Towne Centre Drive Suite 500 Dover, DE 19904	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
10 Nemours duPont Pediatrics Media 1098 W Baltimore Pike Suite 3403 Media, PA 19063	PEDIATRIC PRIMARY CARE CLINIC
11 Nemours duPont Pediatrics Villanova 789 East Lancaster Avenue Suite 10 Villanova, PA 19085	PEDIATRIC PRIMARY CARE CLINIC
12 Nemours duPont Pediatrics Collegeville 100 Campus Drive Building A Collegeville, PA 19426	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
13 Nemours duPont Pediatrics Jessup Street 1602 Jessup Street Wilmington, DE 19802	PEDIATRICS PRIMARY CARE CLINIC
14 Nemours duPont Pediatrics Newark 200 Biddle Ave Suite 100 Newark, DE 19702	PEDIATRICS PRIMARY CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 Nemours duPont Pediatrics Concordville 1020 Baltimore Pike Suite 300 Glen Mills, PA 19342	PEDIATRICS PRIMARY CARE CLINIC
1 Nemours duPont Pediatrics Pike Creek 5500 Skyline Drive Suite 4 Wilmington, DE 19808	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
2 Nemours duPont Pediatrics Glen Mills 101 Applied Bank Blvd Suite 11 Glen Mills, PA 19342	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
3 Nemours duPont Pediatrics Becks Woods 141 Becks Woods Drive Bear, DE 19701	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
4 Nemours Children's Urgent Care Kissimmee 4101 Town Center Blvd Orlando, FL 32837	PEDIATRIC URGENT CARE CLINIC
5 Nemours duPont Pediatrics Exton 101 Arrandale Blvd Suite 103 Exton, PA 19341	PEDIATRICS PRIMARY CARE CLINIC
6 Nemours duPont Pediatrics Newton Square 3855 West Chester Pike Suite 280 Newton Square, PA 19073	PEDIATRIC SPECIALITY CARE CLINIC
7 Nemours duPont Pediatrics Milford 703 North duPont Blvd Teal Creek Plaza Milford, DE 19963	PEDIATRIC PRIMARY AND SPECIALITY CARE CLINIC
8 Nemours Children's Urgent Care Waterford Lakes 651 North Alafaya Trail Orlando, FL 32828	PEDIATRIC URGENT CARE CLINIC
9 Nemours duPont Pediatrics Wayne 110 W Lancaster Ave Wayne, PA 19087	PEDIATRICS PRIMARY CARE CLINIC
10 Nemours duPont Pediatrics Millsboro 30265 Commerce Drive Suite 101 Millsboro, DE 19966	PEDIATRIC PRIMARY CARE CLINIC
11 Nemours duPont Pediatrics Vineland 2950 College Drive Suite 2B Vineland, NJ 08360	PEDIATRIC SPECIALTY CARE CLINIC
12 Nemours Children's Specialty Care Kissimmee 750 Centerview Blvd Suite Kissimmee, FL 34741	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC
13 Nemours Children's Urgent Care Lake Nona 9368 Narcoossee Road Suite 105 Orlando, FL 32827	PEDIATRIC URGENT CARE CLINIC
14 Nemours duPont Pediatrics Cherry Hill Cherry Hill 325 Marlton Pike East Cherry Hill, NJ 08034	PEDIATRIC SPECIALTY CARE AND URGENT CARE CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
46 Nemours Children's Urgent Care Sanford 1481 WP Ball Blvd Sanford, FL 32771	PEDIATRIC URGENT CARE CLINIC
1 Nemours duPont Pediatrics Lancaster 2128 Embassy Drive Lancaster, PA 17603	PEDIATRIC SPECIALTY CARE CLINIC
2 Nemours Senior Care Wilmington 1600 Rockland Road Wilmington, DE 19803	HEALTH CLINIC
3 Nemours duPont Pediatrics Willow Grove 2500 Maryland Road Suite 510 Milford, DE 19963	PEDIATRIC SPECIALTY CARE CLINIC
4 Nemours Senior Care Milford 915 North duPont Blvd Milford, DE 19963	HEALTH CLINIC
5 Nemours Children's Specialty Care Titusville The Childrens Center of Parrish Medical Center 5650 S Washington Ave Titusville, FL 32780	PEDIATRIC SPECIALTY CARE CLINIC
6 Nemours Sports Medicine at 76ers Fieldhouse 401 Garasches Lane Wilmington, DE 19801	SPORTS MEDICINE
7 Nemours Children's Specialty Care Davenport 410 Lionel Way Davenport, FL 33837	PEDIATRIC SPECIALTY CARE CLINIC
8 Nemours duPont Pediatrics Upland Crozer Chester Medical Center One Medical Center Blvd Suite 443 Upland, PA 19013	PEDIATRIC SPECIALTY CARE CLINIC

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE NEMOURS FOUNDATION

Employer identification number 59-0634433

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Aggregate Research Patient Participation Payment	184	201,157	0	FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	59-3211250	501(c)(3)	363,609	0	FMV		Donation
AM HEART ASSOCIATION GREAT RIVERS AFFILIATE PO BOX 4002907 DES MOINES, IA 50340	13-5613797	501(c)(3)	62,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIPPEL FOUNDATION 14 MAPLE AVE SUITE 200 MORRISTOWN, NJ 07960	22-1559427	501(c)(3)	60,525	0	FMV		Donation
ORLANDO ECONOMIC PARTNERSHIP 301 E PINE ST SUITE 900 ORLANDO, FL 32801	59-1767933	501(c)(3)	50,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	23-2865855	501(c)(3)	50,000	0	FMV		Donation
YMCA OF GREATER BRANDYWINE 1 E CHESTNUT STREET WEST CHESTER, PA 19380	23-1365994	501(c)(3)	45,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PED CONGENITAL HEART ASSOC C/O GROBE AND ASSOC 37 KESSET COURT STE 205 MADISON, WI 53711	46-3576700	501(c)(3)	40,000	0	FMV		Donation
DE CTR FOR HEALTH INNOVATION 1 INNOVATION WAY SUITE 304 NEWARK, DE 19711	47-3638935	501(c)(3)	26,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DELAWARE 3 MT LEBANON ROAD WILMINGTON, DE 19803	51-0065748	501(c)(3)	25,000	0	FMV		Donation
LEADERSHIP FLORIDA 215 S MONROE STREET SUITE 710 TALLAHASSEE, FL 32301	59-3201445	501(c)(3)	25,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(c)(3)	25,000	0	FMV		Donation
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DR CLERMONT, FL 34711	23-7181560	501(c)(3)	24,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOM COUGHLIN JAY FOUNDATION PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	59-3426937	501(c)(3)	20,000	0	FMV		Donation
AHAVAS TZEDAKAH 816 FOREST AVE LAKEWOOD, NJ 08701	22-3719783	501(c)(3)	18,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION 1040 WOODCOCK RD SUITE 119 ORLANDO, FL 32803	36-6009226	501(c)(3)	17,000	0	FMV		Donation
DELAWARE ACADEMY OF MEDICINE SUITE L10 4765 OGLETOWN STANTON ROAD NEWARK, DE 19713	51-0075162	501(c)(3)	16,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(c)(3)	16,000	0	FMV		Donation
LAKE NONA INSTITUTE INC 6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO, FL 32827	27-3346737	501(c)(3)	15,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL 1415 ROUT 70 EAST SUITE 311 CHERRY HILL, NJ 08034	23-1907729	501(c)(3)	15,000	0	FMV		Donation
PETE DU PONT FREEDOM FOUNDATION PO BOX 221 MONTCHANIN, DE 19710	82-1237132	501(c)(3)	15,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA RESEARCH FOUNDATION 91 LUKENS DRIVE SUITE F NEW CASTLE, DE 19720	26-1215347	501(c)(3)	11,000	0	FMV		Donation
CROHNS AND COLITIS FOUNDATION 150 MONUMENT ROAD SUITE 402 BALA CYNWYD, PA 19004	13-6193105	501(c)(3)	10,700	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	13-3206571	501(c)(3)	10,000	0	FMV		Donation
TRACK SHACK EVENT MARKETING AND MANAGEMENT 1013 MONTANA STREET ORLANDO, FL 32803	26-3361402	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CANCER FUND 4720 SALISBURY RD JACKSONVILLE, FL 32256	59-3359840	501(c)(3)	10,000	0	FMV		Donation
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	23-2109376	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXERS YOUTH FOUNDATION 3 BANNER WAY CAMDEN, NJ 08103	46-1683699	501(c)(3)	10,000	0	FMV		Donation
INSPIRA HEALTH NETWORK 2950 COLLEGE DRIVE SUITE 1F VINELAND, NJ 08360	21-0634484	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSNA 9400 W HIGGINS ROAD SUITE 500 ROSEMONT, IL 60018	54-1323281	501(c)(3)	10,000	0	FMV		Donation
TRANSPLANT FOUNDATION 401 N 3RD STREET PHILADELPHIA, PA 191234101	31-1481798	501(c)(3)	10,000	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	59-2654440	501(c)(3)	9,235	0	FMV		Donation
ORANGE COUNTY PUBLIC SCHOOLS 445 W AMELIA ST ORLANDO, FL 32801	59-2788435	501(c)(3)	9,100	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AND PACIFIC ISLANDER AM HEALTH FORUM ONE KAISER PLAZA SUITE 850 OAKLAND, CA 94108	94-3030866	501(c)(3)	8,000	0	FMV		Donation
DELAWARE COMMUNITY FOUNDATION KIDS WITH CONFIDENCE 2961 CENTERVILLE RD STE 300 WILMINGTON, DE 19808	22-2804785	501(c)(3)	7,500	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERDS HOPE INC 4851 S APOPKA VINELAND RD ORLANDO, FL 32819	59-3420727	501(c)(3)	7,500	0	FMV		Donation
AM LUNG ASSOC OF FL 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501(c)(3)	6,500	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPICE FOUNDATION 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	59-3583920	501(c)(3)	6,000	0	FMV		Donation
JUVENILE DIABETES RESEARCH FUND 1415 ROUT 70 EAST SUITE 311 CHERRY HILL, NJ 08034	23-1907729	501(c)(3)	5,600	0	FMV		Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION MID ATLANTIC DIVISION 1528 WALNUT STREET STE 2020 PHILADELPHIA, PA 19102	36-2883000	501(c)(3)	5,500	0	FMV		Donation
TOWNSHIP OF DEPTFORD MUNICIPAL BUILDING 1011 COOPER STREET DEPTFORD, NJ 08096	21-0733144	GOVT	5,500	0	FMV		Donation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	Nemours has established a policy for the reimbursement of travel and related expenses incurred by its employees. All transportation and travel arrangements shall be the most economical under the circumstances. Excursion or coach fares shall be ordered whenever available. Approval of a vice president shall be required for any other class of travel. Each department has the right to limit travel expenditures based on budgetary restrictions and may limit coverage to certain categories of travel expense. First class travel may occur in situations for Nemours employees wherein other fares are not available or travel is for a long period of time or overseas. Board members also have the option of traveling first class. Effective, January 1, 2009, Nemours instituted a written policy regarding such travel.
Schedule J, Part I, Line 4	The Nemours Foundation maintained a Supplemental Executive Retirement Plan ("SERP") for a select group of management or highly compensated employees as determined by the Board of Directors. The SERP was adopted in order to provide certain key employees with non-qualified deferred compensation benefits subject to IRC section 457(f) in recognition of the services they provide. The Nemours Foundation makes discretionary contributions to the plan and may amend or terminate the plan at any time. Participants receiving distributions in 2019 include: Roy Proujansky (174,517), Stephen Lawless (99,914), Gina Altieri (62,089), David J Bailey MD (382,271), Robert D Bridges (179,340), Theresa M Young (34,022), Deborah Chang (23,603), Martha G. McGill (35,311), Randall W. Hartley (45,878), Michael Erhard MD (64,626), Dana Bledsoe (72,523) and Andre Hebra (97,984). The following associates received severance payments in 2019 include: Theresa M Young (538,538) and David J Bailey MD (2,072,634).
Schedule J, Part I, Line 7	Certain employees of Nemours are eligible for incentive compensation. This compensation is based on qualitative and quantitative organizational goals and the achievement of such goals by the organization, its division and individuals.

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Hugh M Durden Member	(i)	0	0	0	0	0	0	0
	(ii)	0	0	161,054	0	0	161,054	0
1 Stephen Lawless Sr VP Chief Clinical Officer	(i)	469,127	108,544	103,246	8,459	46,983	736,359	99,914
	(ii)	0	0	0	0	0	0	0
2 Gina Altieri Enterprise Chief Communications Officer	(i)	444,427	95,233	64,070	29,173	33,782	666,685	62,089
	(ii)	0	0	0	0	0	0	0
3 Michael J Erhard MD Ent VP and Physician in Chief Florida Operations	(i)	620,138	144,041	66,948	80,406	53,221	964,754	64,626
	(ii)	0	0	0	0	0	0	0
4 Robert D Bridges EVP Chief Exec FL Operations	(i)	689,659	191,369	182,904	50,800	47,515	1,162,247	179,340
	(ii)	0	0	0	0	0	0	0
5 Bernard E Rice Ent VP CIO	(i)	351,281	65,196	838	42,339	47,255	506,909	0
	(ii)	0	0	0	0	0	0	0
6 Rodney A McKendree Chief Financial and Business Services Officer	(i)	614,711	231,872	1,242	90,623	49,245	987,693	0
	(ii)	0	0	0	0	0	0	0
7 Jay S Greenspan Chief Executive of Delaware Valley Operations	(i)	534,574	116,966	3,324	0	52,774	707,638	0
	(ii)	0	0	0	0	0	0	0
8 William W Higginbotham II Ent VP Finance & Cost Contnmnt	(i)	301,754	54,377	705	31,201	49,979	438,016	0
	(ii)	0	0	0	0	0	0	0
9 Chiedu P Adebisi Chief Human Resources Officer	(i)	297,506	25,068	26,977	8,561	47,078	405,190	0
	(ii)	0	0	0	0	0	0	0
10 Deborah Chang Sr VP CH Policy & Prevention	(i)	331,332	76,599	25,560	13,343	28,936	475,770	23,603
	(ii)	0	0	0	0	0	0	0
11 Laura A Kowal Oper VP Chief Legal Officer Enterprise	(i)	240,664	35,028	25,997	0	34,798	336,487	0
	(ii)	0	0	0	0	0	0	0
12 Martha G McGill ENT VP Chief Network Ops FL	(i)	477,228	87,910	37,533	48,533	33,613	684,817	35,311
	(ii)	0	0	0	0	0	0	0
13 Mary Lee ENT VP and Physician in Chief DE Valley	(i)	685,521	94,847	15,564	103,656	35,632	935,220	0
	(ii)	0	0	0	0	0	0	0
14 Sarah Sanders Sr VP Marketing and Communications	(i)	272,913	29,684	413	27,902	37,430	368,342	0
	(ii)	0	0	0	0	0	0	0
15 R Lawrence Moss President/CEO	(i)	1,188,998	225,000	27,284	240,009	44,080	1,725,371	0
	(ii)	0	0	0	0	0	0	0
16 William Britton Oper VP Finance Delaware	(i)	290,994	40,135	1,256	0	49,834	382,219	0
	(ii)	0	0	0	0	0	0	0
17 Beverly M Wingate FL Site Practice Administrator	(i)	138,359	12,051	107	0	24,524	175,041	0
	(ii)	0	0	0	0	0	0	0
18 Pauline M Corso Oper VP COO Phy Network DE	(i)	333,111	45,959	782	0	47,445	427,297	0
	(ii)	0	0	0	0	0	0	0
19 Ray J Hejmanowski Florida Practice Administrator	(i)	278,554	38,731	638	0	49,640	367,563	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Lori Polidore Sr Director of Nursing	(i)	178,229	10,491	3,862	0	30,933	223,515	0
	(ii)	0	0	0	0	0	0	0
1Randall W Hartley Oper VP COO NCH	(i)	344,817	48,036	48,327	4,753	15,405	461,338	45,878
	(ii)	0	0	0	0	0	0	0
2Jane M Mericle Oper VP Chief Nursing & Patient Ops Off DE Valley	(i)	341,284	44,406	19,639	6,696	22,259	434,284	0
	(ii)	0	0	0	0	0	0	0
3James D Tyner Administrative Dir-Surgery	(i)	156,088	7,510	674	0	16,109	180,381	0
	(ii)	0	0	0	0	0	0	0
4Roopnarine Hazarie Practice Administrator	(i)	227,655	16,930	494	0	30,021	275,100	0
	(ii)	0	0	0	0	0	0	0
5Helen M Case Oper VP CNO NCH	(i)	318,264	44,693	2,713	0	19,384	385,054	0
	(ii)	0	0	0	0	0	0	0
6Roy Proujansky EVP Chief Exec DE Operations (former)	(i)	469,967	216,874	218,966	24,129	45,082	975,018	174,517
	(ii)	0	0	0	0	0	0	0
7Theresa M Young Sr VP Chief Experience Officer (former)	(i)	179,007	277,114	596,752	0	33,613	1,086,486	34,022
	(ii)	0	0	0	0	0	0	0
8Deborah Platz Oper VP General Counsel & Corporate Secretary (former)	(i)	348,195	87,108	36,661	47,504	22,558	542,026	0
	(ii)	0	0	0	0	0	0	0
9Dana N Bledsoe Ent VP President NCH	(i)	491,519	90,212	84,954	63,028	36,116	765,829	72,523
	(ii)	0	0	0	0	0	0	0
10David J Bailey MD Physician and President/CEO (former)	(i)	256,753	334,506	2,615,577	6,994	36,576	3,250,406	382,271
	(ii)	0	0	0	0	0	0	0
11William G Mackenzie Chair Dept of Orthopaedics	(i)	841,671	123,725	6,858	0	48,700	1,020,954	0
	(ii)	0	0	0	0	0	0	0
12Suken A Shah Orthopaedic Surgeon	(i)	940,467	47,832	1,242	0	49,986	1,039,527	0
	(ii)	0	0	0	0	0	0	0
13Christian Pizarro Director of Nemours Cardiac Ct	(i)	1,882,105	184,144	2,322	0	53,221	2,121,792	0
	(ii)	0	0	0	0	0	0	0
14Peter D Wearden MD Cardiothoracic Surgeon	(i)	1,385,774	187,472	1,242	0	27,800	1,602,288	0
	(ii)	0	0	0	0	0	0	0
15Andre Hebra MD CMO NCH	(i)	769,471	108,796	101,673	50,700	34,346	1,064,986	97,984
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	58,442,302		0					
2	Amount of bonds legally defeased	151,080,000		0					
3	Total proceeds of issue	326,242,302		152,105,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	24,350,000		0					
7	Issuance costs from proceeds	1,837,758		323,478					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	300,054,544		151,781,522					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2012		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.799 %		0.219 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0.799 %		0.219 %					
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

Return Reference	Explanation
Schedule K, Part III, Line 4-10/15/2009 326,242,302 Orange County Health Facililties Authority	For the year ended Decemember 31, 2019, private use disclosed in Schedule K, Part III Line 4 Column A is 0.7999%. Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital.

Return Reference	Explanation
Schedule K, Part III, Line 4-10/05/2018 152,105,000 Orange County Health Facilities Authority	For the year ended December 31, 2019, private use disclosed in Schedule K, Part III Line 4 Column B is 0.219%. Included in the private use calculation is space leased for Home Office Cafeteria, a casting and a pharmacy vendor located in Nemours Children's Hospital.

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 10/15/2009 326,242,302 Orange County Health Facililties Authority	Calculation performed 12/6/2012.

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 10/05/2018 152,105,000 Orange County Health Facilities Authority	Calculation performed 11/18/2019.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NEMOURS FOUNDATION

Employer identification number 59-0634433

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-0634433

Name: THE NEMOURS FOUNDATION

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jennifer A Rice	Family of B. Rice	185,478	Employment Compensation		No
(1) Stuart Mackenzie MD	Family of W. Mackenzie	169,554	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) Walter Kowal	Family of L. Kowal	116,050	Employment Compensation		No
(1) Kelsey Terhune	Family of Robert Bridges	85,847	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Daniel Greenspan	Family of Jay Greenspan	56,870	Employment Compensation		No
(1) Frank Giambrone	Family of John S. Lord	39,946	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) John Coco	Family of P. Corso	36,280	Employment Compensation		No
(1) Kyle A Hartley	Family of R. Hartley	29,272	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) Stephanie Quintavalla	Family of M. Girouard	27,243	Employment Compensation		No
(1) Michelle Koehler	Family of James Tyner	13,563	Employment Compensation		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) Jackson Sanders	Family of Sarah Sanders	4,224	Employment Compensation		No
(1) Substantial Contributor	Service Provider	20,445,238	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) Substantial Contributor	Service Provider	12,164,619	Independent Contractor		No
(1) Substantial Contributor	Service Provider	9,212,579	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(15) Substantial Contributor	Service Provider	7,299,410	Independent Contractor		No
(1) Substantial Contributor	Service Provider	6,020,448	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(17) Substantial Contributor	Service Provider	4,012,471	Independent Contractor		No
(1) Substantial Contributor	Service Provider	2,601,509	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(19) Substantial Contributor	Service Provider	2,436,553	Independent Contractor		No
(1) Substantial Contributor	Service Provider	1,753,336	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(21) Substantial Contributor	Service Provider	1,200,000	Independent Contractor		No
(1) Substantial Contributor	Service Provider	780,813	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(23) Substantial Contributor	Service Provider	692,988	Independent Contractor		No
(1) Substantial Contributor	Service Provider	620,051	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(25) Substantial Contributor	Service Provider	524,847	Independent Contractor		No
(1) Substantial Contributor	Service Provider	476,801	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(27) Substantial Contributor	Service Provider	401,304	Independent Contractor		No
(1) Substantial Contributor	Service Provider	399,249	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(29) Substantial Contributor	Service Provider	324,497	Independent Contractor		No
(1) Substantial Contributor	Service Provider	270,654	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(31) Substantial Contributor	Service Provider	245,780	Independent Contractor		No
(1) Substantial Contributor	Service Provider	193,939	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(33) Substantial Contributor	Service Provider	191,342	Independent Contractor		No
(1) Substantial Contributor	Service Provider	177,156	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(35) Substantial Contributor	Service Provider	143,150	Independent Contractor		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number
59-0634433

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,760	cost or sales price
5 Clothing and household goods	X		288,506	cost or sales price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	140,100	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2	592	cost or sales price
20 Drugs and medical supplies	X	1	179,484	cost or sales price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Entertainment)	X	29	36,571	cost or sales price
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	<p>Management distributed a draft of the 2019 Form 990 to the Audit and Finance committee prior to the scheduled board of directors meeting in October of 2020. During the course of the board of directors meeting, management presented an overview of Form 990 to the Audit and Finance committee and gave the committee members an opportunity to provide comments and ask questions with respect to the draft. Based on feedback provided from the committee members, management updated the draft Form 990. Upon finalization of the return, management provided a final copy of the return via e-mail to the board of directors.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Pension liability adjustment \$64,943,842.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEMOURS FOUNDATION

Employer identification number

59-0634433

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Delaware Children's Health Network LLC 1600 Rockland Road Wilmington, DE 19803 83-3874741	Health Care	DE	0	0	The Nemours Foundation

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)Dornoch Sutherland Assurance LTD PO Box 1085 CJ 98-0404800	Captive Insurance	CJ	The Nemours Foundation	C	9,614,372	61,145,540	100 %	Yes	

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 59-0634433
Name: THE NEMOURS FOUNDATION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Dornoch Sutherland Assurance LTD	m	1,000,000	FMV
Dornoch Sutherland Assurance LTD	l	14,500,000	FMV
Cruden Bay Risk Retention Group Inc	l	2,000,000	FMV
Cruden Bay Risk Retention Group Inc	m	710,000	FMV
Cruden Bay Risk Retention Group Inc	q	1,047,432	FMV
Pediatric Medical Services of Florida Inc	r	5,612,393	FMV
Nemours New Jersey Physician Practice	r	5,916,066	FMV
Alfred I duPont Charitable Trust	c	169,902,489	FMV
Alfred I duPont Charitable Trust	q	150,365	FMV