(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2020

and ending JUN 30,

Open to Public

OMB No. 1545-0047

Department of the Treasury

A For the 2019 calendar year, or tax year beginning

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

JUL 1, 2019

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

Check if applicable: C Name of organization D Employer identification number Address change FOUNDATION FOR DELAWARE COUNTY Name change 22-2540853 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 200 EAST STATE STREET 304 (610)744-101055257071. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 19063-3434 MEDIA, PA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: FRANCES SHEEHAN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.DELCOFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1984 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION **Activities & Governance** FOR DELAWARE COUNTY IS TO CREATE A VIBRANT FUTURE FOR DELAWARE if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 70 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year Prior Year** 5857986. 6027519. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2287039. 3894341. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 123339. 120498. 11 8268364. 10042358. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1499617. 2016296. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4048399. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4598251. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2018756. 1990651. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7566772. 8605198. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 701592. 1437160. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 63783231. 64935456. 20 Total assets (Part X, line 16) 1436902. 1526692. 21 Total liabilities (Part X, line 26) 三年 62256539. 63498554 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Frances M. Sheehan November 10, 2020 Signature of officer Sign FRANCES SHEEHAN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 10/14/20 self-employed P01563311 JEFFREY A KOWALCZYK CPA JEFFREY A KOWALCZYK Paid Firm's EIN > 51 - 0229493Firm's name ▶ BARBACANE, THORNTON & COMPANY LLP Preparer Firm's address 3411 SILVERSIDE ROAD, 200 SPRINGER BLDG Use Only Phone no. 302-478-8940 WILMINGTON, DE 19810 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

| 4d | Other program se | rvices (De | scribe on S | Schedule O \ |
|----|------------------|------------|-------------|--------------|

) (Revenue \$ including grants of \$

Total program service expenses

7405094.

Form 990 (2019) FOUNDATION FOR DELAWARE COUNTY

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | _ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ,, |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | ,, |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | ,, |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | ا |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ا |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 3,7 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | 3,7 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | 3 | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ,, |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | _~ |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4- | | x |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 40 | | x |
| 4- | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | x |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | ├^ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | v | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | - |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | _v |
| 00 | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |

Form 990 (2019) FOUNDATION FOR DELAWARE COUNTY
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|------|------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | Х | |
| 240 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 20 | | |
| 24 a | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | x |
| | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 00 | \cdot | 21 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | ₩ |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u>├</u> ^ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | | - 00 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | , | | Yes | No |
| 12 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47 | | . 55 | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | (gambling) winnings to prize winners? | 1c | Х | |
| | 0 0/ 0 | | | |

Form 990 (2019) FOUNDATION FOR DELAWARE COUNTY

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

| | | | | Yes | No | | | | | |
|--------|--|------------------|----------|-----|---------------|--|--|--|--|--|
| 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 70 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? | 2b | X | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account, | ccount)? | 4a | | X | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | | | | | | | | |
| 5a | | | 5a 5b | | X | | | | | |
| b | , | | | | | | | | | |
| | 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 | | | | \ | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | _ | ۵. | | | | | | | |
| _ | were not tax deductible? | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | Х | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services. If INCO. If did the organization positive the depay of the conde or continue provided? | | 7a 7b | | ^ | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | e roquirod | 76 | | | | | | | |
| C | to file Form 8282? | • | 7с | | x | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 70 | | | | | | | |
| u Д | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | • | 7e | | х | | | | | |
| f | | | | | | | | | | |
| g g | | | | | | | | | | |
| | h If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C? | | | | | | | | | |
| 8 | | | | | | | | | | |
| | | | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | 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: | | | | | | | | | |
| а | 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: | ı ı | | | | | | | | |
| | | 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 | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | | | | | | |
| | 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. | | 40 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| D | 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 | | | | | | | | |
| _ | | | | | | | | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 13c | 14a | | Х | | | | | |
| | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | 14b | | | | | | | |
| .5 | excess parachute payment(s) during the year? | | 15 | | x | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | .5 | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |

Form 990 (2019) FOUNDATION FOR DELAWARE COUNTY 22-2540853 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|--------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | | | |
| 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? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 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? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | 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 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | 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? | 16a | | Х |
| b | 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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶PA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | 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 | | | |
| | THE ORGANIZATION - (610)744-1010 | | | |
| | 200 EAST STATE STREET NO. 304 MEDIA PA 19063-3434 | | | |

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, and 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.

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

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

| (A) | (B) | l | mza | |) | ipoi | out | (D) | (E) | (F) |
|---------------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------|-------------------------------|--------------------|
| Name and title | Average | (do not cl | | Pos | ition | | one | Reportable | Reportable | Estimated |
| | hours per | box, u | | ss per | son is | | an | compensation | compensation | amount of |
| | week (list anv | | | | | | | from the | from related organizations | other compensation |
| | hours for | r direc | | | | pa | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | ustee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | onal tr | | loyee | comp | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ROBERT N. SPEARE | 3.00 | _ | _ | | | | - | | | - |
| CHAIRPERSON | | Х | | Х | | | | 0. | 0. | 0. |
| (2) THE HON. DOMINIC F. PILEGGI | 3.00 | | | | | | | | | |
| VICE CHAIRPERSON | | Х | | Х | | | | 0. | 0. | 0. |
| (3) CORLISS BOGGS | 3.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) H. EDWARD HANWAY | 3.00 | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (5) MICHAEL B. ADESMAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) ROBERT J. BRUCE | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) DONALD W. DELSON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) CYRISE L. DIXON | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) DANIEL C. DUPONT | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) DR. L. JOY GATES BLACK | 1.00 | | | | | | | | • | • |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) MICHAEL B. MAGNAVITA | 1.00 | | | | | | | | | • |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0. |
| (12) NATHANIEL C. NICHOLS | 1.00 | 7.7 | | | | | | 0. | 0 | 0 |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) TED PETERS BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (14) JOAN K. RICHARDS | 1.00 | Λ | | | | | | 0. | 0. | <u> </u> |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) THOMAS A. SHOEMAKER | 1.00 | Λ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (16) ALICE W. STRINE | 1.00 | Λ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (17) KATE ZIDEK | 1.00 | 22 | | | | | | | 0. | <u></u> |
| BOARD MEMBER | 1.00 | х | | | | | | 0. | 0. | 0. |
| | 1 | 77 | | | | | | | U • | 000 |

Form 990 (2019)

| (A) | (B) | | 555, | | C) | 9 | | (D) | (E) | | | (F) | |
|---|---------------------|-------------------------------|----------------------|---------|--------------|------------------------------|----------|-----------------------------|------------------|--------|----------|------------|----------------|
| Name and title | Average | | | Pos | itior | | | Reportable | Reportable | , | Fc | timate | he |
| Name and title | hours per | | | | | than o | | compensation | compensation | | | nount | |
| | week | | | | | or/trus | | from | from related | | | other | |
| | (list any | ctor | | | | | | the | organization | ıs | com | pensa | tion |
| | hours for | r dire | | | | ted | | organization | (W-2/1099-MIS | SC) | fr | om th | е |
| | related | stee o | rustee | | | ensa | | (W-2/1099-MISC) | | | | anizat | |
| | organizations | al trus | onal t | | loyee | comp | | | | | | d relat | |
| | below line) | ndividual trustee or director | nstitutional trustee | Officer | sey employee | Highest compensated employee | rmer | | | | orga | anizati | วทร |
| (10) EDANGE GUERNAN | , | <u> </u> | Ĕ | ₽ | Ke | 를 'b | 요 | | | - | | | |
| (18) FRANCES SHEEHAN | 40.00 | 1 | | ٦, | | | | 202027 | | | | 2 4 1 | 2.1 |
| PRESIDENT | 40.00 | | - | X | | | | 202937. | | 0. | <u> </u> | 341 | <u> 3 I .</u> |
| (19) LAURA DEFLAVIA | 40.00 | 1 | | | | | | 120221 | | | | 4.0 | 4.0 |
| CHIEF FINANCIAL OFFICER | 1000 | | _ | X | | _ | | 138331. | | 0. | | 48 | <u>42.</u> |
| (20) JOANNE CRAIG | 40.00 | 1 | | | | | | | | | | | |
| VICE PRESIDENT FOR PROGRAM | | | | | | X | | 139690. | | 0. | | 294 | <u>54.</u> |
| (21) ELLEN GRILL | 40.00 | | | | | | | | | | | | |
| VP FOR ADV. & PHILANTHROPIC SVCS | | | | | | X | | 119423. | | 0. | | 260 | <u> 26.</u> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| 1b Subtotal | • | | | | | | <u> </u> | 600381. | | 0. | , | 944 | 53. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 600381. | | 0. | | 944 | |
| Total number of individuals (including but i | | | | | | | o re | | 00 of reportable | | | | |
| compensation from the organization | iot iiiriited to ti | 1030 | 11310 | o at | JOVC | <i>)</i> | 10 10 | cccived more triair \$100,0 | oo or reportable | , | | | 4 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | director truct | 00 I | | mn | lovo | | hio | shoot componented ample | voo on | ſ | | 100 | -110 |
| · · | | - | • | • | • | | _ | | • | | 3 | | Х |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | } | 3 | | |
| 4 For any individual listed on line 1a, is the s | • | | | | | | | • | • | | | Х | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | ial for services | | _ | | v |
| rendered to the organization? If "Yes." cor | nplete Schedul | e J f | or si | ıch į | oers | on | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | oensat | tion fro | om | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | , <u> </u> | ar. | | | | |
| (A) | | | | | | | | (B) | | | (C | ;) | _ |
| Name and business | | | | | | | | Description of se | rvices | | ompe | ISatio | 1 |
| MEDIA REAL ESTATE COMPANY | | | _ | | | | | L | | | _ | · | |
| 200 EAST BALTIMORE AVE., | | | | | | | | FACILITY RENT | AĹ | | 1' | 784 | <u> 34.</u> |
| CLIFTONLARSONALLEN LLP, | | | | | | | | | | | _ | = | |
| PIKE, STE. 400, PLYMOUTH | MEETING | , | PA | . 1 | 94 | 62 | | ACCOUNTING SE | RVICES | | 1 | 435' | 17. |

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

| | | | Check if Schedule O | contains | a respons | e or note to anv lin | e in this Part VIII | | | |
|--|----|---|-----------------------------------|---------------|--------------------|----------------------|---------------------|------------------------------------|------------------|---------------------------------|
| | | | | | | ,,, | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt function revenue | | Revenue excluded from tax under |
| | | | | | | | | iunction revenue | business revenue | sections 512 - 514 |
| SΩ | 1 | а | Federated campaigns | | 1a | | | | | |
| ant | _ | | | | · | | | | | |
| ي قا | | | Fundraising events | | | | | | | |
| ifts | | | | | . — | | | | | |
| nila nila | | | Government grants (contri | | . — | 4560797. | | | | |
| Sir | | | All other contributions, gifts, | | | | | | | |
| ber j | | | similar amounts not included | | | 1466722. | | | | |
| | | g | Noncash contributions included in | | 1g \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | • | Total. Add lines 1a-1f | | | • | 6027519. | | | |
| <u> </u> | | | | | | Business Code | | | | |
| συ | 2 | а | | | | | | | | |
| ķ | _ | b | | | | | | | | |
| Ser | | С | | | | | | | | |
| am Sve | | d | | | | | | | | |
| Program Service Revenue | | e | | | | | | | | |
| Pro | | | All other program service | revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | Investment income (includ | | | | | | | |
| | | | other similar amounts) | | | | 1315380. | | | 1315380. |
| | 4 | | Income from investment of | | | | | | | |
| | 5 | | Royalties | | | | | | | |
| | | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | |
| | | С | Rental income or (loss) | 6с | | | | | | |
| | | d | Net rental income or (loss) | | | | | | | |
| | 7 | | Gross amount from sales of | $\overline{}$ | Securities | (ii) Other | | | | |
| | | | assets other than inventory | 7a 47 | 74362 | 4 | | | | |
| | | b | Less: cost or other basis | | | | | | | |
| ē | | | and sales expenses | 7b 45 | 15089 | 6 13767. | | | | |
| len. | | С | Gain or (loss) | 7c 25 | 92728 | 13767. | | | | |
| her Revenue | | | Net gain or (loss) | | | | 2578961. | -13767. | | 2592728. |
| er | 8 | а | Gross income from fundraising | ng events | (not | | | | | |
| ₹ | | | including \$ | | of | | | | | |
| | | | contributions reported on | line 1c). | See | | | | | |
| | | | Part IV, line 18 | | <u>8</u> | sa 132371. | | | | |
| | | b | Less: direct expenses | | <u>8</u> | 50050. | | | | |
| | | С | Net income or (loss) from | fundrais | ing event <u>s</u> | _ | 82321. | | | 82321. |
| | 9 | а | Gross income from gamin | g activiti | ies. See | | | | | |
| | | | Part IV, line 19 | | <u>g</u> |)a | | | | |
| | | b | Less: direct expenses | | <u>g</u> | b | | | | |
| | | С | Net income or (loss) from | gaming | activities_ | <u></u> | | | | |
| | 10 | а | Gross sales of inventory, I | | | | | | | |
| | | | and allowances | | <u> 1</u> | 0a | | | | |
| | | b | Less: cost of goods sold | | 10 | 0b | | | | |
| | | С | Net income or (loss) from | sales of | inventory | <u></u> | | | | |
| တ | | | OMITTE | ~ | | Business Code | 20177 | | | 224== |
| eon | 11 | а | OTHER REVENUE | <u>S</u> | | 900999 | 38177. | | | 38177. |
| Miscellaneous Revenue | | b | | | | - | | | | |
| icel 3ev | | С | | | | - | | | | |
| Mis T | | | All other revenue | | | | 20177 | | | |
| | ۰. | | Total Add lines 11a-11d | | | <u> </u> | 38177. | -13767. | ^ | 4028606. |
| | 12 | | Intal revenue See instruction | IIIC 9111 | | | 1 100473336 | | | . 4020000 |

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).

| Do not include amounts reported on lines 60, 78, 80, 80, and 70 to Prart VIII. Total expenses Programs services Sopretion Sopret | 36011 | on 501(c)(3) and 501(c)(4) organizations must complications. Check if Schedule O contains a respons. | | | ipiete coluiriii (A). | |
|--|-------|---|----------------|----------|---------------------------------|-----------------|
| 1 Grafts and offer assistance to ofmetic organizations and domestic governments. See Part IV, line 21 1830069 | Do | · I | | (B) | (C) | (D) |
| Contra and other assistance to domestic organizations and domestic generations. See Part V, line 21 18 30069 18 300 | | • | Total expenses | | Management and general expenses | |
| and domestic governments. See Part IV, line 21 Grants and other assistance to to disease individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Beenefits paid to or for members Compensation of current officers, directors, trustees, and key employees Beenefits and 6896(10) and persons described in section 4866(10) and persons described 4866(10) and persons described 4866(10) and per | | | | | | , |
| 2 Grants and other assistance to domestic inclividuals. See Part IV, Inc 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, Inc 91 and 10 seed to 7 | | - I | 1830069. | 1830069. | | |
| 3 Gards and other assistance to foreign regnizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current offices, directors, trustees, and key employees Compensation of current offices, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4980(ft)) and persons described in section 4980(ft)) and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions) Citizen 49 Parising lang accuracy and 493(b) employer contributions (accuracy accuracy acc | 2 | | | | | |
| 3 Grants and other assistance to foreign required controls, foreign organizations, foreign governments, and toreign required controls, foreign governments, and toreign required controls, foreign governments, and toreign required controls. See Part IV, lines 15 and 18 8 Berefist paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4958(ft)) and persons described in section 4958(ft)) and 4050(ft) employee bonefits Person plan accruits and contributions (include section 4014) and 4050(ft) employee bonefits Payor It taxes Cotton employee bonefits Payor It taxes Payor It taxes Coccurring 1 12271. 1 245394. 1 245394. 1 244535. 1 27445. 2 29212. 2 29212. 2 29212. 2 29212. 2 29212. 2 29212. 2 29212. 2 292314. 2 2923 | | individuals. See Part IV, line 22 | 186227. | 186227. | | |
| Individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 380241. 323884. 27145. 29212. | 3 | | | | | |
| Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 38 0 2 4 1. 3 2 3 8 8 4 . 27 1 4 5 . 2 9 2 1 2 . | | organizations, foreign governments, and foreign | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees trustees, and key employees and the section 4558(f) f) and parsons desorbed in section 4558(f) f) and parsons desorbed in section 4558(f) f) and parsons desorbed in section 4588(f) f) and parsons desorbed in section 4588(f) f) and parsons desorbed in section 4588(f) f) and acrusis and contributions (include section 40 filk) and 40(f) employer contributions) 8 | | individuals. See Part IV, lines 15 and 16 | | | | |
| Trustees, and keye employees 380241. 323884. 27145. 29212. | 4 | Benefits paid to or for members | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons discribed in section 4958(f)(1)) and persons discribed in section 4958(f)(1)) and persons discribed in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Pees for services (nonemployees): a Management b Legal 6 P. Robert (included above (included section 401(k)) and 403(b) employer contributions) b Legal 6 P. Robert (included above (included section 401(k)) and 403(b) employer contributions) 6 Person (included above (included section 401(k)) and 403(b) employer contributions) 11 Pees for services (nonemployees): a Management b Legal 6 P. Robert (included above (included section 401(k)) and 403(b) employer (included sectio | 5 | Compensation of current officers, directors, | | | | |
| persons (as defined under section 4986(r)(1)) and persons described in section 4986(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4016) and 403(b) employer contributions) 9 Other employee benefits 6 49627. 605901. 8638. 35088. 1145. 4650. 9 Other employee benefits 6 49627. 605901. 8638. 35088. 11 Fees for services (nonemployees): a Management b Legal 6 9780. 15249. 52765. 1766. c Accounting 1 12271. 24535. 84894. 2842. d Lobbying Professional fundralsing services. See Part IV, line 17 florestment management fees 9 Other, off line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0, 1 42588. 67870. 66856. 7862. 2 Advertising and promotion 9 8387. 82561. 3926. 11900. 30 Office expenses 8 8950. 48.285. 32.372. 8293. 14 information technology 157198. 101315. 50213. 5670. 16 Royalties 16 Occupancy. 538063. 436879. 101184. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conference, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Interest 22 Depreciation, depletion, and meetings 23 Insurance 4 Other copenses. Itemize expenses not covered above (List miscellamous expenses on Schedule 0.) 24 PROGRAM COSTS 5 119685. 109570. 10073. 42. 25 TAFF DEVELOPMENT 95909. 77230. 7389. 11290. 4 RPPAIRS AND MAINTENANCE 4 All other expenses. 47957. 39713. 8244. 5 119685. 109570. 10073. 42. 25 Tatal functional expenses. Add lines 1 through 24e. 8 605198. 7405094. 812502. 387602. | | trustees, and key employees | 380241. | 323884. | 27145. | 29212. |
| Persion plan accruels and wages 3219197. 2673347. 292314. 253536. | 6 | Compensation not included above to disqualified | | | | |
| 3219197. 2673347. 292314. 253536. | | | | | | |
| 8 Pension plan accruals and contributions (include section 40 (IK) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobbyring 15 Legal 16 Porfessional fundraising services. See Part IV, line 17 investment management fees 17 Investment management fees 18 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 18 Office expenses 18 Reys of the victor of travel or entertainment expenses for any federal, state, or local public officials 18 Payments to affiliates 19 Payments to affiliates 10 Conferences, conventions, and meetings 10 Insurance 11 Payments of travel or and manorization above (List miscolalmosto scopenses on Schedule 0) 15 SUPPLIES 119685. 119605. 119605. 110 Agricultus (Reysenses on Schedule 0) 15 SUPPLIES 119685. 119685. 119685. 119685. 119685. 119685. 119686. 119685. 119685. 119685. 119685. 119685. 119685. 119685. 11968611. 11145. 11455. 114258. 11450. 114211. 114258. 11450. 114211. 114258. 11450. 114211. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 11425. 114258. 11425. 11425. 114258. 11425. 11425. 11425. 114258. 11425. 11425. 114258. 11425. 11425. 11425. 11425. 114258. 11425. 11425. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 11425. 114258. 114258. 114258. 114259. 114258. 114258. 114259. 114258. 114259. 114258. 114258. 114259. 114258. 114259. 114258. 114258. 114259. 114258. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 114259. 114258. 11 | | | | | | |
| Section 401(k) and 403(b) employer contributions) 64,962.7. 60.590.1. 86.38. 35.088. | 7 | Other salaries and wages | 3219197. | 2673347. | 292314. | <u> 253536.</u> |
| 9 Other employee benefits 649627. 605901. 8638. 35088. 10 Payroll taxes 263103. 245394. 3498. 14211. 1 Fees for services (nonemployees): a Management | 8 | , | 0.6000 | 2222 | 44 | 4.5= 0 |
| 10 Payroll taxes 263103. 245394. 3498. 14211. 11 Fees for services (nonemployees): a Management b Legal 69780. 15249. 52765. 1766. c Accounting 112271. 24535. 84894. 2842. d Löbbying Professional fundralsing services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount sexceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 98387. 82561. 3926. 11900. 13 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 157198. 101315. 50213. 5670. 16 Occupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 1161. 20 Interest 1161. 21 Payments of affiliates 22 Depreciation, depletion, and amortization 31873. 21081. 10792. 23 Insurance 54230. 6346. 47884. 24 Other expenses ltemize expenses not covered above (List miscellaneous expenses on Schedule 0.) PROGRAM COSTS 369074. 368611. 384. 79. 25 Total functional expenses Add lines 1 through 24e 47957. 39713. 8244. 25 Total functional expenses Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 26 Increase 11600mpt | | · · · · · · · · · · · · · · · · · · · | | | | |
| 11 Fees for services (nonemployees): a Management b Legal | 9 | | | | | |
| a Management b Legal 69780. 15249. 52765. 1766. c Accounting 112271. 24535. 84894. 2842. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 98387. 82561. 3926. 11900. 3 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 910 Cocupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 31873. 21081. 10792. 21 Insurance 54230. 6346. 47884. 24 Other expenses, Itemize expenses on line 24e. If line 24e amount exceets 15% of line 25, column (A) amount, list line 24e amount exceets 15% of line 25, column (A) amount, is line 24e amount exceets 15% of line 25, column (A) amount, and mortization 25 119685. 109570. 10073. 422. 3 EUPPLIES 119685. 109570. 10073. 425. 4 Conferences, conventions and mortization 25 33618. 32704. 914. 4 REPAIRS AND MAINTENANCE 33618. 32704. 914. 5 Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. | 10 | | 263103. | 245394. | 3498. | 14211. |
| b Legal 69780. 15249. 52765. 1766. c Accounting 112271. 24535. 84894. 2842. d Lobbying e e Professional fundraising services. See Part IV, line 17 f Investment management fees g g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 98387. 82561. 3926. 11900. 388950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 31062. 38063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials or any federal, state, or local public officials or any federal, state, or local public officials above (Ist miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 29 PROGRAM COSTS 369074. 368611. 384. 79. 20 STAFF DEVELOPMENT 95909. 77230. 7389. 11290. d REPAIRS AND MAINTENANCE 47957. 39713. 82444. 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 free ▶ 1 tolowing Scop 892-968. 9862-980. | | · · · · · · · · · · · · · · · · · · · | | | | |
| the conting services. See Part IV, line 17 | а | | 60000 | 15040 | 50565 | 1866 |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 98387. 82561. 3926. 11900. 30 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 71 Travel 71 Trav | | | | | | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 19 expenses on Sch O.) 142588. 67870. 66856. 7862. 4 Advertising and promotion 98387. 82561. 3926. 11.900. 13 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 105 Cocupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Depreciation, depletion, and amortization 154230. 6346. 47884. 19 Conferences, conventions, and meetings 10 September 19 September 19 September 24 Payments to affiliates 20 Depreciation, depletion, and amortization 154230. 6346. 47884. 20 Interest 10 September 24 Payments to affiliates 11 September 25 September 24 Payments to affiliates 11 September 25 September 25 September 25 September 26 September 26 September 27 September 27 September 27 September 27 September 27 September 28 September 28 September 28 September 28 September 28 September 29 September | | | 1122/1. | ∠4535. | 84894. | 2842. |
| f Investment management fees g Other. (If fine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 98 387. 82561. 3926. 11900. 13 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials payments to affiliates 520. 19 Conferences, conventions, and meetings 1 Payments to affiliates 520. 1 Payments to affiliates 54230. 6346. 47884. 20 Interest 1 Payments to affiliates 54230. 6346. 47884. 21 Other expenses. Itemize expenses not covered above (list miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 PROGRAM COSTS 369074. 368611. 384. 79. 29 STAFF DEVELOPMENT 95909. 77230. 7389. 11290. 20 REPAIRS AND MAINTENANCE 33618. 32704. 914. 20 Interest 119685. 109570. 10073. 422. 21 Conferences, conventions, and meetings 119685. 109570. 10073. 425. 22 STAFF DEVELOPMENT 95909. 77230. 7389. 11290. 23 Interest 119685. 109570. 39713. 8244. 24 Other expenses. Add lines 1 through 24e. 8605198. 7405094. 812502. 387602. | | I | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 98387. 82561. 3926. 11900. 3 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 5 Royalties 50 Cocupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials 50 Interest 51 Payments to affiliates 51 Payments to affiliate 51 Payments 41 Payments 52 Payments 42 Payments 62 | | | | | | |
| Column (A) amount, list line 11g expenses on Sch 0.) 142588. 67870. 66856. 7862. | | | | | | |
| 12 Advertising and promotion 98387. 82561. 3926. 11900. 13 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties | g | , - | 1/2500 | 67070 | 66056 | 7060 |
| 13 Office expenses 88950. 48285. 32372. 8293. 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties 50 Cocupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Depreciation, depletion, and amortization 31873. 21081. 10792. 21 Payments to affiliates 54230. 6346. 47884. 22 Depreciation, depletion, and amortization 54230. 6346. 47884. 23 Insurance 54230. 6346. 47884. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS 369074. 368611. 384. 79. b SUPPLIES 119685. 109570. 10073. 422. c STAFF DEVELOPMENT 95909. 77230. 7389. 11290. d REPAIRS AND MAINTENANCE 33618. 32704. 914. e All other expenses 47957. 39713. 8244. 25 Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. | | · · · · · · · · · · · · · · · · · · · | | | | |
| 14 Information technology 157198. 101315. 50213. 5670. 15 Royalties | | | | | | |
| 15 Royalties 16 Occupancy | | | | | | |
| 16 Occupancy 538063. 436879. 101184. 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 54230. 6346. 47884. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 PROGRAM COSTS 119685. 109570. 10073. 42. 29 STAFF DEVELOPMENT 95909. 77230. 7389. 11290. 20 REPAIRS AND MAINTENANCE 33618. 32704. 914. 21 All other expenses 147957. 39713. 8244. 22 Octobeck here 1 following SOP 98-2 (ASC 958-720) | | | 137190. | 101313. | 30213• | 3070• |
| 17 Travel 31068. 28035. 1872. 1161. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization 31873. 21081. 10792. 29 Depreciation, depletion, and amortization 31873. 21081. 10792. Insurance 54230. 6346. 47884. 20 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS 369074. 368611. 384. 79. BSUPPLIES 119685. 109570. 10073. 422. CSTAFF DEVELOPMENT 95909. 77230. 7389. 11290. dREPAIRS AND MAINTENANCE 33618. 32704. 914. eAll other expenses Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 387602. 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 if following SOP 98-2 (ASC 958-720) | | | 538063 | 436879 | 101184 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 PROGRAM COSTS 2 BUPPLIES 2 STAFF DEVELOPMENT 3 REPAIRS AND MAINTENANCE All other expenses. Add lines 1 through 24e 2 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 Image: Interest in the payment of the company of the progradation of the point of the company of the compan | | | | | | 1161. |
| for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 4 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 PROGRAM COSTS 3 69074. 368611. 384. 79. 5 SUPPLIES 5 TAFF DEVELOPMENT 4 REPAIRS AND MAINTENANCE All other expenses 4 7957. 39713. 8244. 25 Total functional expenses. Add lines 1 through 24e 5 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 if following SOP 98-2 (ASC 958-720) | | | 31000. | 20033. | 1072• | 11011 |
| 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 31873. 21081. 10792. 23 Insurance 54230. 6346. 47884. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS 369074. 368611. 384. 79. b SUPPLIES 119685. 109570. 10073. 42. c STAFF DEVELOPMENT 95909. 77230. 7389. 11290. d REPAIRS AND MAINTENANCE 33618. 32704. 914. e All other expenses 47957. 39713. 8244. 25 Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 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 | 10 | · ' | | | | |
| 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS b SUPPLIES c STAFF DEVELOPMENT d REPAIRS AND MAINTENANCE e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 ▶ ☐ if following SOP 98-2 (ASC 958-720) | 10 | | | | | |
| 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS b SUPPLIES c STAFF DEVELOPMENT d REPAIRS AND MAINTENANCE e All other expenses 119685. 119685. 119685. 119685. 109570. 10073. 42. 368611. 384. 79. 42. 57405094. 812502. 387602. | | | | | | |
| 22 Depreciation, depletion, and amortization 31873. 21081. 10792. 23 Insurance 54230. 6346. 47884. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS 369074. 368611. 384. 79. b SUPPLIES 119685. 109570. 10073. 42. c STAFF DEVELOPMENT 95909. 77230. 7389. 11290. d REPAIRS AND MAINTENANCE 33618. 32704. 914. e All other expenses 47957. 39713. 8244. 25 Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 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 infollowing SOP 98-2 (ASC 958-720) | | | | | | |
| 23 Insurance 54230 . 6346 . 47884 . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS 369074 . 368611 . 384 . 79 . b SUPPLIES 119685 . 109570 . 10073 . 42 . c STAFF DEVELOPMENT 95909 . 77230 . 7389 . 11290 . d REPAIRS AND MAINTENANCE All other expenses 47957 . 39713 . 8244 . 25 Total functional expenses . Add lines 1 through 24e 8605198 . 7405094 . 812502 . 387602 . 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 if following SOP 98-2 (ASC 958-720) | | | 31873. | 21081. | 10792. | _ |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS b SUPPLIES c STAFF DEVELOPMENT d REPAIRS AND MAINTENANCE e All other expenses All other expenses 5 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) | | . · · · · · · · · · · · · · · · · · · · | | | | |
| above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM COSTS b SUPPLIES c STAFF DEVELOPMENT d REPAIRS AND MAINTENANCE e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 int following SOP 98-2 (ASC 958-720) | | | | | | |
| amount, list line 24e expenses on Schedule 0.) PROGRAM COSTS SUPPLIES SUPPLIES STAFF DEVELOPMENT REPAIRS AND MAINTENANCE All other expenses Total functional expenses. Add lines 1 through 24e All other expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) | - | above (List miscellaneous expenses on line 24e. If | | | | |
| a PROGRAM COSTS b SUPPLIES C STAFF DEVELOPMENT DEVELOPMENT All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) 369074. 368611. 384. 79. 119685. 109570. 10073. 42. 17959. 1795909. 77230. 7389. 11290. 1795909. 77230. 7389. 11290. 1795909. 77230. 7389. 11290. 1795909. 77230. 7389. 11290. 170590909. 77230. 7389. 11290. 17059090909090909090909090909090909090909 | | | | | | |
| c STAFF DEVELOPMENT 95909. 77230. 7389. 11290. d REPAIRS AND MAINTENANCE 33618. 32704. 914. e All other expenses 47957. 39713. 8244. 25 Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 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 if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) | а | | | | | 79. |
| REPAIRS AND MAINTENANCE at All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e 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 | b | SUPPLIES | 119685. | 109570. | 10073. | 42. |
| All other expenses 47957. 39713. 8244. Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 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 Infollowing SOP 98-2 (ASC 958-720) | С | | | | | 11290. |
| Total functional expenses. Add lines 1 through 24e 8605198. 7405094. 812502. 387602. 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 if following SOP 98-2 (ASC 958-720) | d | REPAIRS AND MAINTENANCE | | | | |
| 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 if following SOP 98-2 (ASC 958-720) | е | All other expenses | | | | |
| reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 25 | Total functional expenses. Add lines 1 through 24e | 8605198. | 7405094. | 812502. | 387602. |
| educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 26 | Joint costs. Complete this line only if the organization | | | | |
| Check here if following SOP 98-2 (ASC 958-720) | | reported in column (B) joint costs from a combined | | | | |
| | | | | | | |
| = 000 (2242) | | Check here if following SOP 98-2 (ASC 958-720) | | | | 200 |

Form 990 (2019)
Part X Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|---|----------------|--------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to any l | ine in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 2178684. | 1 | 2620273. |
| | 2 | Savings and temporary cash investments | | | 75000. | 2 | 50708. |
| | 3 | Pledges and grants receivable, net | | | 563630. | 3 | 680722. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | bstantial cor | ntributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese person | s | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified perso | | | | |
| | | under section 4958(f)(1)), and persons descri | | 6 | | | |
| s, | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 106259. | 9 | 141726. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 600115. | | | |
| | b | Less: accumulated depreciation | 10b | 373799. | 64838. | 10c | 226316. |
| | 11 | Investments - publicly traded securities | | | 58789811. | 11 | 59223307. |
| | 12 | Investments - other securities. See Part IV, lir | | | 1795399. | 12 | 1744320. |
| | 13 | Investments - program-related. See Part IV, li | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 209610. | 15 | 248084. | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 63783231. | 16 | 64935456. |
| | 17 | Accounts payable and accrued expenses | | | 820453. | 17 | 598965. |
| | 18 | Grants payable | 256000. | 18 | 122780. | | |
| | 19 | Deferred revenue | | | | 19 | 106530. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV of | Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or f | ormer officer | , director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | bstantial cor | ntributor, or 35% | | | |
| abi | | controlled entity or family member of any of t | hese person | s | | 22 | |
| | 23 | Secured mortgages and notes payable to un | related third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ated third pa | rties | | 24 | 183325. |
| | 25 | Other liabilities (including federal income tax, | payables to | related third | | | |
| | | parties, and other liabilities not included on li | nes 17-24). (| Complete Part X | | | |
| | | of Schedule D | | | 450239. | 25 | 425302. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1526692. | 26 | 1436902. |
| | | Organizations that follow FASB ASC 958, or | check here | ▶ X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| ılan | 27 | Net assets without donor restrictions | | | 55654684. | 27 | 56688561. |
| Ba | 28 | Net assets with donor restrictions | | | 6601855. | 28 | 6809993. |
| nu | | Organizations that do not follow FASB AS6 | C 958, chec | k here 🕨 📖 | | | |
| ŗ | | and complete lines 29 through 33. | | | | | |
| ပ္ | 29 | Capital stock or trust principal, or current fun | | | 29 | | |
| sei | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 6005655 | 31 | <u> </u> |
| Se | 32 | Total net assets or fund balances | | | 62256539. | 32 | 63498554. |
| | 33 | Total liabilities and net assets/fund balances | 63783231. | 33 | 64935456. | | |

Form **990** (2019)

| Form | 1 990 (2019) FOUNDATION FOR DELAWARE COUNTY | 22- | -2540853 | Pag | _{je} 12 | | | | |
|------|---|---------|----------|-------------|------------------|--|--|--|--|
| Pa | rt 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 | 1004 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | |)519 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1437160 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6225 | 653 9514 | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | | |
| _ | column (B)) | 10 | 6349 | 85 | <u>54.</u> | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| | | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u> </u> | | | | |
| | 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? | | 2b | Х | | | | | |
| | 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: | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | X | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | • | lit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | Х | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | X | | | | | |
| | | | Form | 990 (| 2019) | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization FOUNDATION FOR DELAWARE COUNTY 22-2540853 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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 fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|------------------------|----------------------------|---------------------|-------------|
| Cale | ndar 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.") | 967590. | 17274782. | 27994468. | 5941986. | 6027519. | 58206345. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 967590. | 1727 4 782. | 27994468. | 5941986. | 6027519. | 58206345. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 58206345. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 967590. | 17274782. | 27994468. | 5941986. | 6027519. | 58206345. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 745464. | 1847740. | 1037465. | 1465935. | 1315380. | 6411984. |
| 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.) | | | | | 38177. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 64656506. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | x year as a section | 1 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2019 (li | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 90.02 % |
| | Public support percentage from 2018 | | | | | 15 | 89.87 % |
| 16a | 33 1/3% support test - 2019. If the o | organization did no | t check the box o | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | ~ | | | | |
| b | 33 1/3% support test - 2018. If the o | organization did no | t check a box on | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization quali | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2019. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac- | ts-and-circumstand | ces" test, check th | is box and stop h | iere. Explain in Pa | rt VI how the orgar | nization |
| | meets the "facts-and-circumstances" | test. The organizat | tion qualifies as a | oublicly supported | organization | | > |
| b | 10% -facts-and-circumstances test | - 2018. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets th | | | | | | е |
| | organization meets the "facts-and-circ | umstances" test. | The organization o | ualifies as a public | ly supported orgar | nization | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | | ==\ |

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION FOR DELAWARE COUNTY 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 | <i>510 11</i> , p.10000 00p. | | | | | |
|---|------------------------------|--------------------------|----------------------|---------------------|--------------------|---------------|
| 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 per- | | | | | | |
| formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | | | | | |
| • | | | | 1 | T | T |
| 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 | | | | | | _ |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | + |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | <u> </u> | | <u> </u> | 504()(0) | |
| 14 First five years. If the Form 990 is for | - | | | • | | |
| check this box and stop here Section C. Computation of Publi | | | | | <u></u> | |
| 15 Public support percentage for 2019 (li | | | column (fl) | | 15 | % |
| 16 Public support percentage from 2018 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | 1 10 1 | |
| 17 Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2019. If the | | | | | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box ar | | | | | | _ |
| b 33 1/3% support tests - 2018. If the | | | | | | |
| line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | orted organizatior | ı > |
| 20 Private foundation If the organization | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-------------|-------|------|
| | | |
| 1 | | |
| | | |
| | | |
| 2 | | |
| 3a | | |
| - Ga | | |
| | | |
| 3b | | |
| 3с | | |
| 00 | | |
| 4a | | |
| | | |
| 4b | | |
| 40 | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| , | | |
| 8 | | |
| | | |
| 9a | | |
| | | |
| 9b | | |
| 90 | | |
| 9c | | |
| | | |
| 10a | | |
| 10b | | |
| n 990 or 99 | 0-EZ) | 2019 |

| Pai | Supporting Organizations (continued) | | | |
|-----|---|-----|-----|-----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | , , , , , , , , , , , , , , , , , , , | 11c | | |
| Sec | ction B. Type I Supporting Organizations | Т | | |
| | | | 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? 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. | 1 | | |
| 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? 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. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | Т | | |
| | | | 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)? 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). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | 1 | | |
| | | | 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? | 1 | | |
| 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? If "No," explain in Part VI how | _ | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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? If "Yes," describe in Part VI the role the organization's | _ | | |
| 800 | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | • | | | |
| b | 0 11 0 00mprote 2010111 | | | |
| C | y and supported a government ormit, (see means | | V | NI- |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? 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 | 2a | | |
| h | | Za | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 2h | | |
| 2 | activities successful the singular successful to | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| J | | 3b | | |
| | The supposition of garineation of the supposition in the supposition by the organization in this regard. | -~ | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | ig Organ | izations | | |
|--|--|---------------|-----------------------------|--------------------------------|--|
| 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 are considered to the control of the contr | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions A through E. | | |
| Sect | tion 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 | | | |
| | tion 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): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | 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 | | | |
| Sect | tion 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 | Check here if the current year is the organization's first as a non-functional | lly integrate | ed Type III supporting orga | anization (see | |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par | Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | inizations (continued) | |
|----------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distributions | | · | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | | | |
| 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 | ne organization is responsive |) | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| T | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| 3 | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | | | | |
| 6 | than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h | | | |
| 0 | • | | | |
| | and 4b from line 1. For result 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: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| <u>C</u> | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ) 2 | 2019 FOUNDATIL | N FOR DELA | WARE COUNTY | 22-2340833 | Page 8 |
|------------|---|---|--|--|---|--------|
| Part VI | Part IV, Section A, line line 1; Part IV, Section | es 1, 2, 3b, 3c, 4b, 4c, ∜ n D, lines 2 and 3; Part∃ | 5a, 6, 9a, 9b, 9c, 11a V, Section E, lines 1d | , 11b, and 11c; Part IV, Se c, 2a, 2b, 3a, and 3b; Part | rt II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section V, line 1; Part V, Section B, line 1e; F for any additional information. | on C, |
| | (| | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

FOUNDATION FOR DELAWARE COUNTY

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|---|-------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | _ \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | _ \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | - \$\$_432092. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | - \$\$0000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FOUNDATION FOR DELAWARE COUNTY

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

Name of organization Employer identification number

FOUNDATION FOR DELAWARE COUNTY

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations | | | | | | |
|---------------------------|--|---|---|--|--|--|--|
| | completing Part III, enter the total of exclusively religious, of | through (e) and the following the followin | ng line entry. For o 6 1.000 or less for th | rganizations ne vear. (Enter this info. once.) \$ | | | |
| | Use duplicate copies of Part III if additional s | space is needed. | , | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of g | jift | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | () - | | | | | |
| | | (e) Transf | er of gift | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | elationship of transferor to transferee | | | |
| | | _ | | | | | |
| | | _ | | | | | |
| | | _ | | _ | | | |
| (a) No. from | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transf | er of gift | | | | |
| | | , , | ····· 3 ··· | | | | |
| _ | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transf | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| _ | Transferee's name, address, ar | nd ZIP + 4 | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transf | er of gift | | | | |
| | | , , | · · | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | elationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number 22-2540853

| Pai | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Fund | s or Accounts. Complete if the | | | | | |
|-----|--|---|---------------------------------------|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | 10 | | | | | | |
| 2 | Aggregate value of contributions to (during year) | 273326 | | | | | | |
| 3 | Aggregate value of grants from (during year) | 154651 | | | | | | |
| 4 | Aggregate value at end of year | 692271 | , | | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor adv | | | | | | |
| | are the organization's property, subject to the organization's e | | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds can b | pe used only | | | | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpos | | | | | | |
| D : | | | | | | | | |
| Pai | | |), Part IV, line 7. | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | | | | |
| | Preservation of land for public use (for example, recreat | · | of a 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 qualifi | ed conservation contribution in the for | | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | | |
| а | Total number of conservation easements | | I I | | | | | |
| b | | | | | | | | |
| С | Number of conservation easements on a certified historic stru | | | | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | | | |
| _ | listed in the National Register | | | | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by t | ne organization during the tax | | | | | |
| 4 | Number of states where preparty subject to concernation acc | ament is leasted | | | | | | |
| 4 | Number of states where property subject to conservation easi | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 5 | Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | | | | | |
| U | Starr and volunteer flours devoted to morntoning, inspecting, i | landing of violations, and emorcing ec | riservation easements during the year | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conser- | vation easements during the year | | | | | |
| • | S | ing or violations, and emoroting conser | vation observer to during the year | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 17 | '()(h)(4)(B)(i) | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | | | |
| _ | balance sheet, and include, if applicable, the text of the footnot | | | | | | | |
| | organization's accounting for conservation easements. | | | | | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or 0 | Other Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statemen | t and balance sheet works | | | | | |
| | of art, historical treasures, or other similar assets held for pub | lic 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 FASB ASC 958 | 3, to report in its revenue statement an | d balance sheet works of | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fu | rtherance of public service, | | | | | |
| | provide the following amounts relating to these items: | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | |
| | | | . . | | | | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financ | | | | | | |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these items: | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | |
| b | Assets included in Form 990, Part X | | | | | | | |

| Paı | rt III Organizations Maintaining C | ollections of Art | t, Histo | orical Tre | asures, or | Other | Similar | Assets | (continu | ued) |
|------|---|-------------------------|-------------|-------------------|----------------|------------|-------------|--------------|-----------|------------|
| 3 | Using the organization's acquisition, accession | on, and other records | s, check | any of the f | ollowing that | make si | gnificant u | se of its | , | , |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | m | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how the | ey further th | ne organizatio | n's exem | npt purpos | e in Part | XIII. | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, his | storical treas | sures, or othe | r similar | assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | ne organ | ization's co | llection? | | | | Yes | No |
| Pai | rt IV Escrow and Custodial Arran | gements. Comple | ete if the | organizatio | n answered " | Yes" on | Form 990 | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for c | contributions | s or other ass | ets not i | ncluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatio | n has been | provided on F | Part XIII | | | | |
| Pai | rt V Endowment Funds. Complete i | f the organization an | swered | "Yes" on Fo | rm 990, Part | IV, line 1 | 0. | | | |
| | | (a) Current year | | rior year | (c) Two year | | (d) Three y | ears back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 10 | ı. column (a) |) held as: | I | | | | |
| | Board designated or quasi-endowment | | % | ,, ==:::: (=, | ,, | | | | | |
| | Permanent endowment | | | | | | | | | |
| | | <u></u> /° | | | | | | | | |
| Ū | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | ition that | t are held ar | nd administer | ed for the | e organiza | tion | | |
| | by: | | | | | | o o.g | | [- | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | 100 110 |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| h | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on So | chedule R2 | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | _ <u></u> | <u> </u> |
| | rt VI Land, Buildings, and Equipm | | WITHOUT I | arido. | | | | | | |
| | Complete if the organization answere | | Part IV | line 11a S | ee Form 990 | Part X | line 10 | | | |
| | Description of property | (a) Cost or o | | | or other | | ccumulate | d | (d) Book | value |
| | besorption of property | basis (investn | | . , | (other) | | preciation | ٦ | (u) Dook | value |
| 10 | Land | ` | , | 4.5.5 | | 2.3 | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | 35964. | | 1307 | 70. | 2 | 2894. |
| | Equipment | | | | 64151. | | 36072 | | | 3422. |
| | Other | I | | | <u> </u> | | 30072 | | | <u> </u> |
| | I. Add lines 1a through 1e. (Column (d) must e | | V colum | n (D) line 1 | 00.) | | | | 2.2 | 6316. |
| - cu | , .aaoo ta aroagii 10. [Collillii [O] [IIIS] A | uuai EUIIII 330. FAN | A. GUIUIT | ıı ı (D). IIII∈ 1 | UU.1 | | | _ | | |

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Schedule D (Form 990) 2019 FOUNDATION F | FOR DELAWARE | COUNTY | 22-2540853 Page |
|--|----------------------------|-----------------------------|--------------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati | on: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11c. See Form 990, Part X | (, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuati | on: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11d. See Form 990, Part X | (, line 15. |
| (a) [| Description | | (b) Book value |
| <u>(1)</u> | | | |
| (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" of | on Form 990, Part IV, line | e 11e or 11f. See Form 990, | |
| 1. (a) Description of liability | | | (b) Book value |

| <u>1.</u> | (a) Description of liability | (b) Book value |
|-----------|---|----------------|
| (1) | Federal income taxes | |
| (2) | ANNUITIES PAYABLE | 181997. |
| (3) | INSURANCE LIABILITIES | 243305. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 425302. |

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

| Pa | rt XI Reconciliation of Revenue per Audited Financial Stat | ements With I | Revenue per Ret | urn. | |
|----|---|---------------|-----------------|-------|-----------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 9847213. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -195145. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | -195145. |
| 3 | Subtract line 2e from line 1 | | | 3 | 10042358. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |) | | 5 | 10042358. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | itements With | Expenses per R | eturn | • |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 8605198. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 8605198. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | | | | | ^ |
| | Add lines 4a and 4b | | | 4c 5 | <u>0.</u> 8605198. |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3), AND ITS ACTIVITIES DO NOT RESULT IN ANY INCOME TAX LIABILITY. IN ACCORDANCE WITH THE FASB ASC SECTION REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE FOUNDATION IS REQUIRED TO RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION IF IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION IN THE FINANCIAL STATEMENTS.

| Schedule D (Form 990) 2019 FOUNDATION FOR DELAWARE COUNTY | 22-2540853 Page 5 |
|---|-------------------|
| Schedule D (Form 990) 2019 FOUNDATION FOR DELAWARE COUNTY Part XIII Supplemental Information (continued) | • |
| NO ASSURANCE THAT THE FOUNDATION'S TAX RETURNS WILL NOT B | BE CHALLENGED BY |
| THE TAXING AUTHORITIES AND THAT THE FOUNDATION WILL NOT B | E SUBJECT TO |
| ADDITIONAL TAX PENALTIES AND INTEREST AS A RESULT OF SUCH | CHALLENGE. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Fig. 10 www.iis.gov/i ormoso for instructions and the latest information.

Employer identification number 22-2540853

FOUNDATION FOR DELAWARE COUNTY 22-2540853

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 raise | ed funds through any of the | following a | activ | ities. (| Check all that apply. | | |
|--|---|--------------|-----------------|-------------------|-------------------------|--------------------------------|---------------------|
| a Mail solicitations | Solicitation | n of | non-g | overnment grants | | | |
| b Internet and email solicitations | Internet and email solicitations f Solicitation of gove | | | | | | |
| c Phone solicitations | g | Special fur | ndra | ising e | events | | |
| d In-person solicitations | | | | | | | |
| 2 a Did the organization have a written or | oral agreement with any in | dividual (in | clud | ina of | ficers, directors, trus | tees. or | |
| key employees listed in Form 990, Pa | | | | | | Yes | No |
| b If "Yes," list the 10 highest paid indivi | | | | | | | |
| compensated at least \$5,000 by the | | -, | | | | | |
| | | | | | Г | | |
| (i) Name and address of individual | | | (iii) fundra | Did | (iv) Gross receipts | (v) Amount paid | (vi) Amount paid |
| or entity (fundraiser) | (ii) Activity | ha | ave cu | istody trol of | from activity | to (or retained by) fundraiser | to (or retained by) |
| or ortally (larranalisal) | | co | ntribu | itions? | morn doctivity | listed in col. (i) | organization |
| | | Y | 'es | No | | | |
| | | _ | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | \dashv | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | \dashv | | | | |
| | | | | | | | |
| | | | \dashv | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | <u> </u> | | | |
| 3 List all states in which the organization | is registered or licensed to | solicit con | ıtribu | utions | or has been notified | it is exempt from reg | gistration |
| or licensing. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GIRLS NIGHT NONE (add col. (a) through DUT col. (c)) (event type) (event type) (total number) 125563. 125563. Gross receipts 2 Less: Contributions 125563. 125563. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 29500. 29500. 7 Food and beverages 8 Entertainment 11643. 11643 9 Other direct expenses 41143 **10** Direct expense summary. Add lines 4 through 9 in column (d) $84\overline{420}$ 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

| Sch | edule G (Form 990 or 990-EZ) 2019 FOUNDATION FOR DELAWARE COUNTY 22- | 2540 | 853 | Page 3 |
|-----|---|--------------|----------|-------------|
| | 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: | | 162 | NO |
| | The organization's facility | 13a | | % |
| | o An outside facility | | | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | l | |
| | Name ▶ | | | |
| | Address > | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No |
| ŀ | of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| • | of gaming revenue retained by the third party > \$ | | | |
| | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Garming manager compensation | | | |
| | Description of services provided | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | art III, lin | es 9, 9t | o, 10b, |
| | Tob, To, and Trb, as applicable. Also provide any additional information. Get instituctions. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule G | G (Form 990 or 990-EZ) | FOUNDATION | FOR | DELAWARE | COUNTY | 22-2540853 | Page 4 |
|------------|--|--------------------|-----|----------|--------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation (continued) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | Employer identification number 22-2540853 | | | | | | |
|--|---|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | | AWARE COUNT | <u> 1</u> | | | | 22-2540653 |
| | | amount of the grants | ar acciptance the | grantaga' aligibilitu | for the grants or soci | stance and the colocti | ion |
| Does the organization maintain records with a grant or again | | - | | | - | | |
| criteria used to award the grants or assist Describe in Part IV the organization's pro | | | | | | | LA Tes NO |
| Part II Grants and Other Assistance to | | | | | anization answered "N | os" on Form 900 Part | t IV line 21 for any |
| recipient that received more than | | | | | anization answered i | es officialisso, rail | . IV, line 21, lor arry |
| (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 |
| | | | | | | | PROVIDE BOXES OF PRODUCE |
| ANDREW L. HICKS, JR. FOUNDATION | | | | | | | AND DAIRY PRODUCTS TO |
| P.O. BOX 177 | | 501 (C)(3) | | | | | CHESTER, CHESTER TOWNSHIP |
| DOWNINGTOWN, PA 19335 | 27-3283954 | PUBLIC CH | 10000. | 0. | | | AND UPLAND AREA RESIDENTS |
| | | | | | | | PROVIDE GIFT CARDS TO |
| ANNA'S PLACE | | | | | | | GROCERY STORES FOR |
| 226 NORRIS STREET | | 501 (C)(3) | | | | | SENIORS WITH HOUSING |
| CHESTER, PA 19013 | 23-2784568 | PUBLIC CH | 7000. | 0. | | | INSECURITIES AND THOSE |
| | | | | | | | PROVIDE GIFT CARDS TO |
| BOYS AND GIRLS CLUB OF CHESTER | | | | | | | GROCERY STORES FOR |
| 201 E. 7TH ST. | | 501 (C)(3) | | | | | FOOD-INSECURE FAMILIES |
| CHESTER, PA 19013 | 23-1490049 | PUBLIC CH | 10155. | 0. | | | SERVED BY THE CLUB AND |
| | | | | | | | FOR COVID-19 SUMMER CAMP |
| BOYS AND GIRLS CLUB OF CHESTER | | | | | | | PREPARATION TO PROVIDE |
| 201 E. 7TH ST. | | 501 (C)(3) | | | | | CHILDCARE AS PARENTS |
| CHESTER, PA 19013 | 23-1490049 | PUBLIC CH | 10024. | 0. | | | TRANSITION BACK TO WORK |
| | | | | | | | SUPPORTING THE HEALTHY |
| BOYS AND GIRLS CLUB OF CHESTER | | | | | | | CHOICE-HEALTHY YOU |
| 201 E. 7TH ST. | | 501 (C)(3) | | | | | PROGRAM PROMOTING HEALTHY |
| CHESTER, PA 19013 | 23-1490049 | PUBLIC CH | 10000. | 0. | | | NUTRITION AND EXERCISE AS |
| | | | | | | | PROVIDE DELAWARE COUNTY |
| BREATHING ROOM FOUNDATION | | | | | | | CANCER PATIENTS |
| 600 WEST AVENUE P.O. BOX 287 | | 501 (C)(3) | | | | | TRANSPORTATION TO |
| JENKINTOWN, PA 19046 | 23-2916337 | PUBLIC CH | 6000. | 0. | | | TREATMENT, CARE PACKETS |
| 2 Enter total number of section 501(c)(3) a | ind government or | ganizations listed in th | ne line 1 table | | | | > |
| 3 Enter total number of other organization | s listed in the line | 1 table | ····· | | ····· | | > |

| (a) Name and address of organization of government (b) EIN (c) IRC section of dash grant of cash gra | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|--|---|------------|---|--------|----------|--------------------------|--|---------------------------|--|--|
| ### SMEDESPORD ROAD ### ALDEEN, FA 19355 26-1222985 501 (C)(3) PUBLI 10000. 0. PTHOSE IMPACTED BY ### ALDEEN, FA 19355 26-1222985 501 (C)(3) PUBLI 10000. 0. PROVIDE PREPORD AND ### BENGGENCY SUPPLIES TO THE ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON | ` ' | (b) EIN | | | non-cash | valuation (book, FMV, | | | | |
| ### SMEDESPORD ROAD ### ALDEEN, FA 19355 26-1222985 501 (C)(3) PUBLI 10000. 0. PTHOSE IMPACTED BY ### ALDEEN, FA 19355 26-1222985 501 (C)(3) PUBLI 10000. 0. PROVIDE PREPORD AND ### BENGGENCY SUPPLIES TO THE ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON. ### BENGGENCY SUPPLIES TO SOON | BRINGING HOPE HOME | | | | | | | TMPROVING THE WELL-BEING | | |
| MALVERN, PA 19355 26-1222985 501 (C)(3) PUBLI 1000. 0. PROVIDE FOOD AND PROVIDE FOOD AND AND PRO | | | | | | | | | | |
| ### PROVIDE FOOD AND #### PROVIDE FOOD AND ################################## | | 26-1222985 | 501 (C)(3) PUBLT | 10000 | 0 | | | | | |
| EMERGENCY SUPPLIES TO THE | 1112 (2111), 111 13 000 | | 001 (0)(0) 10221 | | • | | | | | |
| UPPER DARBY, PA 19082 82-5097219 501 (C)(3) PUBLI 5000. 0. | BYWOOD COMMUNITY ASSOCIATION | | | | | | | | | |
| CAREER WARDROBE 1822 SPRING GARDEN ST, 3RD FLOOR PHILADELPHIA, PA 19130 23-2900156 501 (C)(3) PUBLI 15000. 0. EMPLOYMENT CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH STREET MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLI 10000. 0. EMPLOYMENT CCSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENU | 7099 LOCUST STREET | | | | | | | | | |
| CAREER WARDROBE 1822 SPRING GARDEN ST. 3RD FLOOR PHILADELPHIA, PA 19130 23-2900156 501 (C)(3) PUBLI 15000. 0. EMPLOYMENT CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH STREET MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLI 10000. 0. EMPLOYMENT CCSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION 1500 HIGHLAND AVENUE CHESTER FOR THE BLIND AND VISUALLY IMPAIRED 1500 HIGHLAND AVENUE CHESTER FOR THE BLIND AND VISUALLY IMPAIRED 1510 CHESTER PILE SUITE 200 CHESTER PLES SUITE 200 CHESTER PLES SUITE 200 CHESTER PLES SUITE 200 CHESTER PLES SUITE 200 CHESTER COMMUNITY IMPROVEMENT PROVIDE EMBRGENCY PROVID | UPPER DARBY, PA 19082 | 82-5097219 | 501 (C)(3) PUBLI | 5000. | 0. | | | THE UPPER DARBY AREA | | |
| 1822 SPRING GARDEN ST. 3RD FLOOR PHILADELPHIA, PA 19130 23-2900156 501 (C)(3) PUBLI 15000. 0. EMPLOYMENT EMPLOYMENT PURCHASE GEFT CARDS FOR GROCERIES AND EMERGENCY TRANSPORTARION, DIAPPERS, BABY WITES AND FORMULA AS ECSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE CRESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 60000. 0. CHESTER PA 19013 COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT PROVIDE EMBROGENCY FINANCIAL COUNDELING TO FAMILIES EXPERIENCING | · | | | | | | | PROVIDE FREE PROFESSIONAL | | |
| ### PHILADELPHIA, PA 19130 23-290015 501 (C)(3) PUBLT 15000. 0. EMPLOYMENT CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH STREET MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLT 10000. 0. BABY WIPES AND EMERGENCY TRANSPORTATION, DIAPERS, BABY WIPES AND FORWULA AS CCSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENUE CCSA FOUNDATION 1500 HIGHLAND AVENUE CCESTER, PA 19013 20-3297449 501 (C)(3) PUBLT 5000. 0. EXPERIENCES TO ESURE CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLT 5000. 0. THAT NEED HELD WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLT 5000. 0. THAT NEED HELD WITH CENTER FOR THE BLIND AND VISUALLY IMPAIRED - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLT 5000. 0. THAT NEED HELD WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLT 5000. 0. THAT NEED HELD WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLT 5000. 0. WILCH CENTER'S TO ESURE SUPPORTING THE FEDERALLY CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLT 60000. 0. WILCH WORKS TO PREVENT FROUDES EMERGENCY CHESTER COMMUNITY IMPROVEMENT FROUDES EMERGENCY FRANCIAL COUNSELING TO FAMILIES EXPERIENCING | CAREER WARDROBE | | | | | | | ATTIRE FOR RESIDENTS TO | | |
| PURCHASE GIFT CARDS FOR GROCERIES AND EMERGENCY GROCERIES AND EMERGENCY TRANSPORTATION, DIAPERS, BASY WIPES AND FORMULA AS DEFER INTENSIVE EARLY LITERACY INTERVENTION AND PROVIDE EDUCATIONAL EXPERIENCES TO ESURE CCSA FOUNDATION DIAPERS D | 1822 SPRING GARDEN ST. 3RD FLOOR | | | | | | | OBTAIN AND MAINTAIN | | |
| CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH STREET MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLI 10000. 0. BABY WIPES AND EMERGENCY TRANSPORTATION, DIAPPERS, BABY WIPES AND FORMULA AS OFFER INTENSIVE EARLY LITERACY INTERVENTION AND 1500 HIGHLAND AVENUE CCSA FOUNDATION CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI CCSA FOUNDATION CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI CONTRIBUTION CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI CHESTER, PA 19013 CHESTER PIRE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI CHESTER COMMUNITY IMPROVEMENT FROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | PHILADELPHIA, PA 19130 | 23-2900156 | 501 (C)(3) PUBLI | 15000. | 0. | | | EMPLOYMENT | | |
| 26 EAST FOURTH STREET MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLI 10000. 0. BABY WIPES AND FORMULA AS OFFER INTERVENTION, DIAPERS, BABY WIPES AND FORMULA AS OFFER INTERVENTION AND 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 25000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESTER FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 CHESTER FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 CHESTER FOR THE SUITE 200 CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES TRANSPORTATION, DIAPERS, BABY WIPES AND FORMULA AS DOOL OR ADVISE EARLY CHOCK TO SUITE OF THE STATES TRANSPORTATION, DABBY WIPES AND FORMULA AS DOOL OR ADVISE EARLY COUNTEINING THE FEBREALLY OUNLIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, HICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES | | | | | | | | PURCHASE GIFT CARDS FOR | | |
| MEDIA, PA 19063 23-1901080 501 (C)(3) PUBLI 10000. 0. BABY WIPES AND FORMULA AS CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 25000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPARTED CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESTER, PA 19013 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. WHICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPARTED CUBENTARY OF THE PLINE SUITE 200 COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CASA YOUTH ADVOCATES, INC. | | | | | | | GROCERIES AND EMERGENCY | | |
| CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 25000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. SUPPORTING THE FEDERALLY CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. MHICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES | 26 EAST FOURTH STREET | | | | | | | TRANSPORTATION, DIAPERS, | | |
| CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 25000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE DONOR ADVISED FUND CONTRIBUTION PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE DONOR ADVISED FUND CONTRIBUTION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE COMPLEX CARE PROGRAM, EXPERIENCES COMPLEX CARE PROGRAM, EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | MEDIA, PA 19063 | 23-1901080 | 501 (C)(3) PUBLI | 10000. | 0. | | | BABY WIPES AND FORMULA AS | | |
| 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 25000. 0. CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. CHESTER PIKE SUITE 200 CHESTER PIKE SUITE 200 CHESTER PIKE SUITE 200 CHESTER PIKE SUITE 200 CHESTER COMMUNITY IMPROVEMENT CHESTER COMMUNITY IMPROVEMENT CHESTER COMMUNITY IMPROVEMENT CHESTER COMMUNITY IMPROVEMENT FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | | | | | | | | OFFER INTENSIVE EARLY | | |
| CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. EXPERIENCES TO ESURE CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. EXPERIENCES TO ESURE DONOR ADVISED FUND CONTRIBUTION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. EXPERIENCES TO ESURE DONOR ADVISED FUND CONTRIBUTION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED CHESTER PROGRAM, CHESTER PROGRAM, WHICH WORKS TO PREVENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CCSA FOUNDATION | | | | | | | LITERACY INTERVENTION AND | | |
| CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. WHICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES | 1500 HIGHLAND AVENUE | | | | | | | PROVIDE EDUCATIONAL | | |
| DONOR ADVISED FUND CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES DONOR ADVISED FUND CONTRIBUTION PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED AND VISUALLY IMPAIRED COMPLEX CARE PROGRAM, SUPPORTING THE FEDERALLY CHESTER COMMUNITY IMPROVEMENT FROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CHESTER, PA 19013 | 20-3297449 | 501 (C)(3) PUBLI | 25000. | 0. | | | EXPERIENCES TO ESURE | | |
| DONOR ADVISED FUND CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES DONOR ADVISED FUND CONTRIBUTION PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED AND VISUALLY IMPAIRED COMPLEX CARE PROGRAM, SUPPORTING THE FEDERALLY CHESTER COMMUNITY IMPROVEMENT FROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | aaa. Tompiatov | | | | | | | | | |
| CHESTER, PA 19013 20-3297449 501 (C)(3) PUBLI 5000. 0. CONTRIBUTION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. WHICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES | | | | | | | | DONOR ADVITGED EVIND | | |
| PROVIDE TRANSPORTATION CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. 0. THAT NEED HELP WITH CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. WHICH WORKS TO PREVENT CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED CO. O. THAT NEED HELP WITH SUPPORTING THE FEDERALLY COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | | 20 2207440 | E01 (0)(3) DUDI T | 5000 | 0 | | | | | |
| CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES SERVICES FOR THE BLIND AND VISUALLY IMPAIRED AND VISUALLY IMPAIRED ON THAT NEED HELP WITH 60000. 0. THAT NEED HELP WITH 60000. 0. WHICH WORKS TO PREVENT FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CHESTER, PA 19013 | 20-329/449 | SOI (C)(3) POBLI | 5000. | 0. | | | | | |
| IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES AND VISUALLY IMPAIRED THAT NEED HELP WITH SUPPORTING THE FEDERALLY COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CENTED FOR THE BITHE AND VICILITY | | | | | | | | | |
| CHESTER, PA 19013 23-1365321 501 (C)(3) PUBLI 5000. CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES | | | | | | | | | | |
| CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES SUPPORTING THE FEDERALLY OUALIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | | 23-1365321 | 501 (C)(3) PIIRI.T | 5000 | 0 | | | | | |
| CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES QUALIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, HHICH WORKS TO PREVENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING | CHESTER, IN 13013 | 23 1303321 | 301 (C)(3) 10DD1 | 3000. | <u> </u> | | | | | |
| 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO PROJECT - 412 AVENUE OF THE STATES FAMILIES EXPERIENCING | CHESPENN HEALTH SERVICES | | | | | | | | | |
| EDDYSTONE, PA 19022 23-7354899 501 (C)(3) PUBLI 60000. 0. WHICH WORKS TO PREVENT PROVIDE EMERGENCY FINANCIAL COUNSELING TO PROJECT - 412 AVENUE OF THE STATES FAMILIES EXPERIENCING | | | | | | | | | | |
| PROVIDE EMERGENCY CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES FAMILIES EXPERIENCING | | 23-7354899 | 501 (C)(3) PUBLI | 60000. | 0. | | | 1 | | |
| CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES FAMILIES EXPERIENCING | | | , | | | | | | | |
| PROJECT - 412 AVENUE OF THE STATES FAMILIES EXPERIENCING | CHESTER COMMUNITY IMPROVEMENT | | | | | | | | | |
| | | | | | | | | | | |
| | - CHESTER, PA 19013 | 23-2049457 | 501 (C)(3) PUBLI | 10000. | 0. | | | FINANCIAL HARDSHIP AS A | | |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|---|------------|-------------------------------|-----------------------------|---|--|---|------------------------------------|--|--|
| (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 | | |
| | | | | | | | PURCHASE FOOD AND | | |
| CHESTER EASTSIDE, INC. | | | | | | | ESSENTIAL ITEMS TO | | |
| PO BOX 36 | | | | | | | MAINTAIN SERVICE DELIVERY | | |
| CHESTER, PA 19016 | 46-5439442 | 501 (C)(3) PUBLI | 7000. | 0. | | | FOR THEIR PANTRY | | |
| | | | | | | | SUPPORTING THE MARIE AND | | |
| CHESTER EDUCATION FOUNDATION | | | | | | | CYNTHIA JETTER CENTER FOR | | |
| 419 AVENUE OF THE STATES SUITE 700 | | | | | | | COLLEGE ACCESS AND CAREER | | |
| CHESTER, PA 19013 | 23-2576096 | 501 (C)(3) PUBLI | 50000. | 0. | | | SERVICES FOR STUDENTS IN | | |
| | | | | | | | PROVIDE BOXES OF PRODUCE | | |
| CHESTER HOUSING INITIATIVE, INC. | | | | | | | FOR DISTRIBUTION TO | | |
| 1111 AVENUE OF THE STATES | | | | | | | CHESTER HOUSING AUTHORITY | | |
| CHESTER, PA 19013 | 30-0183443 | 501 (C)(3) PUBLI | 30800. | 0. | | | RESIDENTS IN NEED | | |
| | | | | | | | FOR LOW-INCOME CHILDREN | | |
| CHESTER HOUSING INITIATIVE, INC. | | | | | | | AND THEIR FAMILIES TO | | |
| 1111 AVENUE OF THE STATES | | | | | | | LEARN TO GROW AND COOK | | |
| CHESTER, PA 19013 | 30-0183443 | 501 (C)(3) PUBLI | 20000. | 0. | | | WITH NUTRIENT-RICH | | |
| | | | | | | | DEVELOP HEALTHY ACTIVITY | | |
| CHESTER UPLAND YOUTH SOCCER | | | | | | | HABITS FOR OVER 450+ | | |
| 311 E. BALTIMORE AVE. | | | | | | | STUDETNS LIVING IN THE | | |
| MEDIA, PA 19063 | 56-2564695 | 501 (C)(3) PUBLI | 15000. | 0. | | | CHESTER-UPLAND SCHOOL | | |
| · | | | | | | | PROFESSIONAL DEVELOPMENT | | |
| CHILD GUIDANCE RESOURCE CENTERS | | | | | | | OF BEHAVIORAL HEALTH | | |
| 2000 OLD WEST CHESTER PIKE | | | | | | | CLINICIANS SERVING | | |
| HAVERTOWN, PA 19083 | 23-1490061 | 501 (C)(3) PUBLI | 30628. | 0. | | | CHILDREN AND TEENS | | |
| • | | | | | | | FOR PPE, CLEANING | | |
| CHILD GUIDANCE RESOURCE CENTERS | | | | | | | SUPPLIES AND PROFESSIONAL | | |
| 2000 OLD WEST CHESTER PIKE | | | | | | | CLEANING FOR THEIR | | |
| HAVERTOWN, PA 19083 | 23-1490061 | 501 (C)(3) PUBLI | 13000. | 0. | | | COMMUNITY RESIDENTIAL | | |
| | | (1),(1), 11111 | | - | | | PROVIDE FOOD STABILITY | | |
| CITYTEAM | | | | | | | AND HOUSING SECURITY FOR | | |
| 634 SPROUL STREET | | | | | | | FAMILIES AND INDIVIDUALS | | |
| CHESTER, PA 19013 | 94-1501265 | 501 (C)(3) PUBLI | 15000. | 0. | | | ACROSS DELAWARE COUNTY | | |
| , 111 15010 | 21 1301203 | 001 (0)(0) 10BH1 | 15500. | · · | | | DELINING COMIT | | |
| CITYTEAM | | | | | | | DISTRIBUTE EMERGENCY FOOD | | |
| 634 SPROUL STREET | | | | | | | BOXES, DIAPERS AND | | |
| CHESTER, PA 19013 | 94-1501265 | 501 (C)(3) PUBLI | 10000. | 0. | | | FORMULA TO GUESTS IN NEED | | |
| CHESTER, IN 19013 | 74 1301203 | Por (C)(3) 10BH1 | 10000. | <u> </u> | | I . | LOURON TO GOEDID IN MEED | | |

| Part II Continuation of Grants and Other A | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|--|---|-------------------------------|-----------------------------|---|--|---|------------------------------------|--|--|--|
| (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 | | | |
| | | | | | | | PROVIDE EMERGENCY | | | |
| CLARIFI | | | | | | | FINANCIAL COUNSELING TO | | | |
| 1635 MARKET ST. SUITE 510 | | | | | | | FAMILIES EXPERIENCING | | | |
| PHILADELPHIA, PA 19103 | 23-1671903 | 501 (C)(3) PUBLI | 10000. | 0. | | | FINANCIAL HARDSHIP AS A | | | |
| | | | | | | | COLLEGE ACCESS SERVICES | | | |
| COLLEGE POSSIBLE PHILADELPHIA | | | | | | | FOR HIGH SCHOOL JUNIORS | | | |
| 2000 HAMILTON STREET SUITE 303 | | | | | | | AND SENIORS IN THE PENN | | | |
| PHILADELPHIA, PA 19130 | 41-1968798 | 501 (C)(3) PUBLI | 35000. | 0. | | | WOOD AND UPPER DARBY | | | |
| | | | | | | | FOR HOMELESSNESS SERVICES | | | |
| COMMUNITY ACTION OF DELAWARE | | | | | | | THAT INCLUDE PROVIDING | | | |
| COUNTY INC 1414 MEETINGHOUSE | | | | | | | EMERGENCY HOTEL | | | |
| ROAD - BOOTHWYN, PA 19061 | 23-2142644 | 501 (C)(3) PUBLI | 10000. | 0. | | | PLACEMENTS FOR HOMELESS | | | |
| | | | | | | | | | | |
| COMMUNITY VOLUNTEERS IN MEDICINE | | | | | | | PROVIDE DENTAL SERVICES | | | |
| 300B LAWRENCE DRIVE | | | | | | | AT SURREY SERVICES FOR | | | |
| WEST CHESTER, PA 19380 | 23-2944553 | 501 (C)(3) PUBLI | 20000. | 0. | | | DELAWARE COUNTY SENIORS | | | |
| | | | | | | | | | | |
| COMMUNITY YMCA OF EASTERN DELAWARE | | | | | | | | | | |
| COUNTY - 2104 GARRETT ROAD - | | | | | | | SUPPORTING EARLY | | | |
| LANSDOWNE, PA 19050 | 23-1614045 | 501 (C)(3) PUBLI | 25000. | 0. | | | CHILDHOOD EDUCATION | | | |
| | | | | | | | FOR CLEANING SUPPLIES, A | | | |
| COMMUNITY YMCA OF EASTERN DELAWARE | | | | | | | DECONTAMINATION UNIT AND | | | |
| COUNTY - 2104 GARRETT ROAD - | | | | | | | STAFF TRAINING AROUND | | | |
| LANSDOWNE, PA 19050 | 23-1614045 | 501 (C)(3) PUBLI | 11210. | 0. | | | BEST PRACTICES IN | | | |
| | | | | | | | ADDRESS FOOD INSECURITY | | | |
| DELAWARE COUNTY COMMUNITY COLLEGE | | | | | | | AND PROVIDE ACCESS TO | | | |
| EDUCATIONAL FOUNDATION - 901 SOUTH | | | | | | | SOCIAL SERVICES FOR | | | |
| MEDIA LINE ROAD - MEDIA, PA 19063 | 23-2143790 | 501 (C)(3) PUBLI | 20000. | 0. | | | VULNERABLE STUDENTS | | | |
| | | (1),(1) | | | | | | | | |
| | | | | | | | | | | |
| DELAWARE COUNTY COMMUNITY COLLEGE | | | | | | | | | | |
| EDUCATIONAL FOUNDATION | 23-2143790 | 501 (C)(3) PUBLI | 5000. | 0. | | | SCHOLARSHIP | | | |
| | 25 2145,70 | (C) (O) TODEL | 3000. | • | | | | | | |
| DELAWARE COUNTY LITERACY COUNCIL | | | | | | | INTEGRATED EDUCATION AND | | | |
| 2217 PROVIDENCE AVE. | | | | | | | TRAINING FOR IMMIGRANTS | | | |
| • | 23_7/23500 | 501 (C)(3) PUBLI | 25000. | 0. | | | IN DELAWARE COUNTY | | | |
| CHESTER, PA 19013 | 23-1423399 | LAT (C)(2) LARTI | 25000. | 0. | | | TIN DELIAWAKE COONTY | | | |

| Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|--|
| (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 |
| DELAWARE COUNTY MEDICAL SOCIETY | | | | | | | |
| 1029 NORTH PROVIDENCE ROAD | | | | | | | |
| MEDIA. PA 19063 | 23_6/16021 | 501 (C)(6) BUSIN | 17500. | 0. | | | DONATION |
| DELAWARE VALLEY ASSOCIATION FOR | 23 0410021 | JUL (C)(U) DUBIN | 17300. | 0. | | | SUPPORTING THE EARLY |
| THE EDUCATION OF YOUNG CHILDREN | | | | | | | CHILDHOOD EDUCATION |
| (FIRST UP) - 1608 WALNUT STREET | | | | | | | APPRENTICESHIP PROGRAM TO |
| | 23_6/381// | 501 (C)(3) PUBLI | 15000. | 0. | | | TRAIN CHILDCARE WORKERS |
| SUITE 300 - PHILADELPHIA, PA 19103 | 23-0436144 | SUI (C)(3) PUBLI | 15000. | 0. | | | TO SUPPORT AN IT CAPACITY |
| DOMESTIC ABUSE PROJECT OF DELAWARE | | | | | | | BUILDING PROJECT SO THAT |
| | | | | | | | THEY CAN SERVE ADDITIONAL |
| COUNTY, INC 14 WEST SECOND | 22 2052144 | E01 (C)(2) DIIDI T | 30000. | 0. | | | |
| STREET - MEDIA, PA 19063 | 23-2053144 | 501 (C)(3) PUBLI | 30000. | 0. | | | DOMESTIC VIOLENCE VICTIMS TO SUPPORT THE |
| DOMEGNIC ADUCE DROTECT OF DELAWARE | | | | | | | |
| DOMESTIC ABUSE PROJECT OF DELAWARE | | | | | | | CONTINUATION OF SERVICES, INCLUDING TELEPHONE |
| COUNTY, INC 14 WEST SECOND | 22 2052144 | E01 (Q)(3) DUDI T | 10000 | 0 | | | |
| STREET - MEDIA, PA 19063 | 23-2053144 | 501 (C)(3) PUBLI | 10000. | 0. | | | CRISIS COUNSELING, TO |
| DREXEL NEUMANN ACADEMY | | | | | | | PROVIDE GIFT CARDS TO |
| | | | | | | | GROCERY STORES FOR |
| 1901 POTTER STREET | 20 0002164 | E01 (a) (3) garao | 10000. | 0. | | | FOOD-INSECURE FAMILIES IN |
| CHESTER, PA 19013 | 20-8083184 | 501 (C)(3) SCHOO | 10000. | 0. | | | CHESTER AFFECTED BY THE |
| | | | | | | | SUPPORTING EARLY |
| EASTERSEALS OF SOUTHEASTERN | | | | | | | CHILDHOOD EDUCATION AND |
| PENNSYLVANIA - 3975 CONSHOHOCKEN | 22 1252202 | E01 (G)(3) PUDIT | 20000 | _ | | | THERAPEUTIC SERVICES FOR |
| AVE PHILADELPHIA, PA 19131 | 23-1352293 | 501 (C)(3) PUBLI | 20000. | 0. | | | CHILDREN AND FAMILIES |
| EDIGGODAL GOMENTEN GEDALIGEG | | | | | | | PROVIDE HIGH-QUALITY |
| EPISCOPAL COMMUNITY SERVICES | | | | | | | EARLY CHILDHOOD EDUCATION |
| 225 SOUTH 3RD ST. | | | 45000 | | | | IN AFTER SCHOOL |
| PHILADELPHIA, PA 19106 | 23-1352290 | 501 (C)(3) PUBLI | 15000. | 0. | | | PROGRAMMING AT PARK LANE |
| TANTA AND COMMINER CONTRACT | | | | | | | INCREASE CAPACITY, |
| FAMILY AND COMMUNITY SERVICE OF | | | | | | | ACCESS, AND |
| DELAWARE COUNTY - 600 N. OLIVE | 02.400045- | E04 (a) (2) ===== | | _ | | | SUSTAINABILITY OF |
| STREET - MEDIA, PA 19063 | 23-1282405 | 501 (C)(3) PUBLI | 30628. | 0. | | | BEHAVIORAL HEALTH |
| | | | | | | | FOR 14 FOOD PANTRIES TO |
| FAMILY AND COMMUNITY SERVICE OF | | | | | | | PROVIDE HOME DELIVERY OF |
| DELAWARE COUNTY - 600 N. OLIVE | | | | | | | FOOD BOXES TO LOW-INCOME |
| STREET - MEDIA, PA 19063 | 23-1282405 | 501 (C)(3) PUBLI | 10000. | 0. | | | HOUSEHOLDS IN THE COUNTY |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|---|----------------|-------------------------------|-----------------------------|-----------------------------------|--|---|---|--|--|
| (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 | | |
| | | | | | | | TO SUPPLEMENT TECHNOLOGY | | |
| FAMILY SUPPORT LINE OF DELAWARE | | | | | | | NEEDS SO THAT FORENSIC | | |
| COUNTY, INC 100 WEST 6TH ST | | | | | | | AND CLINICAL STAFF CAN | | |
| MEDIA, PA 19063 | 23-2528819 | 501 (C)(3) PUBLI | 7500. | 0. | | | CONTINUE TO PROVIDE | | |
| GIRLS NIGHT OUT | | | | | | | | | |
| 200 E. STATE ST. SUITE 304 | | | | | | | SUPPORT FOR WOMEN HELPING | | |
| MEDIA, PA 19063 | 22_2540853 | 501 (C)(3) PUBLI | 10000. | 0. | | | WOMEN WITH CANCER FUND | | |
| MIDIN, IN 19005 | 22 2340033 | J01 (C)(J) 10BH | 10000. | · · | | | SUPPORTING THE EMOTIONAL | | |
| GIRLS ON THE RUN OF MONTGOMERY AND | | | | | | | AND PHYSICAL HEALTH OF | | |
| | | | | | | | GIRLS AGES 8-14 IN | | |
| DELAWARE COUNTIES - P.O. BOX 502 - | 46 2070645 | E01 (a) (3) Diibi T | 5000. | | | | | | |
| AMBLER, PA 19002 | 46-30/6645 | 501 (C)(3) PUBLI | 5000. | 0. | | | DELAWARE COUNTY | | |
| TNDTVIDUAL G ATDING IN EMEDGENOV | | | | | | | TO PARTNER WITH DELAWARE | | |
| INDIVIDUALS AIDING IN EMERGENCY | | | | | | | COUNTY EMERGENCY SERVICES | | |
| FOUNDATION - 2545 MARKET STREET - | 00 2225200 | E01 (G)(3) PTTT T | | | | | AND COLLECT ESSENTIAL | | |
| ASTON, PA 19014 | 82-3335382 | 501 (C)(3) PUBLI | 5000. | 0. | | | PRODUCTS NEEDED SUCH AS | | |
| | | | | | | | PROVIDE FOOD AND CLEANING | | |
| IRISH IMMIGRANT CENTER | | | | | | | SUPPLIES FOR IMMIGRANTS | | |
| 1001 DARBY ROAD | | | | | | | WHO ARE NOT ELIGIBLE FOR | | |
| HAVERTOWN, PA 19083 | 73-1649522 | 501 (C)(3) PUBLI | 5820. | 0. | | | GOVERNMENT ASSISTANCE | | |
| | | | | | | | IMPROVING READING LEVELS | | |
| J. LEWIS CROZER LIBRARY | | | | | | | AND PROVIDE DIRECT | | |
| 620 ENGLE STREET | | | | | | | SUPPORT FOR EARLY | | |
| CHESTER, PA 19013 | 23-1352105 | 501 (C)(3) PUBLI | 20000. | 0. | | | CHILDHOOD LEARNERS IN | | |
| | | | | | | | BOXES OF FOOD AND HYGIENE | | |
| JEWISH RELIEF AGENCY | | | | | | | PRODUCTS TO BE DELIVERED | | |
| 225 E. CITY AVE. SUITE 210 | | | | | | | TO FOOD-INSECURE FAMILIES | | |
| BALA CYNWYD, PA 19004 | 26-2578017 | 501 (C)(3) PUBLI | 5000. | 0. | | | LIVING IN DELAWARE COUNTY | | |
| | | | | | | | PROVIDING OUTREACH TO | | |
| KIDS SMILES | | | | | | | OVER 5,000 DELAWARE | | |
| 3751 ISLAND AVE. | | | | | | | COUNTY CHILDREN IN NEED | | |
| PHILADELPHIA, PA 19153 | 30-0249717 | 501 (C)(3) PUBLI | 25000. | 0. | | | OF DENTAL CARE | | |
| | | | | | | | GIFT CARDS TO GROCERY | | |
| KISSES FOR KYLE FOUNDATION | | | | | | | STORES AND ESSENTIAL | | |
| 3959 WELSH ROAD SUITE 315 | | | | | | | SUPPLIES FOR FAMILIES IN | | |
| WILLOW GROVE, PA 19090 | 23-3065860 | 501 (C)(3) PUBLI | 5000. | 0. | | | DELAWARE COUNTY BATTLING | | |

| MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN HOMECARE SERVICES IN SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 10000. 0. AT THEIR UPPER DARBY MEMCRY SHELTER WHICE SUPPORTS PROPRE AND HOMECARE SERVICES IN SUPPORTS PROPRE AND COMMUNITY HEALTH COMMUNITY HEALTH COMMUNITY HEALTH CONNECTORS PROGRAM SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. PURCHASE CULTURALLY | Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|--|-------------------|---|--------------------|------------------|--------------------------|---------|---------------------------|
| 19 RUNRY, VT 05346 22-2586208 501 (C)(3) SCHOO 15000. 0. CONTRIBUTION PUTNEY, VT 05346 22-2586208 501 (C)(3) SCHOO 15000. 0. CONTRIBUTION CONTRIBUTI | ` , | (b) EIN | | | non-cash | valuation (book, FMV, | | , , , , |
| 19 RIVER ROAD SOUTH PUTNEY, VT 05346 22-2586208 501 (C)(3) SCHOO 15000. 0. CONTRIBUTION PUTNEY, VT 05346 22-2586208 501 (C)(3) SCHOO 15000. 0. CONTRIBUTION LANSDOWNE ECONOMIC DEVELOPMENT CORP 32 E. BALTIMORE PIKE - LANSDOWNE, PA 19050 23-2976596 501 (C)(3) PUBLI 35000. 0. DINNOVARION MAIN LINE HEALTH HOMECARE 4 HORGICE FOUNDATION 240 NORTH RADMOR CHESTER RD RADNOR, PA 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAVAGE COUNTY MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. DELAVER FOOD-INSECURE FAMILIES CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. DELAVER FOOD-INSECURE FAMILIES CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. DELAVER FOOD-INSECURE FAMILIES CHESTER, PA 19016 10000. 0. DELAVER SEXPERIBNICING OF FAMILIES EXPERIBNICING OF FAMILIES EXPERIBNISHE AS PRINCIPLE TO PROVIDE PRESENCY MEDIA FALIONS SEXES OF PROVIDE PRESENCY MEDIA FARINESHIPS 1211 CHESTNUT STREET SUITE 1100 PURCHASE OF PE FOR ST MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PURCHASE OF PE FOR ST MERCA HEALTH MERCA FORD STREET MERCA FOR STREET MERCA FOR STREET MERCA FOR STREET MERCA FOR STREET SUITE 1100 PURCHASE OF PE FOR ST MERCA HEALTH MERCA FOR STREET SUITE 1100 PURCHASE OF PE FOR ST MERCA HEALTH MERCA FOR STREET SUITE 1100 PURCHASE OF PE FOR ST MERCA HEALTH MERCA FOR STREET SUITE 1100 PURCHASE OF PE FOR ST MERCA HEALTH MERCA FOR STREET SUITE 1100 PURCHASE SERVICES IN SPRINGIFIED, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - | LANDMARK COLLEGE INC. | | | | | | | |
| PUTNEY, VT 05346 | • | | | | | | | DONOR ADVISED FUND |
| ENHANCE WORKFORCE | | 22-2586208 | 501 (C)(3) SCHOO | 15000. | 0. | | | |
| LANSDOWNE ECONOMIC DEVELOPMENT CORP 32 E. BALTIMORE PIRE - LANSDOWNE, PA 19050 23-2976596 501 (C)(3) PUBLI 35000. 0. INNOVATION MAIN LINE HEALTH HOMECARE & HOSPICE FOUNDATION - 240 NORTH RADNOR CHESTER RD RAINOR, PA 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY RADNOR CHESTER RD RAINOR, PA 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY P.O. BOX 115 MAKING A CHANGE GROUP P.O. BOX 115 MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. DELAWARE COUNTSELING TO FAMILIES EXPERIENCING TO FAMILIES EXPERIENCE AND | | | (2),(3), 23333 | | | | | |
| CORP 32 E. BALTIMORE PIKE - 23-2976596 501 (C)(3) PUBLI 35000. 0. ENTREPRENEURIAL LANSDOWNE, PA 19050 23-2976596 501 (C)(3) PUBLI 35000. 0. ENTREPRENEURIAL ENTROVATION MAIN LIKE HEALTH HOMECARE & COS SUPPORT AND IMPROVE ACCESS TO HOSPICE AND RADNOR CHESTER RD RADNOR, PA 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY | LANSDOWNE ECONOMIC DEVELOPMENT | | | | | | | |
| LANSDOWNE, PA 19050 23-2976596 501 (C)(3) PUBLI 35000. 0. INNOVATION MAIN LINE HEALTH HOMECARE & HOSPICE AND ACCESS TO HOSPICE AND ACCESS TO HOSPICE AND HOMECARE SERVICES IN DELAWARE COUNTY 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET PAILES SEPRIFICATION FOR FINANCIAL COUNSELING TO FINANCIAL HARDSHIP AS 121 CHESTRUT STREET SUITE 1100 MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL HARDSHIP AS 121 CHESTRUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORT AN IMPROVE MERCEY HOME HEALTH ACCESS TO HOSPICE AND ACCESS TO HOSPICE | | | | | | | | |
| MAIN LINE HEALTH HOMECARE & COMPORTION - 240 NORTH RADNOR CHESTER RD RADNOR, PA 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY TO DELIVER FOOD AND ESSENTIAL SUPPLIES TO FOOD-INSECURE FAMILIES TO FOOD-INSECURE F | | 23-2976596 | 501 (C)(3) PUBLI | 35000. | 0. | | | |
| HOSPICE FOUNDATION - 240 NORTH RADNOR CHESTER RD RADNOR, PA DELAWARE SERVICES IN | · | 20 25 / 0050 | (3)(3) 13221 | | • | | | |
| RADNOR CHESTER RD RADNOR, PA 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. HESTER MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. PINANCIAL COUNSELING T FAMILIES EXPERIENCING MENTAL HEALTH PARTNERSHIPS 1211 CHESTRUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORT AN IMPROVE MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES IN 50000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SUPPORTING THEIR MULTICULTURAL COMMUNITY FAMILY SUPPORT PROGRAM SULTE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DELCHARGE COUNTY PURCHASE CULTURALLY PURCHASE CULTURALLY PURCHASE CULTURALLY PURCHASE CULTURALLY | | | | | | | | |
| 19087 23-2306936 501 (C)(3) PUBLI 20000. 0. DELAWARE COUNTY MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. PINANCIAL COUNSELING T MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HA MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. SUPPORT AN IMPROVE MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | | | | | | |
| MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER MEDIA PELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL HARDSHIP AS MENTAL HEALTH PARTNERSHIPS 1211 CHESTRUS STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS AN IMPROVE MERCY HOME HEALTH MERCY HOME HEALTH MERCY HOME HEALTH MERCY HOME HEALTH SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. PURCHASE CULTURALLY TO DELIVER FOOD AND ESSENTING LOW-INCOME AND EVENTABLE CULTURALLY | • | 23-2306936 | 501 (C)(3) PIIRI.T | 20000 | 0 | | | |
| MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL COUNSELING T MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE ACCUSED TO SUPPORT AN IMPROVE ACCUSED TO SUPPORT AND IMPROVE AND IMPROVE AND IMPROVE AND IMPROVE AND IMPOVE AND IMPROVE AND IMPROVE AND IMPOVE AND IMP | | | (3)(3) 13221 | | • | | | |
| P.O. BOX 115 CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER MEDIA PELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL COUNSELING T PAMILIES EXPERIENCING THAN CITY OF THE PROPERTY OF THE | MAKING A CHANGE GROUP | | | | | | | |
| CHESTER, PA 19016 80-0779697 501 (C)(3) PUBLI 10000. 0. CHESTER PROVIDE EMERGENCY MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL COUNSELING TO FINANCIAL HARDSHIP AS MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO FAMILY AS SUPPORTS PEOPLE WHO FAMILY AS SUPPORTS PEOPLE WHO FAMILY AS SUPPORT AN IMPROVE ACCESS TO HOSPICES AND HOMECARE SERVICES IN DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | | | | | | |
| PROVIDE EMERGENCY MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL HARDSHIP AS MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DECKNOWLED AND PURCHASE CULTURALLY | | 80-0779697 | 501 (C)(3) PUBLT | 10000 | 0 | | | |
| MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. FINANCIAL HARDSHIP AS MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HARDSHIP AS MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | <u> </u> | | (3)(3) 13221 | | • | | | |
| 302 S. JACKSON STREET MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. 0. PURCHASE OF PPE FOR ST AT THEIR UPPER DARBY 2111 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 10000. 0. FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS PURCHASE OF PPE FOR ST AT THEIR UPPER DARBY AT TH | MEDIA FELLOWSHIP HOUSE | | | | | | | |
| MEDIA, PA 19063 23-1529964 501 (C)(3) PUBLI 10000. MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. SUPPORTS NO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN DELAWARE COUNTY MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. FINANCIAL HARDSHIP AS PURCHASE OF PPE FOR ST AT THEIR UPPER DARBY EMERGENCY SHELTER WHICE SUPPORTS PEOPLE WHO HE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTING THEIR COMMUNITY HEALTH COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | | | | | | |
| MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. DELAWARE CULTURALLY | | 23-1529964 | 501 (C)(3) PUBLI | 10000. | 0. | | | |
| MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN HOMECARE SERVICES IN SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 10000. 0. AT THEIR UPPER DARBY MEMCRY SHELTER WHICE SUPPORTS PROPRE AND HOMECARE SERVICES IN SUPPORTS PROPRE AND COMMUNITY HEALTH COMMUNITY HEALTH COMMUNITY HEALTH CONNECTORS PROGRAM SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. PURCHASE CULTURALLY | | | (1),(1), 11111 | | | | | PURCHASE OF PPE FOR STAFF |
| 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN HOMECARE SERVICES IN SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. DELAWARE CULTURALLY EMERGENCY SHELTER WHICH SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTING THEIR COMMUNITY HEALTH COMMUNITY HEALTH CONNECTORS PROGRAM SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. DURCHASE CULTURALLY | MENTAL HEALTH PARTNERSHIPS | | | | | | | |
| PHILADELPHIA, PA 19107 23-1425035 501 (C)(3) PUBLI 10000. 0. SUPPORTS PEOPLE WHO HAVE TO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SUPPORTS PEOPLE WHO HAVE TO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTING THEIR COMMUNITY HEALTH COMMUNITY HEALTH COMMUNITY HEALTH SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SUPPORTS PEOPLE WHO HAVE TO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN SUPPORTS PEOPLE WHO HAVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN BURNTY PEOPLE WHO HAVE ACCESS | | | | | | | | |
| MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 TO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN 30000. 0. COMMUNITY HEALTH COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | | 23-1425035 | 501 (C)(3) PUBLI | 10000. | 0. | | | |
| MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. ACCESS TO HOSPICE AND HOMECARE SERVICES IN HOMECARE SERVICES IN DELAWARE COUNTY SUPPORTING THEIR COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | , | | , | | | | | |
| 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. BHOMECARE SERVICES IN DOMESTIC SERVICES IN DELAWARE COUNTY SUPPORTING THEIR COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | MERCY HOME HEALTH | | | | | | | |
| SPRINGFIELD, PA 19064 23-1352099 501 (C)(3) PUBLI 30000. 0. DELAWARE COUNTY SUPPORTING THEIR COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. DELAWARE COUNTY SUPPORTING THEIR CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | | | | | | |
| SUPPORTING THEIR MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | | 23-1352099 | 501 (C)(3) PUBLI | 30000. | 0. | | | |
| MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | (1),(1) | | | | | |
| SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. CONNECTORS PROGRAM SERVING LOW-INCOME AND PURCHASE CULTURALLY | MULTICULTURAL COMMUNITY FAMILY | | | | | | | |
| SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 18000. 0. SERVING LOW-INCOME AND PURCHASE CULTURALLY | | | | | | | | |
| PURCHASE CULTURALLY | | 45-0523976 | 501 (C)(3) PUBT.T | 18000 | 0 | | | |
| | | 25 5525570 | (5,(5, 13001 | | · . | | | |
| | MULTICULTURAL COMMUNITY FAMILY | | | | | | | ETHNIC FOOD AND ESSENTIAL |
| SERVICES - 7016 TERMINAL SQUARE ITEMS FOR SENIORS IN N | | | | | | | | ITEMS FOR SENIORS IN NEED |
| SUITE 1A - UPPER DARBY, PA 19082 45-0523976 501 (C)(3) PUBLI 10161. 0. AND TO PURCHASE | - | 45-0523976 | 501 (C)(3) PUBT.T | 10161 | 0 | | | |

| Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|---|--------------------------|---|--|--|---------------------------------------|
| (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 |
| | | | | | | | TO IMPLEMENT AFRICAN |
| MULTICULTURAL COMMUNITY FAMILY | | | | | | | HERITAGE & LATINO CENSUS |
| SERVICES - 7016 TERMINAL SQUARE | | | | | | | COUNTS CIVIC ENGAGEMENT |
| SUITE 1A - UPPER DARBY, PA 19082 | 45-0523976 | 501 (C)(3) PUBLI | 10000. | 0. | | | PROJECT. |
| | | | | | | | PROVIDE FINANCIAL |
| NATIONALITIES SERVICE CENTER | | | | | | | ASSISTANCE FOR IMMIGRANTS |
| 1216 ARCH STREET 4TH FLOOR | | | | | | | WHO HAVE LOST THEIR |
| PHILADELPHIA, PA 19107 | 23-1352336 | 501 (C)(3) PUBLI | 5000. | 0. | | | HOMES, INCOME, AND/OR |
| NATURAL LANDS | | | | | | | |
| 1031 PALMERS MILL RD. | | | | | | | DONOR ADVISED FUND |
| MEDIA, PA 19063 | 23-6272818 | 501 (C)(3) PUBLI | 10000. | 0. | | | CONTRIBUTION |
| | | (1),(1), 11111 | | | | | EXPANDING THEIR FOCUS ON |
| NEIGHBOR TO NEIGHBOR COMMUNITY | | | | | | | EDUCATION, LITERACY AND |
| DEVELOPMENT CORP 814 CLIFTON | | | | | | | EARLY CHILDHOOD |
| AVE - SHARON HILL, PA 19079 | 23-2806109 | 501 (C)(3) PUBLI | 10000. | 0. | | | DEVELOPMENT IN DELAWARE |
| , | | , | | | | | ESSENTIAL SUPPLIES TO |
| NEIGHBOR TO NEIGHBOR COMMUNITY | | | | | | | DELIVER FOOD TO |
| DEVELOPMENT CORP 814 CLIFTON | | | | | | | LOW-INCOME RESIDENTS IN |
| AVE - SHARON HILL, PA 19079 | 23-2806109 | 501 (C)(3) PUBLI | 5000. | 0. | | | THE SHARON HILL AND DARBY |
| , | | | | - | | | SUPPLY SHELF-STABLE FOOD |
| NUTRITIONAL DEVELOPMENT SERVICES | | | | | | | TO SIX FOOD CUPBOARDS AND |
| 222 NORTH 17TH STREET | | | | | | | ONE OUTREACH CENTER IN |
| PHILADELPHIA, PA 19103 | 23-1903647 | 501 (C)(3) PUBLI | 12924. | 0. | | | DELAWARE COUNTY |
| | | | | | | | ADVOCATING FOR AND |
| PENNSYLVANIA HEALTH ACCESS NETWORK | | | | | | | IMPROVING THE MEDIAL |
| 1501 CHERRY STREET | | | | | | | ASSISTANCE TRANSPORTATION |
| PHILADELPHIA, PA 19102 | 47-4876589 | 501 (C)(3) PUBLI | 10000. | 0. | | | PROGRAM FOR CHILDREN AND |
| · | | | | | | | INCREASE ACCESS TO |
| PENNSYLVANIA HEALTH LAW PROJECT | | | | | | | MEDICALLY NECESSARY |
| 123 CHESTNUT ST. SUITE 400 | | | | | | | HEALTHCARE FOR CHILDREN |
| PHILADELPHIA, PA 19106 | 23-2749089 | 501 (C)(3) PUBLI | 30000. | 0. | | | IN DELAWARE COUNTY |
| • | | | | | | | ADVOCATE FOR INCREASED |
| PENNSYLVANIA PARTNERSHIPS FOR | | | | | | | STATE FUNDING FOR |
| CHILDREN - 200 N. THIRD ST. 13TH | | | | | | | EVIDENCE-BASED HOME |
| FLOOR - HARRISBURG, PA 17101 | 23-2613869 | 501 (C)(3) PUBLI | 25000. | 0. | | | VISITING SERVICES THAT |

| Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (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 |
| | | | | | | | TO PREPARE PRE-ASSEMBLED |
| PHILABUNDANCE | | | | | | | MEAL BOXES, THAT CAN EACH |
| 3616 S. GALLOWAY ST. | | | | | | | PROVIDE UP TO FOUR MEALS |
| PHILADELPHIA, PA 19148 | 23-2290505 | 501 (C)(3) PUBLI | 5000. | 0. | | | FOR A FAMILY OF FOUR, |
| | | | | | | | FOR SUPPORT GROUPS |
| PHILADELPHIA COUNTY MEDICAL | | | | | | | DESIGNED TO PROVIDE |
| SOCIETY - 2100 SPRING GARDEN ST. | | | | | | | UNITY, SOLIDARITY AND |
| 2ND FLOOR - PHILADELPHIA, PA 19504 | 23-6397794 | 501 (C)(3) PUBLI | 30800. | 0. | | | EMOTIONAL SUPPORT TO |
| | | | | | | | LIVESTRONG CANCER |
| PHILADELPHIA FREEDOM VALLEY YMCA | | | | | | | SURVIVOR PROGRAM AT THE |
| 400 FAYETTE ST. SUITE 250 | | | | | | | YMCA ROCKY RUN SITE IN |
| CONSHOHOCKEN, PA 19428 | 23-1243965 | 501 (C)(3) PUBLI | 25000. | 0. | | | MEDIA, PA |
| | | | | | | | TO AID THE ROCKY RUN AND |
| PHILADELPHIA FREEDOM VALLEY YMCA | | | | | | | HAVERFORD YMCA EARLY |
| 400 FAYETTE ST. SUITE 250 | | | | | | | LEARNING CENTERS IN |
| CONSHOHOCKEN, PA 19428 | 23-1243965 | 501 (C)(3) PUBLI | 5000. | 0. | | | PROVIDING CHILDCARE AND |
| | | | | | | | PROVIDING HIGH-QUALITY |
| PLANNED PARENTHOOD SOUTHEASTERN | | | | | | | REPRODUCTIVE HEALTH |
| PENNSYLVANIA - 1144 LOCUST STREET | | | | | | | SERVICES TO LOW-INCOME |
| - PHILADELPHIA, PA 19107 | 23-1352509 | 501 (C)(3) PUBLI | 10000. | 0. | | | RESIDENTS IN DELAWARE |
| PROVIDENCE ANIMAL CENTER | | | | | | | |
| 555 SANDY BANK RD. | | | | | | | DONOR ADVISED FUND |
| MEDIA, PA 19063 | 23-1440112 | 501 (C)(3) PUBLI | 20000. | 0. | | | CONTRIBUTION |
| | | (0)(0) 10222 | | • | | | TO ADDRESS AND ADVOCATE |
| PUBLIC CITIZENS FOR CHILDREN AND | | | | | | | FOR LEAD SCREENING AND |
| YOUTH - 990 SPRING GARDEN ST. STE | | | | | | | ORAL CARE FOR LOW-INCOME |
| 200 - PHILADELPHIA, PA 19123 | 23-2137461 | 501 (C)(3) PUBLI | 42523. | 0. | | | CHILDREN IN DELAWARE |
| ZOO FIIILADELIFIITA, FA 19123 | 23 2137401 | JUL (C)(J) FUBIL | 42323. | 0. | | | CHIEDREN IN DELLAWARE |
| RIDDLE HEALTHCARE FOUNDATION | | | | | | | |
| 1068 WEST BALTIMORE PIKE | | | | | | | |
| | 04_3601189 | 501 (C)(3) PUBLI | 6928. | 0. | | | LUNG CANCER PREVENTION |
| MEDIA, PA 19063 | 04-2001193 | POT (C)(3) LODIT | 0920. | · · | | | HONG CANCER PREVENTION |
| RIDLEY SCHOOL DISTRICT | | | | | | | TO PROVIDE "GRAB AND GO" |
| 901 MORTON AVE. SUITE 100 | | | | | | | BREAKFAST AND LUNCH ITEMS |
| FOLSOM, PA 19033 | 23-1668220 | SCHOOL DISTRICT | 10000. | 0. | | | FOR STUDENTS |
| FOHSOM, FA 13033 | 23-1000220 | Denoon DISTRICT | 10000. | L | | | EOV SIONENIS |

| CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION SENIOR COMMUNITY SERVICES 500 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOR THEIR HOME DELIVERED FOR THEIR HOME DELIVERED SENIORLAW CENTER 1500 JFK BLVD, SUITE 1501 FILLEGAL EVICTIONS, FORECOSURES, ABUSE, SERVICE CORPS OF RETIRED SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. MAD RECOVERY PLANS FOR CHESTER, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. MELANDRE SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURR | Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|--|---|-------------------|--------|----------|--------------------------|--|---------------------------|--|--|
| RIVERPRONT ALLIANCE OF DELAWARE COUNTY - 1 FOURTH STREET FO BOX 782 CH8STER, PA 19016 23-2843207 501 (C)(3) FUBLI 20000. 0. CHSTER BY ASSISTING COUNTY - 1 FOURTH STREET FO BOX 782 CH8STER, PA 19016 23-2843207 501 (C)(3) FUBLI 20000. 0. CHSTER BY ASSISTING CONTINUENT STREET FOOD PARTRY 1320 PROVIDENCE AVE. 881NT KATHARINE DREXEL FOOD PARTRY 1320 PROVIDENCE AVE. 685010 CHSTER, PA 19013 23-1429850 501 (C)(3) FUBLI 10000. 0. REGION CHSTER, PA 19013 CHSTER, PA 19013 23-2036247 501 (C)(3) FUBLI 40000. 0. FARIL, ELDERLY PROPIDE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) FUBLI 40000. 0. FARIL, ELDERLY PROPIDE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) FUBLI 10000. 0. FOR THEIR HOME DELIVERED FOOD SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) FUBLI 5000. 0. FOR THEIR HOME DELIVERED FOR THE THE SENTION TO RESILIANCE FOR THEIR HOME ORDER HEALTH NO WELLIANS FOR THEIR HOME DELIVERED FOR THE THE RESILIANS FOR FOR THE THE RESILIANS FOR FOR THEIR HOME DELIVERED FOR THE THE RESILIANS FOR FOR THE | ` ' | (b) EIN | . , | ` ' | non-cash | valuation (book, FMV, | | | | |
| COUNTY - 1 FOURTH STREET FO BOX 782 - CHESTER, PA 1916 23-2843207 501 (C)(3) PUBLI 20000. 0. LON-INCOME HOMBOWNERS 782 - CHESTER, PA 19016 70 FROVIDE HOMBOWNERS 8AINT KATHARINE DREXEL FOOD PANTRY 1920 FROVIDENCE AVE. CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION CHESTER, PA 19013 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PROFILE IN ENDIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19013 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PROFILE IN ENDIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PROFILE IN ENDIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PROFILE IN ENDIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 5000. 0. FRAIL ELBERLY PROFILE FREE LEGAL ADVICE TO SENIOR FOR THEIR HOME DELIVERED SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 5000. 0. FROVELOP AND EXCEPTIVES ASSOCIATION 601 WESTFORM ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. MOREOVERY PLANS FOR WESTFORM ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 30000. 0. MOREOVERY PLANS FOR SURREY SENIOR SERVICES 600 SERVICE 600 SER | | | | | | | | TO STABILIZE THE HOUSING | | |
| 782 CHESTER, PA 19016 23-2843207 501 (C)(3) PUBLI 2000. 0. LOW INCOME HOMEONNERS SAINT KATHARINE DREKEL FOOD PANTRY 1920 PROVIDENCE AVE. CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION CHESTER, PA 19013 70-FROVIDE HOME DELIVERED SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 5000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 5000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOOLSOM, PA 19030 501 (C)(3) PUBLI 5000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTFORN ROAD SUITE 201 - WEST SERVICE CORPS OF RETIRED EXERCITE AND RESIDENCE SERVICE SASCLATION - 601 WESTFORN ROAD SUITE 201 - WEST SERVICE CORPS OF RETIRED SURREY SENIOR SERVICES 600 SWARTHMORE AVEUNE FRAINING OR RESILIENCE CHARGES OF PEP TO COMMUNICATE CRITICAL WESTFORN ROAD SUITE 201 - WEST THE COMMUNITIES OF DON GUANELLA AND DIVINE FRAINING OR RESILIENCE THE COMMUNITIES OF DON GUANELLA AND DIVINE FRAINING OR SERVICES THE COMMUNITY SERVICE THE COMMUNITY SERVICES TO TRIVE SERVICES TO TROUT SER | RIVERFRONT ALLIANCE OF DELAWARE | | | | | | | STOCK IN THE CITY OF | | |
| SAINT KATHARINE DREXEL FOOD PANTRY 1920 PROVIDENCE AVE. 1920 P | | | | | | | | | | |
| SAINT KATHARINE DREXEL FOOD PARTRY 1920 FROVIDENCE AVE. CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION SENIOR COMMUNITY SERVICES 500 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. PRAIL, ELDERLY PROFLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. PRAIL, ELDERLY PROFLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. MEAL PROGRAM SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. MEAL PROGRAM SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOR THEIR HOME DELIVERED TO SENIOR SET PROVIDE FREE LEGAL ADVICE TO SENIORS TO PREVENT 1500 JFR BLVD. SUITE 1501 PRILABELPHIA, PA 1902 23-2169936 501 (C)(3) PUBLI 5000. 0. PORECLOSURES, ABUSE, SERVICE CORES OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOM ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. MEAL PROVIDE RECEIVED AND RECOVERY PLANS FOR SURREY SENIOR SERVICES SURREY SENIOR SERVICES SOURCE SERVICES SOURCE SERVICES THE ROMUNITATE CRITICAL TRAINING ON RESILIENCE CHESTER, PA 19330 23-2610145 501 (C)(3) PUBLI 30000. 0. MEAL SERVICE THE ROMUNITATE OF DON GUANELLA DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. MEAL SERVICE COMMUNITY SERVICES THE COMMUNITY'S FOUNDATION THE COMMUNITY'S FOUNDATION TO PROVIDE TO THE TRAIN THE SERVICE THE COMMUNITY'S FOUNDATION TO PROVIDE TO THE TRAIN THE SERVICE THE COMMUNITY'S FOUNDATION TO PROVIDE TO THE TRAIN THE SERVICE T | 782 - CHESTER, PA 19016 | 23-2843207 | 501 (C)(3) PUBLI | 20000. | 0. | | | | | |
| 1920 PROVIDENCE AVE. CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. PROFICE HOME-DELIVERED SENIOR COMMUNITY SERVICES 600 SWARTHWORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. SENIOR COMMUNITY SERVICES 600 SWARTHWORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 501 (C)(3) PUBLI 10000. 0. SENIOR COMMUNITY SERVICES 600 SWARTHWORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. SENIOR COMMUNITY SERVICES 600 SWARTHWORE AVEUNE FOR THEIR HOME DELIVERED MEAL PROGRAM FROVIDE FREE LEGAL ADVICE TO SENIORS TO FREVENT ILLEGAL FULCTIONS, PROVIDE FREE LEGAL ADVICE TO SENIORS TO FREVENT ILLEGAL FULCTIONS, PROVIDE FREE LEGAL ADVICE TO SENIORS FOR FRETIRED EXECUTIVES ASSOCIATION - 601 EXECUTIVES ASSOCIATION - 601 EXECUTIVES ASSOCIATION - 601 FOR THEIR HOME DELIVERED THAN INSTRUME ROAD SUTTE 281 WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. AND RECOVERY PLANS FOR THIS SENIOR SERVICES 60 SURREY SENIOR SERVICES | | | | | | | | TO PROVIDE FOOD FOR | | |
| CHESTER, PA 19013 23-1429850 501 (C)(3) PUBLI 10000. 0. REGION SENIOR COMMUNITY SERVICES 500 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PEOPLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOR THEIR HOME DELIVERED FOR THEIR HOME DELIVERED SENIORLAW CENTER 1500 JFK BLVD, SUITE 1501 FILLEGAL EVICTIONS, FORECOSURES, ABUSE, SERVICE CORPS OF RETIRED SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. MAD RECOVERY PLANS FOR CHESTER, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. MELANDRE SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 60 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 61 SURREY SENIOR SERVICES 62 SURREY SENIOR SERVICES 63 SURREY SENIOR SERVICES 64 SURREY SENIOR SERVICES 65 SURREY SENIOR SERVICES 66 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 67 SURREY SENIOR SERVICES 68 SURREY SENIOR SERVICES 69 SURR | SAINT KATHARINE DREXEL FOOD PANTRY | | | | | | | CHESTER CITY RESIDENTS | | |
| SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. SENIOR COMMUNITY SERVICES FOR THEIR HOME DELIVERED FOR THEIR HOME DELIVERED FOR THEIR HOME DELIVERED FOR THEIR HOME DELIVERED TO SENIOR SERVICES TO SENIOR FAVEUNE TO SENIOR FOR THEIR HOME DELIVERED TO SENIOR FOR THEIR HOME DELIVERED TO SENIOR SERVICES TO SENIOR SERVICE TO SENIOR SERVICE TO SENIOR SERVICES TO SENIOR SERVICES TO DEVELOP AND COMMUNICATE CRITICAL THANKING ON RESILIENCE AND RECOVERY PLANS FOR TO SUPPORT HEALTH AND WESTOWN ROAD SUITE 281 - WEST THEIR SENIOR CENTERS IN THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 RAST CONTINUE TO SERVE CONTINUE TO SERVE THE COMMUNITY'S FOUNDATION T | 1920 PROVIDENCE AVE. | | | | | | | LIVING IN A DESIGNATED | | |
| SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PEOFLE IN SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. FRAIL, ELDERLY PEOFLE IN SENIOR COMMUNITY SERVICES FOR THEIR HOME DELIVERED TO SENIORS TO PREVENT THIABOLE FROWING FREE LEGAL ADVICE TO SENIORS TO PREVENT THIABOLEPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. 0. FORECLOSURES, ABUSE, FORECLOSURES, FORECLOSURE, FORECLOSURE, FORECLOSURES, FORECLOSURE, FORECLOSURE, FORECLOSURE, | CHESTER, PA 19013 | 23-1429850 | 501 (C)(3) PUBLI | 10000. | 0. | | | REGION | | |
| ### 600 SWARTHMORE AVEUNE ### FOLSON, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. **SENIOR COMMUNITY SERVICES ### 600 SWARTHMORE AVEUNE ### FOLSON, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. **SENIOR COMMUNITY SERVICES ### 600 SWARTHMORE AVEUNE ### FOLSON, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. **SENIOR COMMUNITY SERVICES ### FOR THEIR HOME DELIVERED ### FOLSON, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. **SENIOR CENTER ### 1500 JFK BLVD. SUITE 1501 ### 1500 JFK BLVD | | | | | | | | TO PROVIDE HOME-DELIVERED | | |
| POLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 40000. 0. FRAIL, ELDERLY PEOPLE IN | SENIOR COMMUNITY SERVICES | | | | | | | MEALS, HELPING TO ADDRESS | | |
| SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033 23-2036247 501 (C)(3) PUBLI 10000. 0. MEAL PROGRAM SENIORLAW CENTER 500 JPK BLVD. SUITE 1501 PHILADELPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. 0. FORECLOSURES, ABUSE, SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 EXECUTIVES ASSOCIATION - 601 EXESTION ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. TRAINING OR RESILIENCE CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. DEVOKENT AND RECOVERY PLANS FOR EXERCITIVES ASSOCIATION - 601 EXECUTIVES ASSOCIA | 600 SWARTHMORE AVEUNE | | | | | | | FOOD INSECURITY AMONG | | |
| ### FOR THEIR HOME DELIVERED FOR SWARTHMORE AVEUNE FOR THEIR HOME DELIVERED #### TO SENIORS TO PREVENT #### TILLEGAL EVICTIONS, #### FOR THEIR HOME DELIVERED #### TO SENIORS TO PREVENT #### TILLEGAL EVICTIONS, #### FOR THEIR HOME DELIVERED #### TO SENIORS TO PREVENT #### TILLEGAL EVICTIONS, #### FOR THEIR HOME DELIVERED #### TO SENIORS TO PREVENT #### TILLEGAL EVICTIONS, #### FOR THEIR HOME DELIVERED #### TO SENIORS TO PREVENT #### TILLEGAL EVICTIONS, #### FOR THEIR HOME DELIVERED #### TILLEGAL EVICTIONS, ### TILLEGAL EVICTIONS, #### TILLEGAL EVICTIONS, ## | FOLSOM, PA 19033 | 23-2036247 | 501 (C)(3) PUBLI | 40000. | 0. | | | FRAIL, ELDERLY PEOPLE IN | | |
| SENIORLAW CENTER 1500 JFK BLVD. SUITE 1501 PHILADELPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 TO SENIORS TO PREVENT ILLEGAL EVICTIONS, FORECLOSURES, ABUSE, TO DEVELOP AND COMMUNICATE CRITICAL WESTTOWN ROAD SUITE 101 TO SUPPORT HEALTH AND WELLIARS ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND CONTINUE TO SERVE INDIVIDUAL WITH CLEVELAND AVE NORWOOD, PA 19074 TO PROVIDE TO PROVIDE TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | 600 SWARTHMORE AVEUNE | 23-2036247 | 501 (C)(3) PUBLI | 10000. | 0. | | | | | |
| SENIORLAW CENTER 1500 JFK BLVD. SUITE 1501 PHILADELPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 TO SENIORS TO PREVENT ILLEGAL EVICTIONS, FORECLOSURES, ABUSE, TO DEVELOP AND COMMUNICATE CRITICAL WESTTOWN ROAD SUITE 101 TO SUPPORT HEALTH AND WELLIARS ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND CONTINUE TO SERVE INDIVIDUAL WITH CLEVELAND AVE NORWOOD, PA 19074 TO PROVIDE TO PROVIDE TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | • | | | | | | | PROVIDE FREE LEGAL ADVICE | | |
| PHILADELPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. 0. FORECLOSURES, ABUSE, SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | SENIORLAW CENTER | | | | | | | | | |
| PHILADELPHIA, PA 19102 23-2169936 501 (C)(3) PUBLI 5000. 0. FORECLOSURES, ABUSE, SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | 1500 JFK BLVD. SUITE 1501 | | | | | | | LLLEGAL EVICTIONS | | |
| SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. AND RECOVERY PLANS FOR TO SUPPORT HEALTH AND WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN DEVON, PA 19333 23-2610145 THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. TO DEVELOP AND COMMUNITY S POUNDATION 900 W. SPROUL ROAD SUITE 101 | | 23-2169936 | 501 (C)(3) PUBLI | 5000. | 0. | | | l ' | | |
| EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. AND RECOVERY PLANS FOR SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. BROOMALL, HAVERTOWN AND THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | · · · · · · · · · · · · · · · · · · · | | (1),(1) | | | | | , , | | |
| WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. RAINING ON RESILIENCE AND RECOVERY PLANS FOR FO SUPPORT HEALTH AND WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. TRAINING ON RESILIENCE AND RECOVERY PLANS FOR WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN DEVON, PA 19333 0. BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE INDIVIDUAL WITH INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | | | | | | | | | | |
| CHESTER, PA 19380 52-1067290 501 (C)(3) PUBLI 5000. 0. AND RECOVERY PLANS FOR TO SUPPORT HEALTH AND WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. 0. BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. AND RECOVERY PLANS FOR WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE INDIVIDUAL WITH INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 | | | | | | | | | | |
| SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 TO SUPPORT HEALTH AND WELLNESS ACTIVITIES AT THER SENIOR CENTERS IN BROOMALL, HAVERTOWN AND O. BROOMALL, HAVERTOWN AND O. INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'BASED GRANTS UNDER \$5,000 TO | | 52-1067290 | 501 (C)(3) PUBLI | 5000. | 0. | | | | | |
| SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND C. BROOMALL, HAVERTOWN AND CONTINUE TO SERVE INDIVIDUAL WITH INTELLECTUAL DISABILITIES COMMUNITY'S FOUNDATION UNDER \$5,000 TO | | | (1),(1), 11111 | | - | | | | | |
| THEIR SENIOR CENTERS IN DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 THE COMMUNITY'S FOUNDATION THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND CONTINUE TO SERVE INDIVIDUAL WITH INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'S FOUNDATION UNDER \$5,000 TO | SURREY SENIOR SERVICES | | | | | | | | | |
| DEVON, PA 19333 23-2610145 501 (C)(3) PUBLI 30000. THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 BROOMALL, HAVERTOWN AND PURCHASE OF PPE TO CONTINUE TO SERVE INDIVIDUAL WITH 10000. 0. TO PROVIDE COMMUNITY-BASED GRANTS UNDER \$5,000 TO | | | | | | | | | | |
| THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 UNDER \$5,000 TO | | 23-2610145 | 501 (C)(3) PUBLI | 30000. | 0. | | | | | |
| THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. INTELLECTUAL DISABILITIES TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 COMMUNITY-BASED GRANTS UNDER \$5,000 TO | | | (1),(1), 11111 | | - | | | , | | |
| AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. INTELLECTUAL DISABILITIES TO PROVIDE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 UNDER \$5,000 TO | THE COMMUNITIES OF DON GUANELI.A | | | | | | | | | |
| CLEVELAND AVE NORWOOD, PA 19074 23-2313873 501 (C)(3) PUBLI 10000. 0. INTELLECTUAL DISABILITIES TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 UNDER \$5,000 TO | | | | | | | | | | |
| TO PROVIDE THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 UNDER \$5,000 TO | | 23-2313873 | 501 (C)(3) PUBT.T | 10000 | 0 | | | | | |
| THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 COMMUNITY-BASED GRANTS UNDER \$5,000 TO | | | | | •• | | | | | |
| 900 W. SPROUL ROAD SUITE 101 UNDER \$5,000 TO | THE COMMUNITY'S FOUNDATION | | | | | | | | | |
| | | | | | | | | | | |
| | SPRINGFIELD, PA 19064 | 23-2354770 | 501 (C)(3) PUBLT | 50000. | 0. | | | NONPROFITS SERVING | | |

| Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | T |
|--|-------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (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 |
| | | | | | | | BUILDING THE CAPACITY OF |
| THE ELWYN FOUNDATION | | | | | | | EARLY CHILDHOOD PROGRAMS, |
| 111 ELWYN ROAD | | | | _ | | | INCLUDING SUPPORT TO |
| MEDIA, PA 19063 | 20-1915642 | 501 (C)(3) PUBLI | 20000. | 0. | | | IMPROVE THE |
| | | | | | | | PROVIDE PPE FOR STAFF |
| THE ELWYN FOUNDATION | | | | | | | THAT SUPPORTS INDIVIDUALS |
| 111 ELWYN ROAD | | | | | | | WITH INTELLECTUAL AND |
| MEDIA, PA 19063 | 20-1915642 | 501 (C)(3) PUBLI | 10000. | 0. | | | DEVELOPMENTAL |
| THE FOUNDATION FOR DELAWARE COUNTY | | | | | | | TO ESTABLISH THE DELAWARE |
| 200 E. STATE ST. SUITE 304 | | | | | | | COUNTY COVID-19 RESPONSE |
| MEDIA, PA 19063 | 22_2540853 | 501 (C)(3) PUBLI | 100000. | 0. | | | FUND |
| MEDIA, FA 19005 | 22-2340033 | DOI (C)(3) FOBIL | 100000. | 0. | | | DONOR ADVISED FUND |
| THE FOUNDATION FOR DELAWARE COUNTY | | | | | | | CONTRIBUTION TO THE |
| 200 E. STATE ST. SUITE 304 | | | | | | | DELAWARE COUNTY COVID-19 |
| MEDIA, PA 19063 | 22_2540853 | 501 (C)(3) PUBLI | 10000. | 0. | | | RESPONSE FUND |
| MEDIA, FA 19003 | 22 2340033 | J01 (C)(J) 10BH1 | 10000. | · · | | | RESPONSE FOND |
| THE FOUNDATION FOR DELAWARE COUNTY | | | | | | | |
| 200 E. STATE ST. SUITE 304 | | | | | | | CONTRIBUTION TO THE DELCO |
| MEDIA, PA 19063 | 22-2540853 | 501 (C)(3) PUBLI | 10000. | 0. | | | COUNTS 2020 ACTION FUND |
| | | (1),(1), 11111 | | | | | |
| THE FOUNDATION FOR DELAWARE COUNTY | | | | | | | DONOR ADVISED FUND |
| 200 E. STATE ST. SUITE 304 | | | | | | | CONTRIBUTION TO TFDC'S |
| MEDIA, PA 19063 | 22-2540853 | 501 (C)(3) PUBLI | 5000. | 0. | | | ANNUAL APPEAL |
| | | | | | | | PROVIDE YARD SIGNS, |
| THE LIBRARY FOUNDATION OF DELAWARE | | | | | | | BOOKMARKS, POSTERS AND |
| COUNTY - 340 N. MIDDLETOWN ROAD | | | | | | | INFORMATION SHEETS TO 28 |
| BUILDING 19 - MEDIA, PA 19063 | 27-2789554 | 501 (C)(3) PUBLI | 5000. | 0. | | | LIBRARIES IN DELAWARE |
| | | | | | | | FOR COVID-19 PREPARATION |
| THE NILE SWIM CLUB OF YEADON | | | | | | | TO PROVIDE IN-PERSON |
| 513 S. UNION AVE. | | | | | | | DAILY PROGRAMMING FOR |
| YEADON, PA 19050 | 23-1548879 | 501 (C)(3) PUBLI | 7000. | 0. | | | SUMMER CAMPS IN DELAWARE |
| | | | | | | | TO DISTRIBUTE FOOD BOXES |
| THE SALVATION ARMY | | | | | | | AND ESSENTIAL SUPPLIES |
| 701 NORTH BROAD STREET | | | | | | | SUCH AS SANITIZERS, |
| PHILADELPHIA, PA 19123 | 13-5562351 | 501 (C)(3) PUBLI | 10000. | 0. | | | UTENSILS, MASKS, AND MORE |

| Part II Continuation of Grants and Other | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | T |
|--|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| (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 |
| | | | | | | | TO PROVIDE OUTREACH AND |
| THE SCHOOL OF PARENT EDUCATION | | | | | | | EDUCATION TO FATHERS, |
| 1500 JFK BLVD. SUITE 1410 | | | | | | | ENCOURAGING THE ENTIRE |
| PHILADELPHIA, PA 19102 | 46-1708048 | 501 (C)(3) PUBLI | 10000. | 0. | | | FAMILY'S INVOLVEMENT IN |
| | | | | | | | PROVIDING TESTING, |
| THE URBAN LEAGUE OF PHILADELPHIA | | | | | | | EMERGENCY HYGIENE KITS |
| 121 S. BROAD ST. 6TH FLOOR | | | | | | | AND INFORMATION TO THE |
| PHILADELPHIA, PA 19107 | 23-1429810 | 501 (C)(3) PUBLI | 20000. | 0. | | | AFRICAN AMERICAN |
| | | | | | | | SECURE CENSUS COMPLETION |
| THE URBAN LEAGUE OF PHILADELPHIA | | | | | | | PLEDGE CARDS WITH |
| 121 S. BROAD ST. 6TH FLOOR | | | | | | | RESIDENTS TRAINED AS |
| PHILADELPHIA, PA 19107 | 23-1429810 | 501 (C)(3) PUBLI | 10000. | 0. | | | "AMBASSADOR ADVOCATES" |
| | | | | | | | TO PREVENT VIOLENCE AND |
| THRESHOLDS IN DELAWARE COUNTY | | | | | | | ENHANCE PROBLEM-SOLVING |
| P.O. BOX 114 | | | | | | | BY PROVIDING EDUCATION ON |
| THORNTON, PA 19373 | 23-1980192 | 501 (C)(3) PUBLI | 5000. | 0. | | | DECISION MAKING FOR |
| | | | | | | | SUPPORTING BEHAVIORAL |
| TRANSFORMATION YOGA PROJECT | | | | | | | HEALTH SERVICES FOR YOUTH |
| P.O. BOX 762 | | | | | | | IN THE LIMA DETENTION |
| KENNETT SQUARE, PA 19348 | 46-4589234 | 501 (C)(3) PUBLI | 12000. | 0. | | | CENTER |
| · | | | | | | | STRENGTHEN EARLY |
| UPPER DARBY COMMUNITY OUTREACH | | | | | | | CHILDHOOD DEVELOPMENT AND |
| CORPORATION - 7240 WALNUT STREET - | | | | | | | ENGLISH AS A SECOND |
| UPPER DARBY, PA 19082 | 03-0421571 | 501 (C)(3) PUBLI | 25000. | 0. | | | LANGUAGE FOR ADULT |
| | | | | | | | ENSURING THAT VULNERABLE |
| WAYNE SENIOR CENTER | | | | | | | SENIORS HAVE ACCESS TO |
| 108 STATION ROAD | | | | | | | THE INFORMATION AND |
| WAYNE, PA 19087 | 23-2146857 | 501 (C)(3) PUBLI | 10000. | 0. | | | RESOURCES NECESSARY TO |
| | | (1),(1) | | | | | PURCHASE FOOD AND |
| WAYNE SENIOR CENTER | | | | | | | SUPPLIES FOR SUPPLEMENTAL |
| 108 STATION ROAD | | | | | | | NUTRITION PACKS FOR AT |
| WAYNE, PA 19087 | 23-2146857 | 501 (C)(3) PUBLI | 5000. | 0. | | | RISK SENIORS |
| | 23 2140037 | (0)(0) 10001 | 3000. | •• | | | EDUCATE THEIR AUDIENCES |
| WHYY, INC. | | | | | | | ABOUT THE 2020 CENSUS |
| 150 NORTH SIXTH STREET | | | | | | | THROUGH A CENSUS |
| | 23_1/39092 | 501 (C)(3) PUBLI | 5000. | 0. | | | DEDICATED LANDING PAGE, |
| PHILADELPHIA, PA 19106 | 43-1430003 | DOT (C)(2) LORTI |] 5000. | <u> </u> | 1 | | PEDICATED LANDING PAGE, |

| Part II Continuation of Grants and Other | r Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sch | edule I (Form 990), Pa | rt II.) | 1 |
|--|---------------------|-------------------------------|--------------------------|---|--|---|------------------------------------|
| (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 |
| WIDENER UNIVERSITY | | | | | | | |
| ONE UNIVERSITY PLACE | | | | | | | |
| CHESTER, PA 19013 | 23-1386178 | 501 (C)(3) | 5000. | 0. | | | SCHOLARSHIP |
| , | | | | | | | TO SUSTAIN THE RESOURCE |
| WOMEN'S RESOURCE CENTER OF THE | | | | | | | COORDINATION COUNSELING |
| DELAWARE VALLEY - 113 W. WAYNE | | | | | | | SERVICES AND SUPPORT AN |
| AVE WAYNE, PA 19087 | 23-1997488 | 501 (C)(3) PUBLI | 5000. | 0. | | | EMERGENCY ASSISTANCE FUND |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | + | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | + | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---|
| FINANCIAL ASSISTANCE FOR INDIVIDUALS UNDERGOING MEDICAL TREATMENT | 186 | 157327. | 28900. | ACTUAL AMOUNT PAID | NONCASH ASSISTANCE CONSISTS OF GIFT CARDS PROVIDED TO INDIVIDUALS AND BILLS PAID ON BEHALF OF INDIVIDUALS. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information rec | uired in Part I, lin | e 2; Part III, column | (b); and any other a | dditional information. | |
| PART II, LINE 1, COLUMN (H): | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | : ANNA'S | PLACE | | | |
| (H) PURPOSE OF GRANT OR ASSISTANCE | : PROVIDE | GIFT CARD | S TO GROCE | RY STORES | |
| FOR SENIORS WITH HOUSING INSECURIT | IES AND T | HOSE SUFFE | ERING FROM | MENTAL | |
| ILLNESS | | | | | |
| | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | : BOYS AN | D GIRLS CI | UB OF CHES | TER | |
| (H) PURPOSE OF GRANT OR ASSISTANCE | : PROVIDE | GIFT CARI | OS TO GROCE | RY STORES | |
| FOR FOOD-INSECURE FAMILIES SERVED | BY THE CL | UB AND AFF | ECTED BY T | HE | |

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF CHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE HEALTHY

CHOICE-HEALTHY YOU PROGRAM PROMOTING HEALTHY NUTRITION AND EXERCISE AS

ALTERNATIVES TO DRUGS

NAME OF ORGANIZATION OR GOVERNMENT: BREATHING ROOM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DELAWARE COUNTY CANCER

PATIENTS TRANSPORTATION TO TREATMENT, CARE PACKETS (FOOD OR GIFT CARDS)

AND NUTRITIONAL SUPPLEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: CASA YOUTH ADVOCATES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE GIFT CARDS FOR GROCERIES

AND EMERGENCY TRANSPORTATION, DIAPERS, BABY WIPES AND FORMULA AS WELL AS

CLEANING SUPPLIES FOR CASA CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CCSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OFFER INTENSIVE EARLY LITERACY

INTERVENTION AND PROVIDE EDUCATIONAL EXPERIENCES TO ESURE SUCCESS BEYOND

HIGH SCHOOL FOR CHESTER STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR THE BLIND AND VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TRANSPORTATION SERVICES FOR

THE BLIND AND VISUALLY IMPAIRED THAT NEED HELP WITH GROCERY SHOPPING,

BANKING, PRESCRIPTIONS, AND NECESSARY MEDICAL APPOINTMENTS

NAME OF ORGANIZATION OR GOVERNMENT: CHESPENN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE FEDERALLY QUALIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT HEALTH

DETERIORATION AND MULTIPLE IN-PATIENT OR EMERGENCY ROOM VISITS

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER COMMUNITY IMPROVEMENT PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL

COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE MARIE AND CYNTHIA

JETTER CENTER FOR COLLEGE ACCESS AND CAREER SERVICES FOR STUDENTS IN THE

CHESTER UPLAND SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER HOUSING INITIATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LOW-INCOME CHILDREN AND THEIR

FAMILIES TO LEARN TO GROW AND COOK WITH NUTRIENT-RICH PRODUCE AT RUTH

BENNETT COMMUNITY FARM

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER UPLAND YOUTH SOCCER

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP HEALTHY ACTIVITY HABITS FOR

OVER 450+ STUDETNS LIVING IN THE CHESTER-UPLAND SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: CHILD GUIDANCE RESOURCE CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT OF

BEHAVIORAL HEALTH CLINICIANS SERVING CHILDREN AND TEENS THROUGHOUT

DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CHILD GUIDANCE RESOURCE CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PPE, CLEANING SUPPLIES AND

PROFESSIONAL CLEANING FOR THEIR COMMUNITY RESIDENTIAL REHABILITATION

PROGRAM FOR ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: CLARIFI

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL

COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE POSSIBLE PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE ACCESS SERVICES FOR HIGH

SCHOOL JUNIORS AND SENIORS IN THE PENN WOOD AND UPPER DARBY SCHOOL

DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF DELAWARE COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HOMELESSNESS SERVICES THAT

INCLUDE PROVIDING EMERGENCY HOTEL PLACEMENTS FOR HOMELESS RESIDENTS, FOOD

AND ESSENTIAL SUPPLIES IN HOMELESS SHELTERS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY YMCA OF EASTERN DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLEANING SUPPLIES, A

DECONTAMINATION UNIT AND STAFF TRAINING AROUND BEST PRACTICES IN

CHILDCARE AND CDC AND DOH GUIDANCE FOR SOCIAL DISTANCING AND CLEANING

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE VALLEY ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (FIRST UP)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE EARLY CHILDHOOD

EDUCATION APPRENTICESHIP PROGRAM TO TRAIN CHILDCARE WORKERS IN DELAWARE

COUNTY

VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUATION OF
SERVICES, INCLUDING TELEPHONE CRISIS COUNSELING, TO SURVIVORS OF DOMESTIC

NAME OF ORGANIZATION OR GOVERNMENT: DREXEL NEUMANN ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GIFT CARDS TO GROCERY STORES
FOR FOOD-INSECURE FAMILIES IN CHESTER AFFECTED BY THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING EARLY CHILDHOOD EDUCATION

AND THERAPEUTIC SERVICES FOR CHILDREN AND FAMILIES WITH DISABILITIES OR

WHO ARE AT-RISK FOR DEVELOPMENTAL DELAYS

NAME OF ORGANIZATION OR GOVERNMENT: EPISCOPAL COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE HIGH-QUALITY EARLY CHILDHOOD

EDUCATION IN AFTER SCHOOL PROGRAMMING AT PARK LANE ELEMENTARY SCHOOL IN

DARBY

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE CAPACITY, ACCESS, AND

SUSTAINABILITY OF BEHAVIORAL HEALTH SERVICES FOR VULNERABLE CLIENTS IN

DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 14 FOOD PANTRIES TO PROVIDE HOME

DELIVERY OF FOOD BOXES TO LOW-INCOME HOUSEHOLDS IN THE COUNTY THAT ARE

QUARANTINED DUE TO COVID-19 SYMPTOMS AND RESIDENTS WITH UNDERLYING HEALTH

CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT TECHNOLOGY NEEDS SO

THAT FORENSIC AND CLINICAL STAFF CAN CONTINUE TO PROVIDE SUPPORT TO CHILD

VICTIMS OF SEXUAL ABUSE AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

INDIVIDUALS AIDING IN EMERGENCY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH DELAWARE COUNTY

EMERGENCY SERVICES AND COLLECT ESSENTIAL PRODUCTS NEEDED SUCH AS FACE

MASKS, GLOVES, DISINFECTANT CLEANING SUPPLIES, CARE KITS THAT INCLUDE

BASIC HYGIENE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: J. LEWIS CROZER LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING READING LEVELS AND PROVIDE
DIRECT SUPPORT FOR EARLY CHILDHOOD LEARNERS IN CHESTER

NAME OF ORGANIZATION OR GOVERNMENT: KISSES FOR KYLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GIFT CARDS TO GROCERY STORES AND

ESSENTIAL SUPPLIES FOR FAMILIES IN DELAWARE COUNTY BATTLING PEDIATRIC

CANCER

NAME OF ORGANIZATION OR GOVERNMENT: MEDIA FELLOWSHIP HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL

COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF PPE FOR STAFF AT THEIR

UPPER DARBY EMERGENCY SHELTER WHICH SUPPORTS PEOPLE WHO HAVE MENTAL

ILLNESS, ARE HOMELESS OR AT RISK FOR HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT:

MULTICULTURAL COMMUNITY FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THEIR COMMUNITY HEALTH

CONNECTORS PROGRAM SERVING LOW-INCOME AND DISENGAGED IMMIGRANT SENIORS IN

DELAWARE COUNTY WITH A MULTI-LEVEL AND CROSS-SECTOR APPROACH

NAME OF ORGANIZATION OR GOVERNMENT:

MULTICULTURAL COMMUNITY FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE CULTURALLY ETHNIC FOOD AND

ESSENTIAL ITEMS FOR SENIORS IN NEED AND TO PURCHASE SUPPLEMENTAL FORMULA

AND WIPES FOR FAMILIES WITH CHILDREN YOUNGER THAN ONE

NAME OF ORGANIZATION OR GOVERNMENT: NATIONALITIES SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FINANCIAL ASSISTANCE FOR

IMMIGRANTS WHO HAVE LOST THEIR HOMES, INCOME, AND/OR EMPLOYMENT DUE TO

THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING THEIR FOCUS ON EDUCATION,

LITERACY AND EARLY CHILDHOOD DEVELOPMENT IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: ESSENTIAL SUPPLIES TO DELIVER FOOD

TO LOW-INCOME RESIDENTS IN THE SHARON HILL AND DARBY TOWNSHIP AREA

NAME OF ORGANIZATION OR GOVERNMENT: PENNSYLVANIA HEALTH ACCESS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATING FOR AND IMPROVING THE

MEDIAL ASSISTANCE TRANSPORTATION PROGRAM FOR CHILDREN AND PARENTS ON

MEDICAID

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE FOR INCREASED STATE FUNDING

FOR EVIDENCE-BASED HOME VISITING SERVICES THAT IMPROVE CHILDREN'S HEALTH

AND DEVELOPMENT FROM PREGNANCY THROUGH THE EARLY YEARS

NAME OF ORGANIZATION OR GOVERNMENT: PHILABUNDANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREPARE PRE-ASSEMBLED MEAL BOXES,

COUNTY

Part IV | Supplemental Information

THAT CAN EACH PROVIDE UP TO FOUR MEALS FOR A FAMILY OF FOUR, DISTRIBUTED
WITH MINIMAL CONTACT TO MORE THAN A DOZEN MEMBER AGENCIES IN DELAWARE

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA COUNTY MEDICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT GROUPS DESIGNED TO

PROVIDE UNITY, SOLIDARITY AND EMOTIONAL SUPPORT TO ASSIST IN PROMOTING

THE OVERALL WELL-BEING OF FRONTLINE PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA FREEDOM VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID THE ROCKY RUN AND HAVERFORD

YMCA EARLY LEARNING CENTERS IN PROVIDING CHILDCARE AND SCHOOL AGE

PROGRAMMING TO HEALTHCARE PROFESSIONALS' CHILDREN WHILE THEY ARE AT WORK

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING HIGH-QUALITY REPRODUCTIVE
HEALTH SERVICES TO LOW-INCOME RESIDENTS IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

PUBLIC CITIZENS FOR CHILDREN AND YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS AND ADVOCATE FOR LEAD SCREENING AND ORAL CARE FOR LOW-INCOME CHILDREN IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

RIVERFRONT ALLIANCE OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STABILIZE THE HOUSING STOCK IN
THE CITY OF CHESTER BY ASSISTING LOW-INCOME HOMEOWNERS WITH HEALTH AND

SAFETY IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOME-DELIVERED MEALS,

HELPING TO ADDRESS FOOD INSECURITY AMONG FRAIL, ELDERLY PEOPLE IN

DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SENIORLAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FREE LEGAL ADVICE TO SENIORS

TO PREVENT ILLEGAL EVICTIONS, FORECLOSURES, ABUSE, FRAUD, EXPLOITATION,

AND SCAMS

NAME OF ORGANIZATION OR GOVERNMENT:

SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND COMMUNICATE CRITICAL

TRAINING ON RESILIENCE AND RECOVERY PLANS FOR NONPROFIT CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: SURREY SENIOR SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTH AND WELLNESS

ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND MEDIA

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE COMMUNITY-BASED GRANTS

UNDER \$5,000 TO NONPROFITS SERVING DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THE ELWYN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING THE CAPACITY OF EARLY

CHILDHOOD PROGRAMS, INCLUDING SUPPORT TO IMPROVE THE

KINDERGARTEN-READINESS SKILLS OF STUDENTS AGED THREE TO FIVE IN CHESTER

NAME OF ORGANIZATION OR GOVERNMENT: THE ELWYN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PPE FOR STAFF THAT SUPPORTS

INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN COMMUNITY

RESIDENTIAL SERVICES HOMES IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

THE LIBRARY FOUNDATION OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE YARD SIGNS, BOOKMARKS,

POSTERS AND INFORMATION SHEETS TO 28 LIBRARIES IN DELAWARE COUNTY, AND TO

PURCHASE COMPUTERS AND LAPTOPS FOR USE AT SPECIAL DELCO COUNTS DAY @ THE

LIBRARY EVENTS IN THE HARDEST TO COUNT AREAS

NAME OF ORGANIZATION OR GOVERNMENT: THE NILE SWIM CLUB OF YEADON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COVID-19 PREPARATION TO PROVIDE IN-PERSON DAILY PROGRAMMING FOR SUMMER CAMPS IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DISTRIBUTE FOOD BOXES AND

ESSENTIAL SUPPLIES SUCH AS SANITIZERS, UTENSILS, MASKS, AND MORE TO

COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: THE SCHOOL OF PARENT EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE OUTREACH AND EDUCATION TO

FATHERS, ENCOURAGING THE ENTIRE FAMILY'S INVOLVEMENT IN HEALTHY MATERNITY

AND PRENATAL/POSTNATAL OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN LEAGUE OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING TESTING, EMERGENCY HYGIENE

KITS AND INFORMATION TO THE AFRICAN AMERICAN COMMUNITY IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THRESHOLDS IN DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT VIOLENCE AND ENHANCE

PROBLEM-SOLVING BY PROVIDING EDUCATION ON DECISION MAKING FOR

INCARCERATED CITIZENS

NAME OF ORGANIZATION OR GOVERNMENT:

UPPER DARBY COMMUNITY OUTREACH CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN EARLY CHILDHOOD

DEVELOPMENT AND ENGLISH AS A SECOND LANGUAGE FOR ADULT IMMIGRANTS

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING THAT VULNERABLE SENIORS

HAVE ACCESS TO THE INFORMATION AND RESOURCES NECESSARY TO MAINTAIN THEIR

HEALTH AND INDEPENDENCE

NAME OF ORGANIZATION OR GOVERNMENT: WHYY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE THEIR AUDIENCES ABOUT THE

2020 CENSUS THROUGH A CENSUS DEDICATED LANDING PAGE, PSA'S AND THE

CREATION OF REGIONAL SPOTS USING LOCAL COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF THE DELAWARE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUSTAIN THE RESOURCE COORDINATION

COUNSELING SERVICES AND SUPPORT AN EMERGENCY ASSISTANCE FUND TO ADDRESS

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

FOUNDATION FOR DELAWARE COUNTY

Employer identification number 22-2540853

| | | | Yes | No |
|------------|--|----|-----|----|
| 1 a | 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. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| 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 | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the 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. | | | |
| | X Compensation committee X Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 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: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 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: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 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 | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation | |
|----------------------------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|----------------------|--|----|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Deneiits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 | |
| (1) FRANCES SHEEHAN | (i) | 202937. | 0. | 0. | 6534. | 27597. | 237068. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JOANNE CRAIG | (i) | 139690. | 0. | 0. | 4620. | 24844. | 169154. | 0. |
| VICE PRESIDENT FOR PROGRAM | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | _ |
| | (ii) | | | | | | | _ |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| 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. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number 22-2540853

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTY BY PROMOTING GENEROSITY IN AND FOR THE PEOPLE OF OUR COUNTY,

IMPROVING THE WELLBEING OF OUR RESIDENTS, AND ENERGIZING PARTICIPATION

AND PARTNERSHIP ACROSS OUR COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ONE OF OVER 700 COMMUNITY FOUNDATIONS ACROSS THE COUNTRY AND THE

LARGEST PHILANTHROPY IN DELAWARE COUNTY, WE FULFILL OUR MISSION BY

INVESTING IN NON-PROFITS WHOSE PROGRAMS ADVANCE OUR AIMS AND ENRICH

LIFE FOR THE PEOPLE OF DELAWARE COUNTY; PROMOTING AND FACILITATING

PHILANTHROPIC INVESTMENT WITH REAL IMPACT; DELIVERING VITAL SERVICES;

PROVIDING HIGH-QUALITY, RESULTS-BASED PUBLIC HEALTH PROGRAMS TO COUNTY

RESIDENTS IN NEED; AND SERVING AS A POSITIVE FORCE IN THE COMMUNITY, A

CONVENER AND PROBLEM-SOLVER, DRAWING PARTNERS OF MANY KINDS INTO

EFFECTIVE COLLABORATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES TO VULNERABLE SENIORS (7 GRANTS); 8.) PREVENTATIVE CARE (4

GRANTS); 9.) NEIGHBORHOOD AND BUILT ENVIRONMENT (3 GRANTS); 10.)

COMMUNITY-BASED GRANTS (1 GRANT). GRANTS RANGED IN SIZE FROM \$500 TO

\$60,000. THESE GRANTS ARE A KEY ELEMENT OF THE FOUNDATION FOR DELAWARE

COUNTY'S MISSION AND DEMONSTRATE HOW COLLABORATION AND PARTNERSHIPS ARE

KEY TO MOVING DELAWARE COUNTY FORWARD. BY FUNDING A BROAD RANGE OF

STRONG DELAWARE COUNTY NONPROFIT ORGANIZATIONS, THESE GRANTS ARE

ACHIEVING POSITIVE OUTCOMES FOR DELAWARE COUNTY'S CHILDREN, TEENS AND

ADULTS.

IN RESPONSE TO THE IMPACT OF THE NEW CORONAVIRUS (COVID-19) PANDEMIC,

THE FOUNDATION FOR DELAWARE COUNTY LAUNCHED THE DELAWARE COUNTY

COVID-19 RESPONSE FUND AND COMMITTED \$100,000 TO THE FUND ALLOWING THE

FOUNDATION TO ADDRESS IMMEDIATE NEEDS. THE FUND'S PURPOSE IS TO HELP

MINIMIZE THE ECONOMIC HARDSHIP AND DISRUPTION OF SAFETY-NET SERVICES IN

DELAWARE COUNTY. IN FY 20, THE FUND PROVIDED 58 GRANTS IN THE AMOUNT OF

\$472,034 TO HELP NONPROFITS PROVIDE PPE FOR FRONTLINE WORKERS, FOOD

BOXES AND GIFT CARDS FOR FOOD-INSECURE FAMILIES, AS WELL AS DIAPERS,

AND ESSENTIAL SUPPLIES SUCH AS CLEANING AND BASIC HYGIENE PRODUCTS.

THE FOUNDATION FOR DELAWARE COUNTY, IN PARTNERSHIP WITH THE UNITED WAY

OF GREATER PHILADELPHIA, THE PHILANTHROPY NETWORK AND THE DELAWARE

COUNTY COMPLETE COUNT COMMITTEE ESTABLISHED THE DELCO COUNTS 2020

ACTION FUND. IN FY 20, THE FUND PROVIDED 14 GRANTS IN THE AMOUNT OF

\$58,009 TO DELAWARE COUNTY NONPROFIT COMMUNITY-BASED ORGANIZATIONS THAT

AGREED TO ADVANCE THE WORK OF THE 2020 CENSUS IN NEIGHBORHOODS THAT ARE

IDENTIFIED TO BE AT RISK OF BEING UNDER-COUNTED.

THE ABOVE GRANTS SUPPLEMENT \$358,475 IN DONOR ADVISED CONTRIBUTIONS AND CHARITABLE CARE, FOR A TOTAL OF \$2,016,296 AWARDED IN DELAWARE COUNTY

IN ONE YEAR AS SHOWN IN SCHEDULE I.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGERS AND VISITING NURSES WHO FOCUS ON HELPING WOMEN HAVE HEALTHY

PREGNANCIES AND ENSURING FAMILIES ACCESS HEALTH CARE, CONNECT TO NEEDED

COMMUNITY RESOURCES AND BENEFITS, AND LEARN AND BUILD PARENTING SKILLS

TO GET THE BEST START IN LIFE. THESE PROGRAMS ARE DRIVING DOWN THE

Employer identification number Name of the organization 22-2540853 FOUNDATION FOR DELAWARE COUNTY INORDINATELY HIGH AND RACIALLY DISPARATE INFANT MORTALITY AND MORBIDITY, AND LOW BIRTH WEIGHT RATES IN OUR COUNTY'S POORER COMMUNITIES. RECENT RESEARCH SUGGESTS THAT SEVERAL FACTORS CONTRIBUTE TO POOR BIRTH OUTCOMES. THESE INCLUDE WHERE A WOMAN LIVES, ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA, AND PRECONCEPTION CARE. BLACK WOMEN WITH LESS THAN A HIGH SCHOOL DIPLOMA ARE PARTICULARLY AT RISK. SEVERAL UNIQUE COMPONENTS OF THE PROGRAMS ARE LEADING TO IMPROVED WIDENER UNIVERSITY DELAWARE LAW SCHOOL MEDICAL-LEGAL OUTCOMES. PARTNERSHIP: THIS IS A UNIQUE PARTNERSHIP BETWEEN HEALTHY START/NURSE-FAMILY PARTNERSHIP AND WIDENER UNIVERSITY DELAWARE LAW SCHOOL. IT PROVIDES DIRECT CIVIL LEGAL REPRESENTATION, SYSTEMIC ADVOCACY AND TRAINING TO SUPPORT PROGRAM PARTICIPANTS, STAFF AND THE COMMUNITY. EL CENTRO CENTER FOR HISPANIC RESOURCES: THE CENTER IS A "ONE-STOP-SHOP" THAT CONNECTS PROGRAM PARTICIPANTS AND OTHER INDIVIDUALS WITH A RANGE OF SERVICES. AMONG THESE ARE CASE MANAGEMENT, TRANSLATION, APPOINTMENT SCHEDULING, HEALTH EDUCATION, ASSISTANCE WITH APPLICATIONS AND AGENCY REFERRALS. PERINATAL PERIODS OF RISK (PPOR): THE PPOR PROJECT, IN COLLABORATION WITH THE DELAWARE COUNTY CHILD DEATH REVIEW TEAM, IS COLLECTING DATA AND ANALYZING FETAL AND INFANT DEATHS. THE PURPOSE OF THE PROJECT IS TO BETTER UNDERSTAND WHY INFANTS ARE DYING DURING CERTAIN PERIODS OF RISK; AND DEVELOP AN ACTION PLAN TO REDUCE INFANT DEATH. HOUSING STABILITY PROGRAM: THE HOUSING STABILITY PROGRAM, WORKS WITH FAMILIES ENROLLED IN HEALTHY START AND NURSE-FAMILY PARTNERSHIP PROGRAMS TO ASSIST THEM IN ACCESSING AFFORDABLE HOUSING, PUBLIC HOUSING AND WHERE ELIGIBLE THE HOUSING

CHOICE VOUCHER PROGRAM. THE PROGRAM PROVIDES ASSISTANCE WITH CREDIT

| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| READINESS, HOUSING SEARCHES AND TENANT EDUCATION TO FACILITATE THE | | | | | | | | | |
| TRANSITION TO STABLE, PERMANENT HOUSING. THE HOUSING STABILITY PROGRAM | | | | | | | | | |
| ALSO HAS A PARTNERSHIP WITH THE CHESTER HOUSING AUTHORITY. | | | | | | | | | |
| | | | | | | | | | |
| THE FOUNDATION OFFERS THE NURSE-FAMILY PARTNERSHIP (NFP) B | ECAUSE OVER | | | | | | | | |
| THREE DECADES OF RESEARCH SHOW THAT IT WORKS. IN AT LEAST ONE OF NFP'S | | | | | | | | | |
| RANDOMIZED RESEARCH TRIALS, THE FOLLOWING RESULTS HAVE BEEN OBSERVED: | | | | | | | | | |
| 48 PERCENT REDUCTION IN CHILD ABUSE AND NEGLECT; | | | | | | | | | |
| | | | | | | | | | |
| 56 PERCENT REDUCTION IN EMERGENCY ROOM VISITS FOR ACCIDEN | TS AND | | | | | | | | |
| POISONINGS; | | | | | | | | | |
| 67 PERCENT REDUCTION IN BEHAVIORAL AND INTELLECTUAL PROBL | EMS BY AGE 6. | | | | | | | | |
| NFP ALSO SAVES MONEY. A STUDY BY THE RAND CORPORATION FOUN | D THAT \$5.70 | | | | | | | | |
| IS RETURNED TO A COMMUNITY FOR EVERY DOLLAR IT INVESTS IN | THE PROGRAM. | | | | | | | | |
| THE THIRD PROGRAM, THE FOUNDATION'S WOMEN'S, INFANTS', AND | CHILDREN'S | | | | | | | | |
| SUPPLEMENTAL NUTRITION (WIC) PROGRAM PROVIDES NUTRITIOUS F | OODS AND | | | | | | | | |
| ENCOURAGES BREASTFEEDING TO OVER 9,500 LOW-INCOME WOMEN, INFANTS AND | | | | | | | | | |
| CHILDREN UP TO THE AGE OF 5 EACH YEAR IN DELAWARE COUNTY. NATIONWIDE, | | | | | | | | | |
| THE PROGRAM HAS DECREASED THE PERCENTAGE OF LOW-INCOME CHI | LDREN AGES | | | | | | | | |
| 2-4 WITH OBESITY BY 9%, PROVIDES THE FOLLOWING CRITICAL SE | RVICES: | | | | | | | | |
| ACCESS TO NUTRITIOUS FOODS | | | | | | | | | |

NUTRITION COUNSELING

| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|--|---|
| | |
| BREASTFEEDING INFORMATION AND SUPPORT | |
| | |
| HEALTH AND NUTRITION SCREENINGS | |
| | |
| REFERRALS TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS | |
| ACCESS TO THE FARMERS' MARKET NUTRITION PROGRAM (FMNP) | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND FO | RMALLY ACCEPTED |
| AT A MEETING OF THE BOARD PRIOR TO FILING OF THE RETURN. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| OFFICERS AND DIRECTORS ARE REQUIRED TO COMPLETE AN ANNUAL | WRITTEN CONFLICT |
| OF INTEREST STATEMENT, IDENTIFYING ANY POTENTIAL OR ACTUAL | CONFLICTS. |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| AN INDEPENDENT BOARD COMMITTEE ESTABLISHES THE PRESIDENT'S | COMPENSATION |
| BASED ON A NUMBER OF FACTORS INCLUDING A COMPARABILITY STU | DY. SEE SCHEDULE |
| J FOR MORE INFORMATION. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 18: | |
| THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE UP | ON REQUEST. |
| ADDITIONALLY, A COPY OF FORM 990 WILL BE AVAILABLE ON THE | ORGANIZATION'S |
| WEBSITE AND GUIDESTAR.COM. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |

| | ule O (Form | | 30°EZ) (21 | U 13) | | | | | | | | | | | | Em- | lover ide | tifica# | Page on number |
|--------|--------------|---------|------------|-------|------|------|------|------|-----|-----|------|------|-----|------|------|------|-----------|---------|-------------------|
| name (| of the organ | ızalıUN | FOUN | DAT: | ION | FOR | DEL | AWA | RE | COU | NTY | | | | | cmp | 22-25 | 4085 | 3 |
| THE | ORGAN | IZATI | ON'S | GO7 | /ERN | ING | DOC | UME: | NTS | , C | ONFI | ICT | OF | INT | ERE | ST I | POLIC | Y AN | D |
| FINZ | NCIAL | STAT | 'EMEN' | TS Z | ARE | AVA: | ILAB | LE ' | ТО | THE | PUE | BLIC | UPO | ON R | .EQU | EST | • | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |