

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|--|---|---|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization FOUNDATION FOR DELAWARE COUNTY | | D Employer identification number 22-2540853 |
| | Doing business as | | E Telephone number (610) 744-1010 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 71566683. |
| | 200 EAST STATE STREET | 304 | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code MEDIA, PA 19063-3434 | | H(b) Are all subordinates included? Yes No | |
| F Name and address of principal officer: FRANCES SHEEHAN SAME AS C ABOVE | | If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | | |
| J Website: ▶ WWW.DELCOFOUNDATION.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | | L Year of formation: 1984 M State of legal domicile: PA |

Part I Summary

| | | | |
|---|--|---|---------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION FOR DELAWARE COUNTY IS TO CREATE A VIBRANT FUTURE FOR DELAWARE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 70 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 47 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 6027519. | Current Year 6632703. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3894341. | 11003920. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 120498. | 65483. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10042358. | 17702106. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2016296. | 3030552. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4598251. | 4634646. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 396224. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1990651. | 1986427. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8605198. | 9651625. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1437160. | 8050481. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 64935456. | End of Year 78464978. |
| | 21 Total liabilities (Part X, line 26) | 1436902. | 2222090. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 63498554. | 76242888. |

Part II Signature Block

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

| | | | | | |
|--|---|--|-------------------------|--|--------------------------|
| Sign Here | ▶ Frances M. Sheehan Signature of officer | Nov. 29, 2021 Date | | | |
| | ▶ FRANCES SHEEHAN, PRESIDENT Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name JEFFREY A KOWALCZYK CPA | Preparer's signature JEFFREY A KOWALCZYK | Date 11/12/21 | Check if self-employed <input type="checkbox"/> | PTIN P01563311 |
| | Firm's name ▶ BARBACANE, THORNTON & COMPANY LLP | Firm's EIN ▶ 51-0229493 | | Phone no. 302-478-8940 | |
| Firm's address ▶ 3411 SILVERSIDE ROAD, 200 SPRINGER BLDG WILMINGTON, DE 19810 | | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION FOR DELAWARE COUNTY IS TO CREATE A VIBRANT FUTURE FOR DELAWARE 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.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3030553. including grants of \$ 3030553.) (Revenue \$) GRANTMAKING: THE FOUNDATION FOR DELAWARE COUNTY, THE LARGEST CHARITABLE ORGANIZATION IN DELAWARE COUNTY, OPERATED SEVERAL GRANTMAKING PROGRAMS IN FY21. THE FOUNDATION CONTINUED ITS ANNUAL COMPETITIVE IMPACT GRANTS PROGRAM, INFUSING THE DELAWARE COUNTY NONPROFIT COMMUNITY WITH VALUABLE NEW FINANCIAL RESOURCES TOTALING \$2,112,583. THE 48 GRANTS WERE AWARDED ACROSS 5 PRIORITY AREAS THAT ALIGN WITH THE FOUNDATION'S MISSION AND ADDRESS CRITICAL NEEDS FACED BY DELAWARE COUNTY'S RESIDENTS. THE PRIORITIES AND NUMBER OF GRANTS AWARDED IN EACH AREA INCLUDED: 1.) CHILDREN'S HEALTH AND WELL-BEING (31 GRANTS); 2.) COMMUNITY AND ECONOMIC DEVELOPMENT (6 GRANTS); 3.) HOSPICE AND HOME HEALTHCARE (2 GRANTS); 4.) FOOD SECURITY (7 GRANTS); 5.) SERVICES FOR CANCER SURVIVORS (2 GRANTS). GRANTS RANGED IN SIZE FROM \$5,000 TO \$205,000.

4b (Code:) (Expenses \$ 5470785. including grants of \$) (Revenue \$) THE FOUNDATION'S PROGRAMS IN DELAWARE COUNTY SAVE LIVES AND IMPROVE THE FUTURES OF RESIDENTS THROUGHOUT OUR COMMUNITY. OUR STAFF MEMBERS ARE REGIONAL LEADERS IN THEIR FIELDS. THEY ADDRESS SUCH CRITICAL PROBLEMS AS HIGH RATES OF INFANT MORTALITY AND MORBIDITY, LOW BIRTH WEIGHT, FOOD INSECURITY, SUBSTANCE USE AND THE SUCCESS OF TEENS. THESE PROGRAMS WORK TOGETHER AND COMPLEMENT EACH OTHER FOR GREATER IMPACT. OF PARTICULAR NOTE ARE THREE MATERNAL AND CHILD HEALTH PROGRAMS THAT SERVE MORE THAN 10,000 DELAWARE COUNTY RESIDENTS EACH YEAR: HEALTHY START AND NURSE-FAMILY PARTNERSHIP ARE HOME VISITING PROGRAMS THAT PARTNER PREGNANT WOMEN, NEW MOTHERS AND YOUNG FAMILIES WITH CASE MANAGERS AND VISITING NURSES WHO FOCUS ON HELPING WOMEN HAVE HEALTHY PREGNANCIES AND ENSURING FAMILIES ACCESS HEALTH CARE, CONNECT TO NEEDED

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

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

4e Total program service expenses 8501338.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 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 X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|--------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 38 | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

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

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

Section C. Disclosure

- 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) available 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THE HON. DOMINIC F. PILEGGI CHAIRPERSON | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (2) CORLISS BOGGS VICE CHAIRPERSON | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) NATHANIEL C. NICHOLS SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) TED PETERS TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) MICHAEL B. ADESMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) DR. L. JOY GATES BLACK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) ROBERT J. BRUCE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) DONALD W. DELSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) CYRISE DIXON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) DANIEL C. DUPONT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) H. EDWARD HANWAY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) MICHAEL B. MAGNAVITA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JOAN K. RICHARDS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) THOMAS A. SHOEMAKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) ROBERT N. SPEARE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) ALICE W. STRINE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) KATE ZIDEK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) FRANCES SHEEHAN PRESIDENT | 40.00 | | | X | | | | 211668. | 0. | 29264. |
| (19) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 144200. | 0. | 7261. |
| (20) JOANNE CRAIG VICE PRESIDENT FOR PROGRAM | 40.00 | | | | | X | | 144827. | 0. | 28347. |
| (21) ELLEN GRILL VP FOR ADV. & PHILANTHROPI | 40.00 | | | | | X | | 121545. | 0. | 22033. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 622240. | 0. | 86905. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 622240. | 0. | 86905. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| INDEPENDENCE BLUE CROSS 1901 MARKET STREET, PHILADELPHIA, PA 19103 | HEALTH INSURANCE | 663359. |
| MEDIA REAL ESTATE COMPANY 200 EAST BALTIMORE AVE., MEDIA, PA 19063 | FACILITY RENTAL | 217128. |
| WIDENER UNIVERSITY SCHOOL OF LAW 4601 CONCORD PIKE, WILMINGTON, DE 19803 | DIRECT CLIENT SERVICES | 212237. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 4699115. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1933588. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 6632703. | | | |
| Program Service Revenue | 2 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1235884. | | 1235884. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 63627814 | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 53859778 | | | |
| | c | Gain or (loss) | 7c | 9768036. | | | |
| d | Net gain or (loss) | | 9768036. | | 9768036. | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | 55087. | | | |
| | | | 8b | 4799. | | | |
| c | Net income or (loss) from fundraising events | | 50288. | | 50288. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| | | | 9b | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | 10a | | | | |
| | | | 10b | | | | |
| | | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | OTHER REVENUES | Business Code | 90099 | 15195. | 15195. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | 15195. | | |
| 12 | Total revenue. See instructions | | | 17702106. | 0. | 0.11069403. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 2871868. | 2871868. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 158684. | 158684. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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 | 392394. | 334235. | 28013. | 30146. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3262856. | 2719261. | 272210. | 271385. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 182026. | 160167. | 10933. | 10926. |
| 9 Other employee benefits | 524198. | 461250. | 31484. | 31464. |
| 10 Payroll taxes | 273172. | 240368. | 16407. | 16397. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 124587. | 64086. | 60501. | |
| b Legal | 61235. | | 61235. | |
| c Accounting | 47427. | 33711. | 11416. | 2300. |
| 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 | 146557. | 119920. | 10467. | 16170. |
| 13 Office expenses | 36624. | 15273. | 18278. | 3073. |
| 14 Information technology | 282975. | 219603. | 58221. | 5151. |
| 15 Royalties | | | | |
| 16 Occupancy | 559468. | 457822. | 101646. | |
| 17 Travel | 2862. | 2628. | 234. | |
| 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 | 38727. | 28547. | 10180. | |
| 23 Insurance | 48930. | 8411. | 40519. | |
| 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 O.) | | | | |
| a DIRECT CLIENT SERVICES | 387267. | 387267. | | |
| b SUPPLIES | 65571. | 60840. | 3005. | 1726. |
| c BAD DEBT EXPENSE | 59042. | 59042. | | |
| d DUES AND MEMBERSHIPS | 46574. | 32249. | 11251. | 3074. |
| e All other expenses | 78581. | 66106. | 8063. | 4412. |
| 25 Total functional expenses. Add lines 1 through 24e | 9651625. | 8501338. | 754063. | 396224. |
| 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)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2620273. | 1 | 1958381. |
| | 2 Savings and temporary cash investments | 50708. | 2 | 45000. |
| | 3 Pledges and grants receivable, net | 680722. | 3 | 678334. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 141726. | 9 | 140079. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 600115. | | |
| | b Less: accumulated depreciation | 10b 412526. | 226316. | 10c 187589. |
| | 11 Investments - publicly traded securities | 59223307. | 11 | 73097606. |
| | 12 Investments - other securities. See Part IV, line 11 | 1744320. | 12 | 2091948. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 248084. | 15 | 266041. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 64935456. | 16 | 78464978. | |
| Liabilities | 17 Accounts payable and accrued expenses | 598965. | 17 | 633997. |
| | 18 Grants payable | 122780. | 18 | 812150. |
| | 19 Deferred revenue | 106530. | 19 | 186751. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 183325. | 24 | 183325. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 425302. | 25 | 405867. |
| | 26 Total liabilities. Add lines 17 through 25 | 1436902. | 26 | 2222090. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 56688561. | 27 | 67492639. |
| | 28 Net assets with donor restrictions | 6809993. | 28 | 8750249. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 63498554. | 32 | 76242888. |
| 33 Total liabilities and net assets/fund balances | 64935456. | 33 | 78464978. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 17702106. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9651625. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8050481. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 63498554. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4693853. |
| 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 | 76242888. |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17274782. | 27994468. | 5941986. | 6027519. | 6632703. | 63871458. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 17274782. | 27994468. | 5941986. | 6027519. | 6632703. | 63871458. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 63871458. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 17274782. | 27994468. | 5941986. | 6027519. | 6632703. | 63871458. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1847740. | 1037465. | 1465935. | 1315380. | 1235884. | 6902404. |
| 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. | 15195. | 53372. |
| 11 Total support. Add lines 7 through 10 | | | | | | 70827234. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 90.18 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 90.02 | % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2020

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>152116.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>406956.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>136000.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1836198.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>1199965.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>207122.</u> | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|---|---|

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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|---|---|

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

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

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

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

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

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

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

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

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

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

2020

Open to Public Inspection

Name of the organization **FOUNDATION FOR DELAWARE COUNTY** Employer identification number **22-2540853**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 10 | |
| 2 Aggregate value of contributions to (during year) | 279872. | |
| 3 Aggregate value of grants from (during year) | 112000. | |
| 4 Aggregate value at end of year | 695335. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 35964. | 15320. | 20644. |
| d Equipment | | 564151. | 397206. | 166945. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 187589. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ANNUITIES PAYABLE | 175863. |
| (3) INSURANCE LIABILITIES | 230004. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 405867. |

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 ...

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

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

| | | | | |
|----------|--|--------------------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 22395959. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a 4693853. | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 4693853. |
| 3 | Subtract line 2e from line 1 | | 3 | 17702106. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | 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 | 17702106. |

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

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

| | | | | |
|----------|---|-----------|-----------|----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 9651625. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 9651625. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 9651625. |

Part XIII Supplemental Information.

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

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.

SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|----------------------------|------------------------|--|
| | | GIRLS NIGHT OUT (event type) | GOLF EVENT (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 29837. | 25250. | 55087. |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 29837. | 25250. | 55087. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 4793. | 6. | 4799. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 4799. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | 50288. | |

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2020

**Open to Public
Inspection**

Name of the organization **FOUNDATION FOR DELAWARE COUNTY** Employer identification number **22-2540853**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|--|
| BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH ST. CHESTER, PA 19013 | 23-1490049 | 501 (C)(3) PUBLIC CH | 40000. | 0. | | | STRATEGIC PLANNING, ADMINISTRATIVE SUPPORT AND DATA MANAGEMENT |
| THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. MEDIA, PA 19063 | 22-2540853 | 502 (C)(3) PUBLIC CH | 25000. | 0. | | | PROVIDE BREAST CANCER SERVICES TO THE WOMEN OF DELAWARE COUNTY |
| BRINGING HOPE HOME 641 SWEDESFORD ROAD MALVERN, PA 19355 | 26-1222985 | 501 (C)(3) PUBLIC CH | 15000. | 0. | | | LIGHT OF HOPE FAMILY PROGRAM |
| CHILDREN AND ADULT DISABILITY AND EDUCATIONAL SERVICES (CADES) - 401 RUTGERS AVENUE - SWARTHMORE, PA 19081 | 23-1409677 | 501 (C)(3) PUBLIC CH | 10000. | 0. | | | PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF |
| CARELINK COMMUNITY SUPPORT SERVICES - 605 E. BALTIMORE PIKE - MEDIA, PA 19063 | 23-1573806 | 501 (C)(3) PUBLIC CH | 10000. | 0. | | | PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF |
| CASA YOUTH ADVOCATES, INC. PO BOX 407 MEDIA, PA 19063 | 23-1901080 | 501 (C)(3) PUBLIC CH | 205769. | 0. | | | VOICES FOR CHILDREN |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CCSA FOUNDATION 1500 HIGHLAND AVE CHESTER, PA 19013 | 20-3297449 | 501 (C)(3) PUBLI | 25000. | 0. | | | SUMMER LITERACY PROGRAM TO PREVENT COVID SLIDE IN K-4TH GRADERS |
| CENTRO DE APOYO COMUNITARIO 150 HAMPDEN RD UPPER DARBY, PA 19082 | 05-0599905 | 501 (C)(3) PUBLI | 52715. | 0. | | | WE WORK TOGETHER- DELAWARE COUNTY IMMIGRANT COALITION COVID VACCINE OUTREACH |
| CHESPENN HEALTH SERVICES 1510 CHESTER PIKE EDDYSTONE, PA 19022 | 23-7354899 | 501 (C)(3) PUBLI | 180000. | 0. | | | PROVIDE COMPREHENSIVE PRIMARY AND PREVENTATIVE HEALTH CARE TO CHILDREN IN DELAWARE COUNTY |
| CHESTER ARTS AND CULTURAL CENTER CORPORATION - 1111 AVENUE OF THE STATES - CHESTER, PA 19013 | 30-0183443 | 501 (C)(3) PUBLI | 23000. | 0. | | | RUTH BENNETT COMMUNITY FARM |
| CHESTER CHILDREN CHORUS 500 COLLEGE AVENUE SWARTHMORE, PA 19081 | 23-1352683 | 501 (C)(3) PUBLI | 12500. | 0. | | | SUMMER LEARNING PROGRAM CARE PACKAGES |
| CHESTER COMMUNITY COALITION 703 CENTRAL AVE CHESTER, PA 19013 | 23-7046393 | 501 (C)(3) PUBLI | 66148. | 0. | | | PROVIDE PSYCHOTHERAPY TO TEENS IMPACTED BY VIOLENCE AND TO TRAIN STUDENTS IN TEEN MENTAL |
| CHESTER COMMUNITY IMPROVEMENT PROJECT - 23 E. 5TH STREET-2ND FLOOR - CHESTER, PA 19013 | 23-2049457 | 501 (C)(3) PUBLI | 17000. | 0. | | | HOUSING COUNSELING INITIATIVES |
| CHESTER EASTSIDE, INC. P.O. BOX 36 CHESTER, PA 19016 | 46-5439442 | 501 (C)(3) PUBLI | 10000. | 0. | | | VIRTUAL OUT OF SCHOOL TIME PROGRAM |
| CHESTER EDUCATION FOUNDATION 419 AVENUE OF THE STATES CHESTER, PA 19013 | 23-2576096 | 501 (C)(3) PUBLI | 130000. | 0. | | | JETTER CENTER FOR COLLEGE AND CAREER SERVICES IN CHESTER |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHESTER UPLAND SCHOOL DISTRICT 232 W. 9TH STREET CHESTER, PA 19013 | 23-1876394 | 501 (C)(3) SCHO | 18240. | 0. | | | ZOOM IN, ALL IN FOR EDUCATION PROGRAM |
| CHESTER UPLAND YOUTH SOCCER 311 E. BALTIMORE AVE MEDIA, PA 19063 | 56-2564695 | 501 (C)(3) PUBLI | 15000. | 0. | | | PROVIDE STUDENTS WITH REGULAR PHYSICAL ACTIVITY ALONG WITH MENTORING AND NUTRITION EDUCATION |
| CHILD GUIDANCE RESOURCE CENTERS 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 | 23-1490061 | 501 (C)(3) PUBLI | 25000. | 0. | | | VEHICLE PURCHASE FOR DELAWARE COUNTY CLIENT TRANSPORTATION |
| CIRCLE OF GIVING 2020 PO BOX 4288 ELWYN, PA 19063 | 22-2540853 | 501 (C)(3) PUBLI | 15000. | 0. | | | WEEKLY MEALS AND GIFTCARDS TO SUPPORT FAMILIES IN NEED WITHIN THE ROSE TREE MEDIA |
| CLARIFI 1635 MARKET STREET PHILADELPHIA, PA 19103 | 23-1671903 | 501 (C)(3) PUBLI | 20000. | 0. | | | HOUSING COUNSELING FOR RESIDENTS IN DELAWARE COUNTY |
| COLLEGE POSSIBLE PHILADELPHIA 2000 HAMILTON STREET PHILADELPHIA, PA 19130 | 41-1968798 | 501 (C)(3) PUBLI | 7500. | 0. | | | TRANSITION TO VIRTUAL PROGRAMMING AT DELAWARE COUNTY HIGH SCHOOLS DURING THE 2020-2021 |
| COMMUNITY ARTS CENTER 414 PLUSH MILL ROAD WALLINGFORD, PA 19086 | 23-1628461 | 501 (C)(3) PUBLI | 8000. | 0. | | | INSTALLATION OF AN AIR CLEANER AND VIRTUAL CLASS TECHNOLOGY |
| COMMUNITY YMCA OF EASTERN DELAWARE COUNTY - 2104 GARRETT ROAD - LANSDOWNE, PA 19050 | 23-1614045 | 501 (C)(3) PUBLI | 35000. | 0. | | | IONIZATION AIR PURIFICATION SYSTEMS |
| CRADLES TO CRAYONS 4700 WISSAHICKON AVE PHILADELPHIA, PA 19144 | 04-3584367 | 501 (C)(3) PUBLI | 5000. | 0. | | | ESSENTIAL SUPPLIES TO SUPPORT FAMILIES IN DELAWARE COUNTY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| DELAWARE COUNTY COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 901 SOUTH MEDIA LINE ROAD - MEDIA, PA 19063 | 23-2143790 | 501 (C)(3) PUBLI | 23706. | 0. | | | DIVERSITY, EQUITY AND INCLUSION CERTIFICATE PROGRAM |
| THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST., SUITE 304 MEDIA, PA 19063 | 22-2540853 | 501 (C)(3) PUBLI | 50000. | 0. | | | ESTABLISH THE DELAWARE COUNTY PUBLIC HEALTH FUND |
| DREXEL NEUMANN ACADEMY 1901 POTTER STREET CHESTER, PA 19013 | 20-8083164 | 501 (C)(3) SCHOO | 10000. | 0. | | | RELIEF FOR FAMILIES WITH FOOD INSECURITIES |
| THE ELWYN FOUNDATION 111 ELWYN ROAD MEDIA, PA 19063 | 20-1915642 | 501 (C)(3) PUBLI | 114480. | 0. | | | EARLY CHILDHOOD COLLABORATIVE FOR THE COMMUNITY OF CHESTER |
| EPISCOPAL COMMUNITY SERVICES (ECS) 225 SOUTH 3RD STREET PHILADELPHIA, PA 19106 | 23-1352290 | 501 (C)(3) PUBLI | 60000. | 0. | | | OUT OF SCHOOL TIME PROGRAM AT PARK LANE ELEMENTARY IN DARBY |
| FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 600 N. OLIVE STREET - MEDIA, PA 19063 | 23-1282405 | 501 (C)(3) PUBLI | 10820. | 0. | | | EMERGENCY FOOD HOME DELIVERY PROGRAM |
| FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC. - 100 WEST SIXTH STREET - MEDIA, PA 19063 | 23-2528819 | 501 (C)(3) PUBLI | 60000. | 0. | | | PREVENTING AND TREATING CHILD SEXUAL ABUSE |
| FIRST UP 1608 WALNUT ST. PHILADELPHIA, PA 19103 | 23-6438144 | 501 (C)(3) PUBLI | 120000. | 0. | | | TRAUMA-INFORMED EARLY CHILDHOOD EDUCATION INITIATIVE: ENHANCING SYSTEMS THAT HELP |
| GARRETT WILLIAMSON 395 BISHOP HOLLOW RD NEWTOWN SQUARE, PA 19073 | 23-1433892 | 501 (C)(3) PUBLI | 25000. | 0. | | | STRATEGIC PLANNING WITH A RACIAL EQUITY LENS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GREENER PARTNERS 536 GEORGE STREET NORRISTOWN, PA 19401 | 26-2212927 | 501 (C)(3) PUBLI | 5000. | 0. | | | FRESH FOOD ACCESS AND EDUCATION AT CHESTER CHARTER SCHOLARS ACADEMY |
| HARCUM COLLEGE 750 MONTGOMERY AVENUE BRYN MAWR, PA 19010 | 23-1424055 | 501 (C)(3) SCHO | 47700. | 0. | | | YOUTH COURTS: PILOT PROJECT TO DIVERT SCHOOL TO PRISON PIPELINE & BUILD A YOUTH DEVELOPMENT |
| HORIZONS EPISCOPAL ACADEMY 1785 BISHOP WHITE DRIVE NEWTOWN SQUARE, PA 19073 | 23-1370500 | 501 (C)(3) PUBLI | 15000. | 0. | | | SIX-WEEK, TUITION-FREE, FULL DAY ACADEMIC SUMMER PROGRAM FOR STUDENTS IN GRADES K-8 |
| J. LEWIS CROZER LIBRARY 620 ENGLE STREET CHESTER, PA 19013 | 23-1352105 | 501 (C)(3) PUBLI | 26140. | 0. | | | ACADEMIC AND JOB READINESS PROGRAM FOR HIGH SCHOOL STUDENTS |
| JOHN J. TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063 | 23-1417540 | 501 (C)(3) PUBLI | 10000. | 0. | | | HARVEST 2020: INCREASING FOOD SECURITY FOR DELAWARE COUNTY RESIDENTS |
| KIDS SMILES 219 B CHESTER PIKE NORWOOD, PA 19074 | 30-0249717 | 501 (C)(3) PUBLI | 25000. | 0. | | | EXPAND OUTREACH AND IMPROVE ORAL HEALTH SERVICES FOR LOW-INCOME CHILDREN IN DELAWARE |
| LANDMARK COLLEGE INC 19 RIVER ROAD SOUTH PUTNEY, VT 05346 | 22-2586208 | 501 (C)(3) PUBLI | 15000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION TO THE JENNY ANN SCHOLARSHIP FUND |
| LANSDOWNE ECONOMIC DEVELOPMENT CORP. (LEDC) - 32 E. BALTIMORE AVENUE - LANSDOWNE, PA 19050 | 23-2976596 | 501 (C)(3) PUBLI | 30000. | 0. | | | UTILITY WORKS MAKER SPACE 2021-22 |
| LATINO CONNECTION 10 N PROGRESS AVENUE HARRISBURG, PA 17109 | 25-1607082 | 501 (C)(3) PUBLI | 30000. | 0. | | | OUTREACH AND THREE COVID-19 TESTING EVENTS IN HISPANIC COMMUNITIES IN DELAWARE COUNTY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LEGAL AID OF SOUTHEASTERN PENNSYLVANIA - 625 SWEDE ST. - NORRISTOWN, PA 19401 | 23-1901014 | 501 (C)(3) PUBLI | 30000. | 0. | | | LEGAL SERVICES TO PROTECT HOUSING FOR FAMILIES WITH CHILDREN |
| MAIN LINE HEALTH HOMECARE & HOSPICE - 240 NORTH RADNOR CHESTER ROAD - RADNOR, PA 19087 | 23-2306936 | 501 (C)(3) PUBLI | 25000. | 0. | | | HOSPICE AND HOMECARE SERVICES TO LOW INCOME RESIDENTS IN DELAWARE COUNTY |
| MAKING A CHANGE GROUP P.O. BOX 1115 CHESTER, PA 19016 | 80-0779697 | 501 (C)(3) PUBLI | 5000. | 0. | | | SUPPORT DIGITAL OUTREACH AND CANVASSING IN CENSUS TRACTS WITH LOW PARTICIPATION IN CHESTER |
| MEDIA FOOD BANK 350 WEST STATE STREET MEDIA, PA 19063 | 23-1608257 | 501 (C)(3) PUBLI | 15000. | 0. | | | SERVING CLIENTS IN COLD WEATHER |
| MERCY CATHOLIC MEDICAL CENTER - MERCY FITZGERALD CAMPUS - 1500 LANSLOWNE AVENUE - DARBY, PA 19023 | 23-1352191 | 501 (C)(3) PUBLI | 10000. | 0. | | | FOOD CARDS FOR VULNERABLE FAMILIES |
| MITZVAH CIRCLE 2562 BLVD. OF THE GENERALS NORRISTOWN, PA 19403 | 26-3705891 | 501 (C)(3) PUBLI | 20000. | 0. | | | DIAPER BANK AND OTHER ESSENTIAL SUPPLIES FOR BABIES |
| MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE - UPPER DARBY, PA 19082 | 45-0523976 | 501 (C)(3) PUBLI | 22954. | 0. | | | IMMIGRANT CIVIC LEADERSHIP PROJECT |
| MUSICWORKS 2050 WEST CHESTER PIKE HAVERTOWN, PA 19083 | 26-2059154 | 501 (C)(3) PUBLI | 5600. | 0. | | | PERSONAL PROTECTIVE EQUIPMENT, CLEANING SUPPLIES, AND ZOOM VIRTUAL SOFTWARE |
| NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063 | 23-6272818 | 501 (C)(3) PUBLI | 10000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION TO SUPPORT PROGRAMMING |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PARTNERS FOR SACRED PLACES 1700 SANSOM ST. PHILADELPHIA, PA 19103 | 23-2560361 | 501 (C)(3) PUBLI | 50000. | 0. | | | COMMUNITY LEARNING HUBS FOR STUDENTS IN CHESTER UPLAND AND WILLIAM PENN SCHOOL DISTRICTS |
| PENNSYLVANIA PARTNERSHIPS FOR CHILDREN - 200 N. THIRD STREET - HARRISBURG, PA 17101 | 23-2613869 | 501 (C)(3) PUBLI | 25000. | 0. | | | ADVOCACY FOR CHILDREN AND FAMILIES IN WIC AND HOME VISITING PROGRAMS |
| PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE STREET CONSHOHOCKEN, PA 19428 | 23-1243965 | 501 (C)(3) PUBLI | 11278. | 0. | | | LIVESTRONG CANCER SURVIVOR PROGRAM AT ROCKY RUN & HAVERFORD YMCA |
| CHILDREN FIRST (FORMERLY PUBLIC CITIZENS FOR CHILDREN AND YOUTH) - 990 SPRING GARDEN ST. - PHILADELPHIA, PA 19123 | 23-2137461 | 501 (C)(3) PUBLI | 120000. | 0. | | | LEAD POISONING PREVENTION AND THE JUSTICE IN EDUCATION ADVOCACY TRAINING PROGRAM |
| RIVERFRONT ALLIANCE OF DELAWARE COUNTY - 1 FOURTH STREET - CHESTER, PA 19016 | 23-2843207 | 501 (C)(3) PUBLI | 20000. | 0. | | | CHESTER WATERFRONT & NEIGHBORHOOD REVITALIZATION PROGRAM |
| SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVE. FOLSOM, PA 19033 | 23-2036247 | 501 (C)(3) PUBLI | 50000. | 0. | | | SENIOR COMMUNITY SERVICES HOME-DELIVERED MEAL PROGRAM |
| SURREY SERVICES 60 SURREY WAY DEVON, PA 19333 | 23-2610145 | 501 (C)(3) PUBLI | 30000. | 0. | | | SURREY HOME CARE AND SUPPORT - A COMPREHENSIVE APPROACH TO SUPPORT SENIORS AGING IN PLACE |
| TEACHERS' TEAMMATES 1413 FAIRVIEW AVE. HAVERTOWN, PA 19083 | 85-0921520 | 501 (C)(3) PUBLI | 10000. | 0. | | | GRAB AND GO BAGS FOR STUDENTS IN THE WILLIAM PENN SCHOOL DISTRICT |
| THE CHESTER CHILDREN'S CHORUS 500 COLLEGE AVENUE SWARTHMORE, PA 19081 | 23-1352683 | 501 (C)(3) PUBLI | 23000. | 0. | | | SUPPORT AN EXPANDED VISION FOR SOCIAL JUSTICE AND PROVIDE ENRICHMENT IN EDUCATIONAL SUPPORT |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE CHESTER CULTURAL ARTS AND TECHNOLOGY CENTER - 2300 W. 4TH ST. - CHESTER, PA 19013 | 46-2231199 | 501 (C)(3) PUBLI | 15000. | 0. | | | YOUTH DEVELOPMENT PROGRAM |
| THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. MEDIA, PA 19063 | 22-2540853 | 501 (C)(3) PUBLI | 15000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION TO ESTABLISH THE MUSICAL PERFORMANCE ARTS AND EDUCATION FUND |
| THE PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STATE COLLEGE, PA 16801 | 24-6000376 | 501 (C)(3) SCHOO | 50000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION TO THE ALBRIGHT FAMILY LABOR AND EMPLOYMENT RELATIONS FUND |
| THE SALVATION ARMY 701 NORTH BROAD STREET PHILADELPHIA, PA 19123 | 13-5562351 | 501 (C)(3) PUBLI | 10000. | 0. | | | FOOD BOXES AND ESSENTIAL SUPPLIES FOR COMMUNITY MEMBERS |
| THE SALVATION ARMY 701 NORTH BROAD STREET PHILADELPHIA, PA 19123 | 13-5562351 | 501 (C)(3) PUBLI | 15000. | 0. | | | CHESTER FOOD PROGRAM |
| THE SCHOOL OF PARENT EDUCATION 1500 JFK BLVD PHILADELPHIA, PA 19102 | 46-1708048 | 501 (C)(3) PUBLI | 20000. | 0. | | | THE PATERNAL INVOLVEMENT INITIATIVE - EXPECTING FAMILIES |
| TODAY IS A GOOD DAY 1108 BETHLEHEM PIKE FLOURTOWN, PA 19031 | 46-3231241 | 501 (C)(3) PUBLI | 10000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION |
| TODAY IS A GOOD DAY 1108 BETHLEHEM PIKE FLOURTOWN, PA 19031 | 46-3231241 | 501 (C)(3) PUBLI | 8000. | 0. | | | DONOR ADVISED FUND CONTRIBUTION |
| UAC/CHESTER COMMUNITY COALITION 1207 CHESTNUT ST. PHILADELPHIA, PA 19107 | 23-7046393 | 501 (C)(3) PUBLI | 5360. | 0. | | | PERSONAL PROTECTIVE EQUIPMENT AND ESSENTIAL SUPPLIES FOR AN IN-PERSON COUNSELING PROGRAM |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UPPER CHICHESTER LIBRARY 3374 CHICHESTER AVENUE UPPER CHICHESTER, PA 19061 | 38-3814795 | 501 (C)(3) PUBLI | 5000. | 0. | | | SUMMER 2021 READING AND STEM PROGRAM |
| UPPER DARBY ARTS & EDUCATION FOUNDATION - 601 NORTH LANSDOWNE AVENUE - DREXEL HILL, PA 19026 | 23-2934964 | 501 (C)(3) PUBLI | 15000. | 0. | | | SUPPORT FOR PROJECTS THAT ENRICH THE EDUCATIONAL EXPERIENCE OF EACH CHILD IN THE UPPER DARBY SCHOOL |
| UPPER DARBY COMMUNITY OUTREACH CORPORATION - 7240 WALNUT STREET - UPPER DARBY, PA 19082 | 03-0421571 | 501 (C)(3) PUBLI | 30000. | 0. | | | THE ENGLISH LANGUAGE INSTITUTE |
| UPPER DARBY CORPORATION FOR COMMUNITY AND ECONOMIC DEVELOPMENT - 315 UPLAND WAY - DREXEL HILL, PA 19026 | 83-3587578 | 501(C)(3) PRIVAT | 8000. | 0. | | | CENSUS 2020 EVERYONE COUNTS UPPER DARBY |
| WAYNE SENIOR CENTER 108 STATION ROAD WAYNE, PA 19087 | 23-2146857 | 501 (C)(3) PUBLI | 24000. | 0. | | | NUTRITION SAFETY NET SERVICES |
| WAYNE SENIOR CENTER 108 STATION ROAD WAYNE, PA 19087 | 23-2146857 | 501 (C)(3) PUBLI | 11000. | 0. | | | NUTRITION SAFETY NET SERVICES |
| WIDENER UNIVERSITY 1 UNIVERSITY PLACE CHESTER, PA 19013 | 23-1386178 | 501 (C)(3) PUBLI | 30000. | 0. | | | YOUTH LEADERSHIP TRAINING AND EMPOWERMENT FOR RACIAL AND GENDER JUSTICE MOVEMENT |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| FINANCIAL ASSISTANCE FOR INDIVIDUALS UNDERGOING MEDICAL TREATMENT | 248 | 115484. | 43200. | 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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER COMMUNITY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PSYCHOTHERAPY TO TEENS IMPACTED BY VIOLENCE AND TO TRAIN STUDENTS IN TEEN MENTAL HEALTH FIRST AID

NAME OF ORGANIZATION OR GOVERNMENT: CIRCLE OF GIVING 2020

(H) PURPOSE OF GRANT OR ASSISTANCE: WEEKLY MEALS AND GIFTCARDS TO SUPPORT FAMILIES IN NEED WITHIN THE ROSE TREE MEDIA SCHOOL DISTRICT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE POSSIBLE PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITION TO VIRTUAL PROGRAMMING AT DELAWARE COUNTY HIGH SCHOOLS DURING THE 2020-2021 PROGRAM YEAR

NAME OF ORGANIZATION OR GOVERNMENT: FIRST UP

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAUMA-INFORMED EARLY CHILDHOOD EDUCATION INITIATIVE: ENHANCING SYSTEMS THAT HELP CHILDREN FLOURISH

NAME OF ORGANIZATION OR GOVERNMENT: HARCUM COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH COURTS: PILOT PROJECT TO DIVERT SCHOOL TO PRISON PIPELINE & BUILD A YOUTH DEVELOPMENT PLATFORM

NAME OF ORGANIZATION OR GOVERNMENT: KIDS SMILES

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND OUTREACH AND IMPROVE ORAL HEALTH SERVICES FOR LOW-INCOME CHILDREN IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

UPPER DARBY ARTS & EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PROJECTS THAT ENRICH THE EDUCATIONAL EXPERIENCE OF EACH CHILD IN THE UPPER DARBY SCHOOL DISTRICT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|---|-----------------------|---|---|---|--------------------------------|---|--|--|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | | | | |
| <table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table> | 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) | | |
| 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. | | | | | | | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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: | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> | | | | | | | | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> | | | | | | | | |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> | | | | | | | | |
| 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: | | | | | | | | | | |
| a The organization? | 5a | <input checked="" type="checkbox"/> | | | | | | | | |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> | | | | | | | | |
| 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: | | | | | | | | | | |
| a The organization? | 6a | <input checked="" type="checkbox"/> | | | | | | | | |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> | | | | | | | | |
| 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 | <input checked="" type="checkbox"/> | | | | | | | | |
| 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 | <input checked="" type="checkbox"/> | | | | | | | | |
| 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) 2020

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) FRANCES SHEEHAN PRESIDENT | (i) | 211668. | 0. | 0. | 8820. | 20444. | 240932. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER | (i) | 144200. | 0. | 0. | 5768. | 1493. | 151461. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOANNE CRAIG VICE PRESIDENT FOR PROGRAM | (i) | 144827. | 0. | 0. | 6060. | 22287. | 173174. | 0. |
| | (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) | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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:

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.

THE FOUNDATION FOR DELAWARE COUNTY CONTINUED GRANTMAKING FROM THE
DELAWARE COUNTY COVID-19 RESPONSE FUND. THE FUND WAS LAUNCHED IN MARCH
2020, TO PROVIDE RESOURCES FOR NONPROFITS SERVING VULNERABLE RESIDENTS

| | |
|--|--|
| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|--|--|

ACROSS OUR COUNTY. IN FY21, THE FUND PROVIDED 34 GRANTS IN THE AMOUNT OF \$417,838 TO HELP NONPROFITS PROVIDE PPE FOR FRONTLINE WORKERS, FOOD BOXES AND GIFT CARDS FOR FOOD-INSECURE FAMILIES, ESSENTIAL SUPPLIES SUCH AS CLEANING AND BASIC HYGIENE PRODUCTS AND VACCINE OUTREACH.

THE FOUNDATION FOR DELAWARE COUNTY, IN PARTNERSHIP WITH THE UNITED WAY OF GREATER PHILADELPHIA, THE PHILANTHROPY NETWORK AND THE DELAWARE COUNTY COMPLETE COUNT COMMITTEE CONTINUED GRANTMAKING FROM THE DELCO COUNTS 2020 ACTION FUND. IN FY21, THE FUND PROVIDED 6 GRANTS IN THE AMOUNT OF \$44,069 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 FOUNDATION FOR DELAWARE COUNTY ESTABLISHED THE DELAWARE COUNTY PUBLIC HEALTH FUND WITH AN INITIAL GRANT OF \$50,000 TO SUPPORT THE DEVELOPMENT OF OUR COUNTY'S NEW PUBLIC HEALTH DEPARTMENT. FUNDS RAISED WILL BE USED TO SUPPORT EFFORTS SUCH AS EDUCATING THE COUNTY'S RESIDENTS ABOUT WHAT A PUBLIC HEALTH DEPARTMENT MEANS FOR OUR COMMUNITY, FOR PILOT PROGRAMS DESIGNED TO CREATE THE HIGHEST QUALITY PUBLIC HEALTH DEPARTMENT, AND OTHER COSTS NOT COVERED BY TAX DOLLARS.

THE ABOVE GRANTS SUPPLEMENT \$406,062 IN DONOR ADVISED CONTRIBUTIONS, NON-PROFIT EVENT SPONSORSHIPS, IN-KIND DONATIONS, SCHOLARSHIPS AND CHARITABLE CARE, FOR A TOTAL OF \$3,030,552 AWARDED IN DELAWARE COUNTY IN ONE YEAR AS SHOWN IN SCHEDULE I.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNITY RESOURCES AND BENEFITS, AND LEARN AND BUILD PARENTING SKILLS

| | |
|--|--|
| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|--|--|

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

WIDENER UNIVERSITY DELAWARE LAW SCHOOL MEDICAL-LEGAL 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

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

PROVIDES ASSISTANCE WITH CREDIT 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) BECAUSE 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 ACCIDENTS AND POISONINGS;

67 PERCENT REDUCTION IN BEHAVIORAL AND INTELLECTUAL PROBLEMS BY AGE 6.

NFP ALSO SAVES MONEY. A STUDY BY THE RAND CORPORATION FOUND 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 FOODS 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 CHILDREN AGES 2-4 WITH OBESITY BY 9%, PROVIDES THE FOLLOWING CRITICAL SERVICES:

ACCESS TO NUTRITIOUS FOODS

NUTRITION COUNSELING

BREASTFEEDING INFORMATION AND SUPPORT

HEALTH AND NUTRITION SCREENINGS

REFERRALS TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS

ACCESS TO THE FARMERS' MARKET NUTRITION PROGRAM (FMNP)

| | |
|--|--|
| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|--|--|

THE FOUNDATION ESTABLISHED THE CENTER FOR NONPROFIT EXCELLENCE TO BUILD STRONG AND PRODUCTIVE PARTNERSHIPS WITH DELAWARE COUNTY NONPROFITS AND ADDRESS THEIR CAPACITY BUILDING NEEDS. THE FOLLOWING PROGRAMS AND ACTIVITIES ARE AVAILABLE THROUGH THE CENTER:

- PEER LEARNING CIRCLES FOR EXECUTIVE DIRECTORS AND EMERGING LEADERS:

THE GOAL OF THESE CIRCLES IS TO RESPOND TO THE NEED OF NONPROFIT LEADERS IN DELAWARE COUNTY AND TO ENHANCE COLLABORATION AND INNOVATION IN OUR NONPROFIT LANDSCAPE. THE CIRCLES PROVIDE NONPROFIT LEADERS IN DELAWARE COUNTY WITH A FACILITATED SPACE FOR REFLECTIVE LEARNING, PROBLEM-SOLVING, PEER SUPPORT AND INDIVIDUAL LEADERSHIP GROWTH WITH SUPPORT FROM SEASONED FACILITATORS AND SPEAKERS.

- COMPASS PRO BONO: THE FOUNDATION IS SPONSORING COMPASS PRO BONO CONSULTING PROJECTS, THAT PROVIDE SIX MONTHS OF STRATEGIC GUIDANCE TO TWO PRE-SELECTED NONPROFITS. COMPASS DELIVERS STRATEGIC GUIDANCE TO NONPROFITS IN WASHINGTON D.C., PHILADELPHIA AND MOST RECENTLY CHICAGO. COMPASS PAIRS PRO BONO TEAMS OF CAREFULLY SCREENED AND EXPERIENCED BUSINESS VOLUNTEERS WITH NONPROFITS WHO HAVE AN IDENTIFIED CAPACITY-BUILDING PROJECT IN ONE OF FIVE AREAS; STRATEGIC ALIGNMENT, FUNDING STRATEGY, STRATEGIC MARKETING, PARTNERSHIPS AND COLLABORATIONS OR BOARD DEVELOPMENT.

- THE FOUNDATION ALSO OFFERS ADDITIONAL TRAINING AND NETWORKING OPPORTUNITIES FOR DEVELOPMENT PROFESSIONALS IN THE COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND FORMALLY ACCEPTED AT A MEETING OF THE BOARD PRIOR TO FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

| | |
|--|--|
| Name of the organization FOUNDATION FOR DELAWARE COUNTY | Employer identification number 22-2540853 |
|--|--|

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 STUDY. SEE SCHEDULE J FOR MORE INFORMATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE UPON 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:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. FOUNDATION FOR DELAWARE COUNTY | Taxpayer identification number (TIN) 22-2540853 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 200 EAST STATE STREET, NO. 304 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEDIA, PA 19063-3434 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THE ORGANIZATION

- The books are in the care of ▶ **200 EAST STATE STREET, NO. 304 - MEDIA, PA 19063-3434**
Telephone No. ▶ **(610)744-1010** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.