

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)

2021

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 EAST STATE STREET 304 City or town, state or province, country, and ZIP or foreign postal code MEDIA, PA 19063-3434	D Employer identification number 22-2540853
	E Telephone number (610) 744-1010	G Gross receipts \$ 39254176.
	F Name and address of principal officer: FRANCES SHEEHAN SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No 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	H(c) Group exemption number ▶
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

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	73
	6	Total number of volunteers (estimate if necessary)	6	42
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	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 6632703.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11003920.	3264576.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65483.	454963.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17702106.	12697458.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	4634646.	5044501.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 398067.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1986427.	2295830.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9651625.	9675720.
	19	Revenue less expenses. Subtract line 18 from line 12	8050481.	3021738.
	20	Total assets (Part X, line 16)	Beginning of Current Year 78464978.	End of Year 70292526.
	21	Total liabilities (Part X, line 26)	2222090.	2716563.
22	Net assets or fund balances. Subtract line 21 from line 20	76242888.	67575963.	

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	▶ <u>Frances M. Sheehan</u> Signature of officer	11/17/2022 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
	Firm's name ▶ BARBACANE, THORNTON & COMPANY LLP	Date 11/14/22
	Firm's address ▶ 3411 SILVERSIDE ROAD, 200 SPRINGER BLDG WILMINGTON, DE 19810	Check if self-employed <input type="checkbox"/> PTIN P01563311
		Firm's EIN ▶ 51-0229493 Phone no. 302-478-8940

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 \$ 2335389. including grants of \$ 2335389.) (Revenue \$) GRANTMAKING: THE FOUNDATION FOR DELAWARE COUNTY, THE LARGEST CHARITABLE FOUNDATION IN DELAWARE COUNTY, OPERATED SEVERAL GRANTMAKING PROGRAMS IN FY22. THE FOUNDATION CONTINUED ITS ANNUAL COMPETITIVE IMPACT GRANTS PROGRAM, INFUSING THE DELAWARE COUNTY NONPROFIT COMMUNITY WITH VALUABLE NEW FINANCIAL RESOURCES TOTALING \$1,434,853. THE 51 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 (7 GRANTS); 3.) HOSPICE AND HOME HEALTHCARE (2 GRANTS); 4.) FOOD SECURITY (9 GRANTS); 5.) SERVICES FOR CANCER SURVIVORS (2 GRANTS). GRANTS RANGED IN SIZE FROM \$2,000 TO \$100,000.

4b (Code:) (Expenses \$ 6139636. 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 \$) THE FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE BUILDS STRONG AND PRODUCTIVE PARTNERSHIPS WITH DELAWARE COUNTY NONPROFITS AND ADDRESSES THEIR CAPACITY BUILDING NEEDS. THE FOLLOWING PROGRAMS AND ACTIVITIES ARE AVAILABLE THROUGH THE CENTER:

- PEER LEARNING CIRCLES: THE GOAL OF THESE CIRCLES IS TO RESPOND TO THE NEED OF DELAWARE COUNTY NONPROFIT LEADERS AND TO ENHANCE COLLABORATION AND INNOVATION ACROSS THE SOCIAL GOOD SECTOR. THE CIRCLES PROVIDE NONPROFIT LEADERS IN DELAWARE COUNTY WITH AN OPEN SPACE FOR REFLECTIVE LEARNING, PROBLEM-SOLVING, PEER SUPPORT, AND INDIVIDUAL GROWTH, WITH GUIDANCE FROM SEASONED CONSULTANTS AND SPEAKERS.

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

4e Total program service expenses 8475025.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 39	
b Enter the number of Forms W-2G included on 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 17 regarding employee counts, tax filings, and organizational activities.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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.
 Own website Another's website 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, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) FRANCES SHEEHAN PRESIDENT	40.00			X			211442.	0.	27402.	
(2) JOANNE CRAIG CHIEF IMPACT OFFICER	40.00					X	149275.	0.	28776.	
(3) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER	40.00			X			154502.	0.	7571.	
(4) ELLEN GRILL VP FOR ADV. & PHILANTHROPI	40.00					X	115542.	0.	21270.	
(5) HON. DOMINIC F. PILEGGI CHAIRPERSON	3.00	X		X			0.	0.	0.	
(6) CORLISS BOGGS VICE CHAIRPERSON	3.00	X		X			0.	0.	0.	
(7) CYRISE L. DIXON SECRETARY	3.00	X		X			0.	0.	0.	
(8) TED PETERS TREASURER	3.00	X		X			0.	0.	0.	
(9) MICHAEL B. ADESMAN, M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
(10) NICHOLAS A. APONTE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) ROBERT J. BRUCE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DONALD W. DELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DANIEL C. DUPONT, D.O. BOARD MEMBER	1.00	X					0.	0.	0.	
(14) DR. L. JOY GATES BLACK BOARD MEMBER	1.00	X					0.	0.	0.	
(15) H. EDWARD HANWAY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MICHAEL B. MAGNAVITA, CPA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JOAN K. RICHARDS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) THOMAS A. SHOEMAKER BOARD MEMBER	1.00	X						0.	0.	0.
(19) ROBERT N. SPEARE, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(20) ALICE W. STRINE BOARD MEMBER	1.00	X						0.	0.	0.
(21) KELLY THORNTON BOARD MEMBER	1.00	X						0.	0.	0.
(22) MALCOLM YATES BOARD MEMBER	1.00	X						0.	0.	0.
(23) KATE ZIDEK BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal							630761.	0.	85019.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							630761.	0.	85019.	

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	671530.
WIDENER UNIVERSITY SCHOOL OF LAW 4601 CONCORD PIKE, WILMINGTON, DE 19803	DIRECT CLIENT SERVICES	270629.
MEDIA REAL ESTATE COMPANY 200 EAST BALTIMORE AVE., MEDIA, PA 19063	FACILITY RENTAL	221258.
BALDWIN TOWER OFFICE BUILDING LLC, 3611 14TH AVENUE, SUITE 420, BROOKLYN, NY 11218	FACILITY RENTAL	197459.
MENDOZA GROUP, 3813 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073	MARKETING SERVICES	153058.

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 **5**

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	5005020.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3972899.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			8977919.			
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)		1404215.			1404215.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(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	7a	(i) Securities	28303542			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	26443181				
c Gain or (loss)	7c	1860361.					
d Net gain or (loss)			1860361.		1860361.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		300585.				
b Less: direct expenses	8b	113537.					
c Net income or (loss) from fundraising events			187048.		187048.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUES	Business Code	900099	267915.		267915.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			267915.			
12 Total revenue. See instructions			12697458.	0.	0.	3719539.	

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 ...	2150994.	2150994.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	184395.	184395.		
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	715780.	609691.	51099.	54990.
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	3375459.	2813925.	302753.	258781.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156425.	145894.	2081.	8450.
9 Other employee benefits	493136.	459943.	6557.	26636.
10 Payroll taxes	303701.	283259.	4038.	16404.
11 Fees for services (nonemployees):				
a Management	240363.	127195.	111451.	1717.
b Legal	35156.	18604.	16301.	251.
c Accounting	38188.	20208.	17707.	273.
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.)	349.	185.	162.	2.
12 Advertising and promotion	224710.	200738.	5534.	18438.
13 Office expenses	27205.	22054.	3081.	2070.
14 Information technology	221112.	145336.	73871.	1905.
15 Royalties				
16 Occupancy	559411.	459372.	100039.	
17 Travel	10592.	9369.	1091.	132.
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	39588.	29138.	10450.	
23 Insurance	55783.	10010.	45773.	
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	585284.	585284.		
b SUPPLIES	80738.	73647.	6573.	518.
c STAFF DEVELOPMENT	66265.	50405.	13258.	2602.
d DUES AND MEMBERSHIPS	65888.	52203.	11234.	2451.
e All other expenses	45198.	23176.	19575.	2447.
25 Total functional expenses. Add lines 1 through 24e	9675720.	8475025.	802628.	398067.
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	1958381.	1	3027730.
	2 Savings and temporary cash investments	45000.	2	45009.
	3 Pledges and grants receivable, net	678334.	3	764626.
	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	140079.	9	192255.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 600115.		
	b Less: accumulated depreciation	10b 452114.		
	11 Investments - publicly traded securities	187589.	10c	148001.
	12 Investments - other securities. See Part IV, line 11	73097606.	11	64124698.
	13 Investments - program-related. See Part IV, line 11	2091948.	12	1693522.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	266041.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	78464978.	15	296685.	
		16	70292526.	
Liabilities	17 Accounts payable and accrued expenses	633997.	17	685710.
	18 Grants payable	812150.	18	624453.
	19 Deferred revenue	186751.	19	707692.
	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	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	405867.	25	698708.
	26 Total liabilities. Add lines 17 through 25	2222090.	26	2716563.
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	73479832.	27	65042617.
	28 Net assets with donor restrictions	2763056.	28	2533346.
	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	76242888.	32	67575963.
	33 Total liabilities and net assets/fund balances	78464978.	33	70292526.

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	12697458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9675720.
3	Revenue less expenses. Subtract line 2 from line 1	3	3021738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76242888.
5	Net unrealized gains (losses) on investments	5	-11688663.
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	67575963.

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 on 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	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27994468.	5941986.	6027519.	6632703.	8977919.	55574595.
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	27994468.	5941986.	6027519.	6632703.	8977919.	55574595.
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.						55574595.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27994468.	5941986.	6027519.	6632703.	8977919.	55574595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1037465.	1465935.	1315380.	1235884.	1404215.	6458879.
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.	267915.	321287.
11 Total support. Add lines 7 through 10						62354761.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	89.13	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.18	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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>		
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>		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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>		
1		
2		
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>			
b Did the activities described on 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>			
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>			
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>			
2a			
2b			
3a			
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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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>1905550.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1194573.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>1350628.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1050000.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>825000.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>300000.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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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
7	<hr/> <hr/> <hr/>	\$ <u>516655.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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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
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting for public service; 1b: Reporting for public service with amounts; 2: Reporting for financial gain with amounts.

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? | 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.	17693.	18271.
d Equipment		564151.	434421.	129730.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				148001.

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	167585.
(3) INSURANCE LIABILITIES	217316.
(4) FUNDS HELD FOR OTHER ORGANIZATIONS	
(5) FOR AGENCY ENDOWMENTS	313807.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	698708.

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	1008795.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-11688663.
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	-11688663.
3	Subtract line 2e from line 1	3	12697458.
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	12697458.

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	9675720.
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	9675720.
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	9675720.

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 XIII Supplemental Information *(continued)*

NO ASSURANCE THAT THE FOUNDATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE FOUNDATION WILL NOT BE SUBJECT TO ADDITIONAL TAX PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		5TH ANNIVERSARY	GOLF EVENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	167919.	83395.	49271.	300585.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	167919.	83395.	49271.	300585.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66532.	41859.	5146.	113537.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				113537.
11	Net income summary. Subtract line 10 from line 3, column (d)				187048.	

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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BE PROUD FOUNDATION 600 N. JACKSON STREET SUITE 9 MEDIA, PA 19063	23-2712821	501 (C)(3) PUBLIC CH	20000.	0.			DELAWARE COUNTY CHILDREN'S BEHAVIORAL HEALTH AND SUPPORT FOR WELL BEING
BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH ST. CHESTER, PA 19013	23-1490049	501 (C)(3) PUBLIC CH	40000.	0.			FUTURE LEADERS PROGRAM
BRINGING HOPE HOME 641 SWEDESFORD ROAD MALVERN, PA 19355	26-1222985	501 (C)(3) PUBLIC CH	15000.	0.			LIGHT OF HOPE FAMILY PROGRAM
CASA YOUTH ADVOCATES, INC. PO BOX 407 26 EAST FOURTH STREET MEDIA, PA 19063	23-1901080	501 (C)(3) PUBLIC CH	7200.	0.			AGENCY ENDOWMENT MATCH
CCSA FOUNDATION 1500 HIGHLAND AVE CHESTER, PA 19013	20-3297449	501 (C)(3) PUBLIC CH	30000.	0.			STRATEGIC PLANNING TO ENSURE SHORT AND LONG TERM SUCCESS
CHESTER COMMUNITY IMPROVEMENT PROJECT - 23 E. 5TH STREET-2ND FLOOR - CHESTER, PA 19013	23-2049457	501 (C)(3) PUBLIC CH	30000.	0.			WEST-END AFFORDABLE HOUSING INITIATIVE

- 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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER HOUSING INITIATIVE, INC. 1111 AVENUE OF THE STATES CHESTER, PA 19013	30-0183443	501 (C)(3) PUBLI	40000.	0.			THE RUTH BENNETT COMMUNITY FARM TO SUPPORT ACCESS TO NUTRIENT-DENSE PRODUCE FOR CHILDREN AND
CHESTER RIDLEY CRUM WATERSHED ASSOCIATION - 5316 WEST CHESTER PIKE - NEWTOWN SQUARE, PA 19073	23-7099008	501 (C)(3) PUBLI	7500.	0.			DONOR ADVISED FUND CONTRIBUTION
CHESTER UPLAND YOUTH SOCCER 311 E. BALTIMORE AVE SUITE 300 MEDIA, PA 19063	56-2564695	501 (C)(3) PUBLI	12652.	0.			AGENCY ENDOWMENT MATCH
CHESTER UPLAND YOUTH SOCCER 311 E. BALTIMORE AVE SUITE 300 MEDIA, PA 19063	56-2564695	501 (C)(3) PUBLI	25000.	0.			SOCCER FOR SUCCESS AND YOUTH DEVELOPMENT UNITED
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
CITYTEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501 (C)(3) PUBLI	48381.	0.			SUPPORT FOR THE ANNUAL ANGEL EVENT
CITYTEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501 (C)(3) PUBLI	20000.	0.			GENERAL PROGRAM SUPPORT
COMMUNITY ARTS CENTER 414 PLUSH MILL ROAD WALLINGFORD, PA 19086	23-1628461	501 (C)(3) PUBLI	16868.	0.			DONOR ADVISED FUND CONTRIBUTION FOR RENOVATIONS OF THE SMITH COURT
COMMUNITY ARTS CENTER 414 PLUSH MILL ROAD WALLINGFORD, PA 19086	23-1628461	501 (C)(3) PUBLI	12314.	0.			DONOR ADVISED FUND CONTRIBUTION FOR RENOVATIONS OF THE SMITH COURT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARBY FREE LIBRARY 1001 MAIN STREET DARBY, PA 19023	23-1396790	501 (C)(3) PUBLI	13000.	0.			STRUCTURAL ASSESSMENT - GABLE END WALLS
DELAWARE COUNTY HISTORICAL SOCIETY 408 AVENUE OF THE STATES CHESTER, PA 19013	23-6411628	501 (C)(3) PUBLI	25000.	0.			ACCESSIBLE AND INCLUSIVE TECHNOLOGY AT DCHS: TO SUPPORT COMMUNITY DEVELOPMENT
DELAWARE COUNTY LIBRARIES 340 N. MIDDLETOWN ROAD MEDIA, PA 19063		GOVERNMENTAL UNI	6000.	0.			EBOOK GRANT INITIATIVE
DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY - 14 WEST SECOND ST - MEDIA, PA 19063	23-2053144	501 (C)(3) PUBLI	30000.	0.			DIRECT SUPPORT
EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA - 468 N. MIDDLETOWN ROAD - MEDIA, PA 19063	23-1352293	501 (C)(3) PUBLI	8185.	0.			SUSTAINABLE STAFFING FOR EXCEPTIONAL PROGRAMS
EDUCATION LAW CENTER - PENNSYLVANIA - 1800 JFK BLVD. SUITE 1900A - PHILADELPHIA, PA 19103	23-2581102	501 (C)(3) PUBLI	50000.	0.			EDUCATION HELPLINE: ENSURING EQUAL ACCESS TO QUALITY PUBLIC EDUCATION
FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 600 N. OLIVE STREET - MEDIA, PA 19063	23-1282405	501 (C)(3) PUBLI	15000.	0.			CORE SUPPORT
FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 600 N. OLIVE STREET - MEDIA, PA 19063	23-1282405	501 (C)(3) PUBLI	30000.	0.			AGENCY ENDOWMENT MATCH
FAMILY PROMISE OF DELAWARE COUNTY PA - 245 UPLAND ROAD - BROOKHAVEN, PA 19015	23-3090592	501 (C)(3) PUBLI	17420.	0.			EMBEDDING TRAUMA INFORMED CARE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR DELAWARE COUNTY 200 E. STATE STREET SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	25000.	0.			PROVIDE BREAST CANCER SERVICES TO THE WOMEN OF DELAWARE COUNTY
GREATER PHILADELPHIA CULTURAL ALLIANCE - 1315 WALNUT STREET STE 732 - PHILADELPHIA, PA 19107	23-1885448	501 (C)(3) PUBLI	10000.	0.			SPONSORSHIP OF 2022 DELCO ARTS WEEK
GREENER PARTNERS 536 GEORGE STREET NORRISTOWN, PA 19401	26-2212927	501 (C)(3) PUBLI	20000.	0.			HEALTHY SCHOOLS PROJECT IN THREE CHESTER SCHOOLS
HARCUM COLLEGE 750 MONTGOMERY AVENUE BRYN MAWR, PA 19010	23-1424055	501 (C)(3) PUBLI	40000.	0.			YOUTH COURTS: BLOCKING THE SCHOOL-TO-PRISON PIPELINE, BUILDING A PLATFORM FOR YOUTH
HEADSTRONG FOUNDATION 232 GREEN AVE. HOLMES, PA 19043	26-0283021	501 (C)(3) PUBLI	7500.	0.			LESSENING THE FINANCIAL AND SOCIAL BURDEN OF A CANCER DIAGNOSIS FOR DELAWARE COUNTY RESIDENTS
HEALTH CARE SOLUTIONS OF DELAWARE VALLEY - PO BOX 351 - MEDIA, PA 19063	27-2340299	LLC	8421.	0.			PA DCED COVID-19 VACCINE OUTREACH GRANT
HEALTH CARE SOLUTIONS OF DELAWARE VALLEY - PO BOX 351 - MEDIA, PA 19063	27-2340299	LLC	7567.	0.			PA DCED COVID-19 VACCINE OUTREACH GRANT
HISTORIC LANSDOWNE THEATER CORPORATION - 31 NORTH LANSDOWNE AVENUE - LANSDOWNE, PA 19050	65-1298828	501 (C)(3) PUBLI	50000.	0.			RESTORATION AND REOPENING OF THE 1927 LANSDOWNE THEATER
HORIZONS EPISCOPAL ACADEMY 1785 BISHOP WHITE DRIVE NEWTOWN SQUARE, PA 19073	23-1370500	501 (C)(3) PUBLI	13400.	0.			CORE OPERATING 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J. LEWIS CROZER LIBRARY 620 ENGLE STREET CHESTER, PA 19013	23-1352105	501 (C)(3) PUBLI	68848.	0.			EAST AND WESTSIDE: BILINGUAL EXPANDED EDUCATIONAL OPPORTUNITY FOR SPANISH-SPEAKING
JOHN J. TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063	23-1417540	501 (C)(3) PUBLI	11500.	0.			HARVEST 2022: INCREASING FOOD SECURITY FOR DELAWARE COUNTY RESIDENTS
JOHN J. TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063	23-1417540	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION
KIDS SMILES 219 B CHESTER PIKE NORWOOD, PA 19074	30-0249717	501 (C)(3) PUBLI	25000.	0.			DELAWARE COUNTY OUTREACH
LANDMARK COLLEGE INC 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501 (C)(3) PUBLI	25000.	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	60000.	0.			UTILITY WORKS MAKERSPACE AND PENN STATE BRANDYWINE LAUNCHBOX
LIFECYCLE WOMANCARE 918 COUNTY LINE ROAD BRYN MAWR, PA 19010	23-2080859	501 (C)(3) PUBLI	30000.	0.			MEETING THE MENTAL HEALTH NEEDS OF PREGNANT CLIENTS
MAIN LINE HEALTH HOMECARE & HOSPICE - 240 NORTH RADNOR CHESTER ROAD SUITE 100 - RADNOR, PA 19087	23-2306936	501 (C)(3) PUBLI	25000.	0.			HOME CARE 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	30000.	0.			GENERAL OPERATING SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDIA ARTS COUNCIL 11 E. STATE STREET MEDIA, PA 19063	20-3254963	501 (C)(3) PUBLI	15000.	0.			ARTS AND ARTS EDUCATION PROGRAMMING AT THE NEW MAC ARTS CENTER
MITZVAH CIRCLE 2562 BLVD. OF THE GENERALS SUITE 10 NORRISTOWN, PA 19403	26-3705891	501 (C)(3) PUBLI	60000.	0.			DIAPER BANK
NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501 (C)(3) PUBLI	40000.	0.			IMPROVING PARKS AND CREATING A RIBBON OF GREEN IN THE DARBY CREEK WATERSHED FOR COMMUNITY
NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION
NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION FOR THEIR GENERAL FUNDS
NEIGHBOR TO NEIGHBOR COMM. DEV. CORP. - 814 CLIFTON AVE - SHARON HILL, PA 19079	23-2806109	501 (C)(3) PUBLI	10000.	0.			FOOD PROGRAM 2022
OPERA PHILADELPHIA 1420 LOCUST ST. SUITE 210 PHILADELPHIA, PA 19120	23-1504706	501 (C)(3) PUBLI	15000.	0.			DONOR ADVISED FUND CONTRIBUTION TO THE MUSIC DIRECTOR'S FUND FOR ORCHESTRAL AND CHORAL
PENNSYLVANIA PARTNERSHIPS FOR CHILDREN - 200 N. THIRD STREET 13TH FLOOR - HARRISBURG, PA 17101	23-2613869	501 (C)(3) PUBLI	25000.	0.			ADVOCACY FOR CHILDREN AND FAMILIES IN HOME VISITING AND WIC
PENNSYLVANIA RESOURCES COUNCIL, INC - 1671 N. PROVIDENCE RD - MEDIA, PA 19063	23-6403971	501 (C)(3) PUBLI	20000.	0.			STREAM STEWARDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND - 525 JAMES ELLIOTT BUILDING - UNIVERSITY PARK, PA 16802	27-4628784	501 (C)(3) PUBLI	30000.	0.			PENN STATE BRANDYWINE LAUNCHBOX IDEA TEST LAB
PETTAWAY PURSUIT FOUNDATION 11 OWEN AVENUE LANSDOWNE, PA 19050	23-3089455	501 (C)(3) PUBLI	25000.	0.			DOULA SERVICES
PHILABUNDANCE 392 WEST BERKS STREET PHILADELPHIA, PA 19122	23-2290505	501 (C)(3) PUBLI	20000.	0.			SUPPORTING CHILD NUTRITION AND FOOD SECURITY IN DELAWARE COUNTY
PROVIDENCE ANIMAL CENTER 555 SANDY BANK RD MEDIA, PA 19063	23-1440112	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION FOR FUNDING FOR RESCUE ANIMAL X-RAYS
PROVIDENCE ANIMAL CENTER 555 SANDY BANK RD MEDIA, PA 19063	23-1440112	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION
RIDDLE HEALTHCARE FOUNDATION 1068 WEST BALTIMORE PIKE MEDIA, PA 19063	04-3601189	501 (C)(3) PUBLI	10000.	0.			CAPITAL CAMPAIGN GIFT
RIDDLE HEALTHCARE FOUNDATION 1068 WEST BALTIMORE PIKE MEDIA, PA 19063	04-3601189	501 (C)(3) PUBLI	10000.	0.			CAPITAL CAMPAIGN GIFT
RIVERFRONT ALLIANCE OF DELAWARE COUNTY - 1 FOURTH STREET P.O. BOX 782 - CHESTER, PA 19016	23-2843207	501 (C)(3) PUBLI	50000.	0.			CHESTER WATERFRONT DEVELOPMENT
SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVE. FOLSOM, PA 19033	23-2036247	501 (C)(3) PUBLI	50000.	0.			HOME-DELIVERED MEAL 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE FOOD PROGRAM 2901 WEST HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-2360819	501 (C)(3) PUBLI	100000.	0.			INCREASING FOOD ACCESS IN DELAWARE COUNTY
SURREY SERVICES 60 SURREY WAY DEVON, PA 19333	23-2610145	501 (C)(3) PUBLI	41000.	0.			SURREY HOME CARE AND SUPPORT: A COMPREHENSIVE APPROACH TO ENABLE SENIORS TO AGE IN PLACE
THE CHESTER CHILDREN'S CHORUS 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	501 (C)(3) PUBLI	75000.	0.			CHESTER CHILDREN'S CHORUS
THE CHESTER CULTURAL ARTS AND TECHNOLOGY CENTER - 2300 W. 4TH ST. SUITE 211 - CHESTER, PA 19013	46-2231199	501 (C)(3) PUBLI	18000.	0.			YOUTH DEVELOPMENT PROGRAM
THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE STREET SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	10000.	0.			ESTABLISH PRESIDENT'S FUND II
THE SALVATION ARMY 701 NORTH BROAD STREET PHILADELPHIA, PA 19123	13-5562351	501 (C)(3) PUBLI	15000.	0.			CHESTER FOOD PROGRAM
THE STEVEN A. COHEN MILITARY FAMILY CLINIC - 3535 MARKET STREET SUITE 670 - PHILADELPHIA, PA 19104	23-1352685	501 (C)(3) PUBLI	7500.	0.			"DONOR ADVISED FUND CONTRIBUTION
TODAY IS A GOOD DAY 1108 BETHLEHEM PIKE FLOURTOWN, PA 19031	46-3231241	501 (C)(3) PUBLI	10000.	0.			PROGRAMMING AT CCMC FOR THE COMING YEAR.
UPPER CHICHESTER LIBRARY 3374 CHICHESTER AVENUE #19 UPPER CHICHESTER, PA 19061	38-3814795	501 (C)(3) PUBLI	7000.	0.			SUMMER 2022 READING AND STEM 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER DARBY ARTS & EDUCATION FOUNDATION - 601 NORTH LANSDOWNE AVENUE - DREXEL HILL, PA 19026	23-2934964	501 (C)(3) PUBLI	20000.	0.			CORE SUPPORT AND CAPACITY BUILDING
UPPER DARBY TOWNSHIP & SELLERS MEMORIAL FREE PUBLIC LIBRARY - 76 SOUTH STATE ROAD - UPPER DARBY, PA 19082	23-6004628	501 (C)(3) PUBLI	6000.	0.			EBOOK GRANT INITIATIVE
VETLINK 800 E. LANCASTER AVENUE VILLANOVA, PA 19085	46-3566678	501 (C)(3) PUBLI	7500.	0.			DONOR ADVISED FUND CONTRIBUTION
WHYY 1235 LAFAYETTE ROAD GLADWYNE, PA 19035	23-1438083	501 (C)(3) PUBLI	30000.	0.			SUPPORT FOR REPORTING AND ON-AIR CAMPAIGN
YMWIC FOUNDATION INC 1500 W. WOODBANK WAY WEST CHESTER, PA 19380	26-0202360	501 (C)(3) PUBLI	20000.	0.			SUPPORT FOR DELAWARE COUNTY CHAPTERS

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 AND HOUSING PLACEMENT	290	142634.	41761.	ACTUAL AMOUNT PAID	GIFT CARDS PROVIDED TO 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 HOUSING INITIATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RUTH BENNETT COMMUNITY FARM TO SUPPORT ACCESS TO NUTRIENT-DENSE PRODUCE FOR CHILDREN AND FAMILIES IN CHESTER

NAME OF ORGANIZATION OR GOVERNMENT: HARCUM COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH COURTS: BLOCKING THE SCHOOL-TO-PRISON PIPELINE, BUILDING A PLATFORM FOR YOUTH DEVELOPMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: J. LEWIS CROZER LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: EAST AND WESTSIDE: BILINGUAL

EXPANDED EDUCATIONAL OPPORTUNITY FOR SPANISH-SPEAKING CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL LANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING PARKS AND CREATING A

RIBBON OF GREEN IN THE DARBY CREEK WATERSHED FOR COMMUNITY RESILIENCY

NAME OF ORGANIZATION OR GOVERNMENT: OPERA PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED FUND CONTRIBUTION TO

THE MUSIC DIRECTOR'S FUND FOR ORCHESTRAL AND CHORAL GROWTH

**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

2021

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	211442.	0.	0.	8684.	18718.	238844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOANNE CRAIG CHIEF IMPACT OFFICER	(i)	149275.	0.	0.	6239.	22537.	178051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER	(i)	154502.	0.	0.	6180.	1391.	162073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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.

IN HONOR OF OUR FIFTH ANNIVERSARY, THE FOUNDATION FOR DELAWARE COUNTY

INVITED DELAWARE COUNTY NONPROFIT ORGANIZATIONS TO ESTABLISH A

PERMANENTLY ENDOWED FUND AT THE FOUNDATION. THE FOUNDATION OFFERED A

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

Schedule O (Form 990) 2021

Name of the organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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1:5 MATCH FOR ALL NEW AGENCY ENDOWMENTS. FOUR NONPROFIT ORGANIZATIONS ESTABLISHED AGENCY ENDOWMENT FUNDS DURING THE YEAR. THE FOUNDATION ISSUED FOUR MATCHING GRANTS TOTALING \$54,852.

THE FOUNDATION FOR DELAWARE COUNTY IMPLEMENTED THE DELCO CHILD TAX CREDIT PROGRAM TO PROVIDE FUNDS TO NONPROFITS CONDUCTING OUTREACH AND EDUCATION TO DELAWARE COUNTY RESIDENTS ELIGIBLE FOR THE CHILD TAX CREDIT. WITH FUNDS RECEIVED FROM THE COUNTY OF DELAWARE, PENNSYLVANIA, THROUGH THE CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS, UNDER THE AMERICAN RESCUE PLAN ACT OF 2021, THE FOUNDATION AWARDED EIGHT GRANTS TOTALING \$40,000.

THE ABOVE GRANTS SUPPLEMENT \$805,684 IN DONOR ADVISED FUND CONTRIBUTIONS, NON-PROFIT EVENT SPONSORSHIPS, IN-KIND DONATIONS, SCHOLARSHIPS AND CHARITABLE CARE, FOR A TOTAL OF \$2,335,389 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 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

Name of the organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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IS A UNIQUE PARTNERSHIP BETWEEN HEALTHY START/NURSE-FAMILY PARTNERSHIP AND WIDENER UNIVERSITY DELAWARE LAW SCHOOL. IT PROVIDES DIRECT CIVIL LEGAL REPRESENTATION, SYSTEMIC ADVOCACY AND TRAINING TO SUPPORT PROGRAM PARTICIPANTS, STAFF AND THE COMMUNITY.

EL CENTRO CENTER FOR HISPANIC RESOURCES: THE CENTER IS A "ONE-STOP-SHOP" THAT CONNECTS PROGRAM PARTICIPANTS AND OTHER INDIVIDUALS WITH A RANGE OF SERVICES. AMONG THESE ARE CASE MANAGEMENT, TRANSLATION, APPOINTMENT SCHEDULING, HEALTH EDUCATION, ASSISTANCE WITH APPLICATIONS AND AGENCY REFERRALS.

PERINATAL PERIODS OF RISK (PPOR): THE PPOR PROJECT, IN COLLABORATION WITH THE DELAWARE COUNTY CHILD DEATH REVIEW TEAM, IS COLLECTING DATA AND ANALYZING FETAL AND INFANT DEATHS. THE PURPOSE OF THE PROJECT IS TO BETTER UNDERSTAND WHY INFANTS ARE DYING DURING CERTAIN PERIODS OF RISK; AND DEVELOP AN ACTION PLAN TO REDUCE INFANT DEATH.

HOUSING STABILITY PROGRAM: THE HOUSING STABILITY PROGRAM WORKS WITH FAMILIES ENROLLED IN HEALTHY START AND NURSE-FAMILY PARTNERSHIP PROGRAMS TO ASSIST THEM IN ACCESSING AFFORDABLE HOUSING, PUBLIC HOUSING AND WHERE ELIGIBLE THE HOUSING CHOICE VOUCHER PROGRAM. THE PROGRAM PROVIDES ASSISTANCE WITH CREDIT 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

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

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)

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

Name of the organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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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 III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- CERTIFICATE PROGRAM IN NONPROFIT MANAGEMENT: THE FOUNDATION PARTNERS WITH THE NONPROFIT CENTER AT LASALLE UNIVERSITY'S SCHOOL OF BUSINESS TO OFFER A NONPROFIT MANAGEMENT CERTIFICATION PROGRAM TO AREA NONPROFIT PROFESSIONALS. PARTICIPANTS ATTEND 10 SIX-HOUR SESSIONS IN ORDER TO COMPLETE THE CERTIFICATION.

- 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, 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 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
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ▶ **200 EAST STATE STREET, 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.