

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE FOUNDATION FOR DELAWARE COUNTY		D Employer identification number 22-2540853
	Doing business as		E Telephone number (610) 744-1010
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 69,640,615.
	200 EAST STATE STREET	304	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code MEDIA, PA 19063-3434		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: MICHAEL KELLERMAN SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: WWW.DELCOFOUNDATION.ORG		L Year of formation: 1984 M State of legal domicile: PA	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION FOR DELAWARE COUNTY IS TO ENSURE AN EQUITABLE, VIBRANT FUTURE FOR		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2024 (Part V, line 2a)	5	91
	6 Total number of volunteers (estimate if necessary)	6	34
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,681,207.	Current Year 10,116,939.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,511,703.	4,547,894.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,646.	133,741.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,279,556.	14,798,574.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,388,701.
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)		6,271,647.	6,560,411.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		565,802.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,225,884.	27,485,438.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,886,232.	36,170,207.	
19 Revenue less expenses. Subtract line 18 from line 12	393,324.	-21,371,633.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 80,381,635.	End of Year 83,449,764.
	21 Total liabilities (Part X, line 26)	4,936,515.	27,765,793.
	22 Net assets or fund balances. Subtract line 21 from line 20	75,445,120.	55,683,971.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MICHAEL KELLERMAN, PRESIDENT				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	JOSEPH V. MANFRE	JOSEPH V. MANFRE	03/13/26	<input type="checkbox"/>	P01982332
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	BARBACANE, THORNTON & COMPANY LLP	51-0229493		302-478-8940	
	Firm's address				
	503 CARR ROAD, UNIT 100				
	WILMINGTON, DE 19809				

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 ENSURE AN EQUITABLE, VIBRANT FUTURE FOR DELAWARE COUNTY BY PROMOTING GENEROSITY, INSPIRING PARTICIPATION AND PARTNERSHIP ACROSS OUR COMMUNITIES, AND IMPROVING THE QUALITY OF LIFE FOR ALL. ONE OF OVER 700 COMMUNITY

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,124,358. including grants of \$ 2,124,358.) (Revenue \$) GRANTMAKING: THE FOUNDATION FOR DELAWARE COUNTY, THE LARGEST CHARITABLE ORGANIZATION IN DELAWARE COUNTY, CONTINUED ITS ANNUAL COMPETITIVE IMPACT GRANTS PROGRAM, INFUSING THE DELAWARE COUNTY NONPROFIT COMMUNITY WITH VALUABLE NEW FINANCIAL RESOURCES TOTALING \$1,272,000. THE 47 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.) COMMUNITY AND ECONOMIC DEVELOPMENT (6 GRANTS); 2.) HEALTH (16 GRANTS); 3.) HOUSING (5 GRANTS); 4.) YOUTH DEVELOPMENT (16); 5.) SERVICES FOR CANCER SURVIVORS (4 GRANTS). GRANTS RANGED IN SIZE FROM \$2,500 TO \$65,000. THESE GRANTS ARE A KEY ELEMENT OF THE FOUNDATION FOR DELAWARE COUNTY'S MISSION AND DEMONSTRATE HOW

4b (Code:) (Expenses \$ 29,256,589. including grants of \$) (Revenue \$) INTERNAL PROGRAMS: 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, STABLE HOUSING AND THE SUCCESS OF TEENS. THESE PROGRAMS WORK TOGETHER AND COMPLEMENT EACH OTHER FOR GREATER IMPACT. OF PARTICULAR NOTE ARE FOUR 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

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. - CERTIFICATE PROGRAM IN NONPROFIT MANAGEMENT: THE FOUNDATION PARTNERS WITH THE NONPROFIT CENTER AT LASALLE UNIVERSITY'S SCHOOL OF

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

4e Total program service expenses 31,380,947.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (610)744-1010
200 EAST STATE STREET, 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, box 6 of 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				244,108.	0.	31,112.
(2) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER	40.00			X				174,681.	0.	8,073.
(3) JOANNE CRAIG CHIEF IMPACT OFFICER	40.00					X		168,186.	0.	26,575.
(4) MONIKA COLLINS VP FOR ADV. & PHILANTHROPI	40.00					X		145,591.	0.	7,189.
(5) AMY MARTIN NURSE-FAMILY PARTNERSHIP DIRECTOR	40.00					X		103,864.	0.	5,832.
(6) KATIE KENYON VP FOR PROGRAMS	40.00					X		102,809.	0.	4,768.
(7) CYRISE L. DIXON CHAIRPERSON	3.00	X		X				0.	0.	0.
(8) MICHAEL B MAGNAVITA VICE CHAIRPERSON	3.00	X		X				0.	0.	0.
(9) KELLY THORNTON TREASURER	3.00	X		X				0.	0.	0.
(10) TED PETERS SECRETARY	3.00	X		X				0.	0.	0.
(11) NICHOLAS A. APONTE BOARD MEMBER	1.00	X						0.	0.	0.
(12) CORLISS BOGGS BOARD MEMBER	1.00	X						0.	0.	0.
(13) DONALD W. DELSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) DANIEL C. DUPONT, D.O. BOARD MEMBER	1.00	X						0.	0.	0.
(15) BOB DUMONT BOARD MEMBER	1.00	X						0.	0.	0.
(16) JAMES N HARPER, JR BOARD MEMBER	1.00	X						0.	0.	0.
(17) MICHAEL N MATTISE 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) MIA I MENDOZA BOARD MEMBER	1.00	X						0.	0.	0.
(19) HON. DOMINIC F. PILEGGI BOARD MEMBER	1.00	X						0.	0.	0.
(20) ROBERT N SPEARE BOARD MEMBER	1.00	X						0.	0.	0.
(21) MALCOLM YATES BOARD MEMBER	1.00	X						0.	0.	0.
(22) KATE ZIDEK BOARD MEMBER	1.00	X						0.	0.	0.
(23) STEVEN SCOTT BRADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(24) DONNA CRILLEY FARRELL BOARD MEMBER	1.00	X						0.	0.	0.
(25) KEVIN DOW BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								939,239.	0.	83,549.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								939,239.	0.	83,549.

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 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
BALDWIN TOWER OFFICE BUILDING LLC, 3611 14TH AVENUE, SUITE 420, BROOKLYN, NY 11218	FACILITY RENTAL	289,130.
MEDIA REAL ESTATE COMPANY 203 EAST BALTIMORE AVE., MEDIA, PA 19063	FACILITY RENTAL	270,217.
LAMB MCERLANE PC ATTORNEYS AT LAW 24 E. MARKET STREET, WEST CHESTER, PA 19381	LEGAL	244,793.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,972,336.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,144,603.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			10,116,939.			
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)		1,632,518.			1632518.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				57,151,866.				
	b	Less: cost or other basis and sales expenses	7b	54,236,490.				
	c	Gain or (loss)	7c	2,915,376.				
d	Net gain or (loss)			2,915,376.	2,915,376.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	605,521.				
			8b	605,551.				
c	Net income or (loss) from fundraising events			-30.		-30.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUES	Business Code	900099	133,771.		133,771.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			133,771.			
12	Total revenue. See instructions			14,798,574.	2,915,376.	0.	1766259.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,920,595.	1,920,595.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	203,763.	203,763.		
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	1,022,474.	879,091.	66,317.	77,066.
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	4,302,135.	3,701,488.	278,647.	322,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	228,125.	202,042.	11,314.	14,769.
9 Other employee benefits	608,267.	538,720.	30,167.	39,380.
10 Payroll taxes	399,410.	353,743.	19,809.	25,858.
11 Fees for services (nonemployees):				
a Management	157,993.	15,506.	142,487.	
b Legal	1,007,735.	98,904.	908,831.	
c Accounting	69,935.	6,864.	63,071.	
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.)	1,240.	122.	1,118.	
12 Advertising and promotion	141,249.	85,483.	36,067.	19,699.
13 Office expenses	25,389.	14,977.	3,350.	7,062.
14 Information technology	373,639.	288,336.	78,351.	6,952.
15 Royalties				
16 Occupancy	2,980,587.	536,624.	2,443,963.	
17 Travel	55,238.	49,974.	2,378.	2,886.
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	47,318.	21,662.	25,656.	
23 Insurance	70,995.	33,128.	37,867.	
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 DELAWARE COUNTY HEALTH	20,000,000.	20,000,000.		
b DIRECT CLIENT SERVICES	2,213,182.	2,213,182.		
c STAFF DEVELOPMENT	121,443.	96,412.	20,550.	4,481.
d DUES AND MEMBERSHIPS	79,738.	60,622.	10,642.	8,474.
e All other expenses	139,757.	59,709.	42,873.	37,175.
25 Total functional expenses. Add lines 1 through 24e	36,170,207.	31,380,947.	4,223,458.	565,802.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,612,504.	1	2,568,828.
	2 Savings and temporary cash investments	45,821.	2	46,732.
	3 Pledges and grants receivable, net	996,927.	3	1,171,508.
	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	217,205.	9	216,806.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 726,479.		
	b Less: accumulated depreciation	10b 594,129.	179,669.	10c 132,350.
	11 Investments - publicly traded securities	72,648,150.	11	52,717,654.
	12 Investments - other securities. See Part IV, line 11	1,477,339.	12	1,547,049.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,204,020.	15	25,048,837.
16 Total assets. Add lines 1 through 15 (must equal line 33)	80,381,635.	16	83,449,764.	
Liabilities	17 Accounts payable and accrued expenses	1,399,148.	17	1,619,338.
	18 Grants payable	189,549.	18	8,500.
	19 Deferred revenue	405,010.	19	193,518.
	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		24	
	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	2,942,808.	25	25,944,437.
	26 Total liabilities. Add lines 17 through 25	4,936,515.	26	27,765,793.
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	73,009,029.	27	53,327,381.
	28 Net assets with donor restrictions	2,436,091.	28	2,356,590.
	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	75,445,120.	32	55,683,971.
33 Total liabilities and net assets/fund balances	80,381,635.	33	83,449,764.	

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	14,798,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,170,207.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,371,633.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,445,120.
5	Net unrealized gains (losses) on investments	5	1,610,484.
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	55,683,971.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6632703.	8977919.	7818904.	8681207.	10116939.	42227672.
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	6632703.	8977919.	7818904.	8681207.	10116939.	42227672.
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.						42227672.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6632703.	8977919.	7818904.	8681207.	10116939.	42227672.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1235884.	1404215.	1657537.	1717737.	1615802.	7631175.
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.)	15,195.	267,915.	111,952.	79,056.	64,062.	538,180.
11 Total support. Add lines 7 through 10						50397027.
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	83.79	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	82.94	%
16a 33 1/3% support test - 2024. 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 - 2023. 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			
17a 10% -facts-and-circumstances test - 2024. 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			
b 10% -facts-and-circumstances test - 2023. 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			
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			

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE FOUNDATION FOR DELAWARE COUNTY

22-2540853

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>510,000.</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 THE 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 THE FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	23	
2 Aggregate value of contributions to (during year)	979,849.	
3 Aggregate value of grants from (during year)	354,950.	
4 Aggregate value at end of year	2,988,750.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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		115,342.	47,258.	68,084.
d Equipment		611,137.	546,871.	64,266.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 132,350.

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, line 12, col. (B))		

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, line 13, col. (B))		

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) CASH SURRENDER VALUE OF LIFE INSURANCE	301,623.
(2) OTHER CURRENT ASSETS	5,100.
(3) RIGHT OF USE LEASE ASSET	24,742,114.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	25,048,837.

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	338,875.
(3) INSURANCE LIABILITIES	175,495.
(4) FUNDS HELD FOR OTHER ORGANIZATIONS FOR AGENCY ENDOWMENTS	735,782.
(5) LEASE LIABILITY	24,694,285.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	25,944,437.

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	16,409,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,610,484.
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	1,610,484.
3	Subtract line 2e from line 1	3	14,798,574.
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	14,798,574.

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	36,170,207.
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	36,170,207.
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	36,170,207.

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 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.

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	
		DELCO GIVES DAY	GOLF EVENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	416,711.	104,850.	83,960.	605,521.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	416,711.	104,850.	83,960.	605,521.
Direct Expenses	4	Cash prizes	67,800.			67,800.
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	466,243.	46,002.	25,506.	537,751.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				605,551.
11	Net income summary. Subtract line 10 from line 3, column (d)				-30.	

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	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE 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
SURREY SERVICES 60 SURREY WAY DEVON, PA 19333	23-2610145	501 (C)(3) PUBLIC CH	50,000.	0.			IMPACT GRANT - SUPPORTING HOME CARE, SUPPORT SERVICES & CAREGIVERS
FIRST UP 1608 WALNUT ST., SUITE #300 PHILADELPHIA, PA 19103	23-6438144	501 (C)(3) PUBLIC CH	50,000.	0.			IMPACT GRANT - PROFESSIONAL DEVELOPMENT FOR UNDER-RESOURCED ECE PROGRAMS
ELWYN FOUNDATION 111 ELWYN ROAD MEDIA, PA 19063	20-1915642	501 (C)(3) PUBLIC CH	50,000.	0.			IMPACT GRANT - CHESTER COLLABORATIVE FOR EARLY CHILDHOOD EDUCATION
PROVIDENCE ANIMAL CENTER 555 SANDY BANK ROAD MEDIA, PA 19063	23-1440112	501 (C)(3) PUBLIC CH	50,000.	0.			DONOR ADVISED FUND CONTRIBUTION
WOMEN'S RESOURCE CENTER OF THE DELAWARE VALLEY - 113 W. WAYNE AVE - WAYNE, PA 19087	23-1997488	501 (C)(3) PUBLIC CH	45,000.	0.			IMPACT GRANT - COUNSELING
CHILDREN FIRST PA 990 SPRING GARDEN ST., SUITE 200 PHILADELPHIA, PA 19123	23-2137461	501 (C)(3) PUBLIC CH	40,000.	0.			IMPACT GRANT - IMPROVING CHILDREN'S HEALTH

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 1260 E. WOODLAND AVE., SUITE 212 - SPRINGFIELD, PA 19064	23-1282405	501 (C)(3) PUBLI	40,000.	0.			IMPACT GRANT - HUD FUNDED HOUSING ASSISTANCE PROGRAMS
FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC. - 53 WEST BALTIMORE PIKE, 3RD FLOOR - MEDIA, PA 19063	23-2528819	501 (C)(3) PUBLI	40,000.	0.			IMPACT GRANT - SAFETY NET FOR SEXUALLY ABUSED & EXPLOITED CHILDREN
CHESTER EDUCATION FOUNDATION 419 AVENUE OF THE STATES, SUITE 700 CHESTER, PA 19013	23-2576096	501 (C)(3) PUBLI	40,000.	0.			IMPACT GRANT - JETTER CENTER COLLEGE & CAREER SERVICES
BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH STREET CHESTER, PA 19013	23-1490049	501 (C)(3) PUBLI	40,000.	0.			IMPACT GRANT - BOYS & GIRLS CLUB OF CHESTER
EDUCATION LAW CENTER - PENNSYLVANIA - 1800 JFK BLVD., SUITE 1900A - PHILADELPHIA, PA 19103	23-2581102	501 (C)(3) PUBLI	35,000.	0.			IMPACT GRANT - ADVANCING EQUAL ACCESS TO A QUALITY PUBLIC EDUCATION FOR CHILDREN
DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC. - 14 WEST SECOND STREET - MEDIA, PA 19063	23-2053144	501 (C)(3) PUBLI	35,000.	0.			IMPACT GRANT - CORE SUPPORT
TEACHERS' TEAMMATES 1413 FAIRVIEW AVE HAVERTOWN, PA 19083	85-0921520	501 (C)(3) PUBLI	30,000.	0.			IMPACT GRANT - CAPACITY BUILDING
DARBY FREE LIBRARY 1001 MAIN STREET DARBY, PA 19023	23-1396790	501 (C)(3) PUBLI	30,000.	0.			IMPACT GRANT - RENOVATION & RESILIENCE INITIATIVE PHASE 2
LANSDOWNE ECONOMIC DEVELOPMENT CORP. (LEDC) - 32 E. BALTIMORE AVENUE - LANSDOWNE, PA 19050	23-2976596	501 (C)(3) PUBLI	29,000.	0.			IMPACT GRANT - GENERAL OPERATIONS 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
HARCUM COLLEGE 750 MONTGOMERY AVENUE BRYN MAWR, PA 19010	23-1424055	501 (C)(3) PUBLI	27,000.	0.			IMPACT GRANT - YOUTH COURTS
THE CHESTER CHILDREN'S CHORUS 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	501 (C)(3) PUBLI	26,000.	0.			IMPACT GRANT - CHESTER CHILDREN'S CHORUS
RIVERFRONT ALLIANCE OF DELAWARE COUNTY - 1 FOURTH STREET, P.O. BOX 782 - CHESTER, PA 19016	23-2843207	501 (C)(3) PUBLI	25,000.	0.			IMPACT GRANT - CORE OPERATING SUPPORT
CHILD GUIDANCE RESOURCE CENTERS 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501 (C)(3) PUBLI	25,000.	0.			IMPACT GRANT - FINANCIAL SUPPORT FOR BEHAVIORAL HEALTH SERVICES
CHESTER UPLAND YOUTH SOCCER 311 E. BALTIMORE AVE, SUITE 300 MEDIA, PA 19063	56-2564695	501 (C)(3) PUBLI	25,000.	0.			IMPACT GRANT - INCREASING HEALTH THROUGH EXTRA-CURRICULARS
CHESTER COMMUNITY COALITION 703 CENTRAL AVE CHESTER, PA 19013	23-7046393	501 (C)(3) PUBLI	25,000.	0.			IMPACT GRANT - ORGANIZATIONAL CAPACITY, INFRASTRUCTURE & STABILITY
UNITE FOR HER 22 E. KING ST MALVERN, PA 19355	26-4444438	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - WELLNESS PASSPORT PROGRAM
JOHN J TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063	23-1417540	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - LUCILLE'S GARDEN PRODUCTION
PENNSYLVANIA PARTNERSHIPS FOR CHILDREN - 200 NORTH THIRD STREET, 13TH FLOOR - HARRISBURG, PA 17101	23-2613869	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - ADVOCACY FOR CHILDREN & FAMILIES IN HOME VISITING & WIC

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
MURPHY'S GIVING MARKET 7408 WEST CHESTER PIKE UPPER DARBY, PA 19082	85-3176958	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - FOOD PANTRY OPERATING SUPPORT
EPISCOPAL COMMUNITY SERVICES (ECS) 225 SOUTH 3RD STREET PHILADELPHIA, PA 19106	23-1352290	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - OUT OF SCHOOL TIME AFTER SCHOOL PROGRAM
HEALTH EDUCATED, INC. P.O. BOX 351 MEDIA, PA 19063	87-4764622	501 (C)(3) PUBLI	20,000.	0.			IMPACT GRANT - LEAD CHECK & PROTECT
FREEDMEN ARTS ALLIANCE INC. 1136 CONCORD AVE CHESTER, PA 19013	81-3943794	501 (C)(3) PUBLI	18,000.	0.			DONOR ADVISED FUND CONTRIBUTION
MITZVAH CIRCLE 435 DOYLESTOWN RD LANSDALE, PA 19446	26-3705891	501 (C)(3) PUBLI	17,500.	0.			IMPACT GRANT - SERVING DELAWARE COUNTY DAILY
NEXT GENERATION THEATRE FOUNDATION P.O. BOX 22611 PHILADELPHIA, PA 19110	93-3674300	501 (C)(3) PUBLI	17,318.	0.			GRANT - FISCAL SPONSORSHIP FUNDS
PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE ST., SUITE 250 CONSHOCKEN, PA 19428	23-1243965	501 (C)(3) PUBLI	15,000.	0.			IMPACT GRANT - LIVESTRONG AT ROCKY RUN YMCA
CRADLES TO CRAYONS 4700 WISSAHICKON AVENUE, SUITE 142 PHILADELPHIA, PA 19144	04-3584367	501 (C)(3) PUBLI	15,000.	0.			IMPACT GRANT - ESSENTIAL ITEMS FOR CHILDREN
CCSA FOUNDATION 1500 HIGHLAND AVE CHESTER, PA 19013	20-3297449	501 (C)(3) PUBLI	15,000.	0.			DONOR ADVISED FUND CONTRIBUTION

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
ANEWAY PROJECT/GAME ON STATE 31 W. STATE ST MEDIA, PA 19063	93-2801301	501 (C)(3) PUBLI	14,000.	0.			IMPACT GRANT - EXPANDING EMPLOYMENT OPPORTUNITIES, BUILDING COMMUNITY PARTNERSHIPS & MEASURING
HISTORIC LANSDOWNE THEATER CORPORATION - 31 N. LANSDOWNE AVE - LANSDOWNE, PA 19050	65-1298828	501 (C)(3) PUBLI	13,000.	0.			IMPACT GRANT - REOPENING THE HISTORIC LANSDOWNE THEATER
CLEAN AIR COUNCIL 135 S. 19TH ST., SUITE 300 PHILADELPHIA, PA 19103	23-1683461	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
COMMUNITY ARTS CENTER 414 PLUSH MILL RD WALLINGFORD, PA 19086	23-1628461	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
FRIENDS OF HEINZ WILDLIFE REFUGE 8601 LINDBERGH BLVD PHILADELPHIA, PA 19153	23-2889425	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
JOHN J TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063	23-1417540	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
PROVIDENCE ANIMAL CENTER 555 SANDY BANK ROAD MEDIA, PA 19063	23-1440112	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
SHARE FOOD PROGRAM 2901 WEST HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-2360819	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
CENTRO DE APOYO COMUNITARIO 2235 GARRETT RD DREXEL HILL, PA 19026	05-0599905	501 (C)(3) PUBLI	10,000.	0.			GRANT - BIENESTAR FAMILIAR

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
CHESPENN HEALTH SERVICES 1510 CHESTER PIKE EDDYSTONE, PA 19022	23-7354899	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
SHARE FOOD PROGRAM 2901 WEST HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-2360819	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
KEITH DAWSON FOUNDATION 20 N 10TH ST DARBY, PA 19023	83-1861294	501 (C)(3) PUBLI	10,000.	0.			IMPACT GRANT - GIFT BASKET PROGRAM/HOLIDAY DRIVE
BRINGING HOPE HOME 641 SWEDES FORD ROAD MALVERN, PA 19355	26-1222985	501 (C)(3) PUBLI	10,000.	0.			IMPACT GRANT - LIGHT OF HOPE FAMILY PROGRAM
ONE HOUSE AT A TIME 411 SUSQUEHANNA RD AMBLER, PA 19002	23-3046871	501 (C)(3) PUBLI	10,000.	0.			IMPACT GRANT - BEDS FOR KIDS PROGRAM
MEDIA FELLOWSHIP HOUSE 302 S. JACKSON ST MEDIA, PA 19063	23-1529964	501 (C)(3) PUBLI	10,000.	0.			IMPACT GRANT - HOME SHARE PROGRAM
LANDMARK COLLEGE INC 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
ST. JOHN CHRYSOSTOM CHURCH 617 S. PROVIDENCE RD WALLINGFORD, PA 19086	53-0196617	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION

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
CCSA FOUNDATION 1500 HIGHLAND AVE CHESTER, PA 19013	20-3297449	501 (C)(3) PUBLI	10,000.	0.			DONOR ADVISED FUND CONTRIBUTION
KEEP MUSIC ALIVE 4949 JACKSON DRIVE BROOKHAVEN, PA 19015	82-2571853	501 (C)(3) PUBLI	8,000.	0.			IMPACT GRANT - AFTER SCHOOL MUSIC LESSONS & INSTRUMENT PETTING ZOO
MEDIA ARTS COUNCIL 11 E. STATE STREET MEDIA, PA 19063	20-3254963	501 (C)(3) PUBLI	8,000.	0.			IMPACT GRANT - ARTS EXPERIENCE & ARTS EDUCATION PROGRAMMING
HISTORIC LANSDOWNE THEATER CORPORATION - 31 N. LANSDOWNE AVE - LANSDOWNE, PA 19050	65-1298828	501 (C)(3) PUBLI	7,000.	0.			IMPACT GRANT - REOPENING THE HISTORIC LANSDOWNE THEATER
FREEDMEN ARTS ALLIANCE INC. 1136 CONCORD AVE CHESTER, PA 19013	81-3943794	501 (C)(3) PUBLI	7,000.	0.			DONOR ADVISED FUND CONTRIBUTION
FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST., SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	20,000.	0.			CONTRIBUTE ADDITIONAL FUNDS TO THE PRESIDENT'S FUND II
HOFF COMMUNICATIONS INC. 23 S. LANSDOWNE AVE LANSDOWNE, PA 19050	23-2635225	S-CORPORATION	10,000.	0.			SPONSORSHIP - DELCO ARTS WEEK
HOFF COMMUNICATIONS INC. 23 S. LANSDOWNE AVE LANSDOWNE, PA 19050	23-2635225	S-CORPORATION	8,750.	0.			SPONSORSHIP - DELCO ARTS WEEK
WHYY, INC. 1235 LAFAYETTE ROAD GLADWYNE, PA 19035	23-1438083	501 (C)(3) PUBLI	30,000.	0.			SUPPORT FOR REPORTING AND ON-AIR CAMPAIGN

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) PUBLIC	65,000.	0.			IMPACT GRANT - EQUITABLE HUNGER RELIEF
CASA YOUTH ADVOCATES, INC. PO BOX 407, 26 EAST FOURTH STREET MEDIA, PA 19063	23-1901080	501(C)(3) PUBLIC	62,000.	0.			IMPACT GRANT - VOICES FOR CHILDREN
CHESTER COMMUNITY IMPROVEMENT PROJECT - 23 E. 5TH STREET-2ND FLOOR - CHESTER, PA 19013	23-2049457	501(C)(3) PUBLIC	60,000.	0.			IMPACT GRANT - HOUSING REHAB & COUNSELING INITIATIVES
WAYNE SENIOR CENTER 108 STATION ROAD, WAYNE WAYNE, PA 19087	23-2146857	501(C)(3) PUBLIC	50,000.	0.			IMPACT GRANT - CORE SUPPORT
SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVE FOLSOM, PA 19033	23-2036247	501(C)(3) PUBLIC	50,000.	0.			IMPACT GRANT - HOME DELIVERED MEAL PROGRAM

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	340	186,673.	17,090.	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: ANEWAY PROJECT/GAME ON STATE
(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT GRANT - EXPANDING EMPLOYMENT OPPORTUNITIES, BUILDING COMMUNITY PARTNERSHIPS & MEASURING IMPACT

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization THE FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
<table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.										
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" 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	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) (Rev. 12-2024)

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)	244,108.	0.	0.	0.	0.	244,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER	(i)	174,681.	0.	0.	0.	0.	174,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOANNE CRAIG CHIEF IMPACT OFFICER	(i)	168,186.	0.	0.	0.	0.	168,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DELAWARE COUNTY BY PROMOTING GENEROSITY, INSPIRING PARTICIPATION AND
PARTNERSHIP ACROSS OUR COMMUNITIES, AND IMPROVING THE QUALITY OF LIFE
FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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:
COLLABORATION AND PARTNERSHIPS ARE KEY TO MOVING DELAWARE COUNTY
FORWARD. BY FUNDING A BROAD RANGE OF STRONG DELAWARE COUNTY NONPROFIT
ORGANIZATIONS, THESE GRANTS ARE ACHIEVING POSITIVE OUTCOMES FOR
DELAWARE COUNTY'S CHILDREN, TEENS AND ADULTS.

THE FOUNDATION REMAINS DEVASTATED THAT, DESPITE THE EFFORTS OF MANY
PARTNERS, A DEAL COULD NOT BE REACHED TO SAVE THE CROZER HEALTH SYSTEM.
HEALTHCARE IN OUR COMMUNITY IS IN CRISIS, AND WE REMAIN UNWAVERING IN
OUR COMMITMENT TO ENSURE ACCESS TO QUALITY HEALTHCARE, PARTICULARLY IN
OUR MOST ECONOMICALLY CHALLENGED COMMUNITIES. AS PART OF OUR ONGOING
FIGHT TO PROTECT ACCESS TO ESSENTIAL HEALTHCARE SERVICES, THE
FOUNDATION FOR DELAWARE COUNTY INVESTED A \$20 MILLION LIFELINE TO KEEP
HOSPITALS OPEN DURING NEGOTIATIONS.

THE ABOVE GRANTS SUPPLEMENT \$852,357 IN DONOR ADVISED FUND
CONTRIBUTIONS, NON-PROFIT EVENT SPONSORSHIPS, SCHOLARSHIPS AND
CHARITABLE CARE, FOR A TOTAL OF \$22,124,357 AWARDED IN DELAWARE COUNTY
IN ONE YEAR AS SHOWN IN SCHEDULE I.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PREGNANCIES AND ENSURING FAMILIES ACCESS HEALTH CARE, CONNECT TO NEEDED
COMMUNITY RESOURCES AND BENEFITS, AND LEARN AND BUILD PARENTING SKILLS
TO GET THE BEST START IN LIFE. THESE PROGRAMS ARE DRIVING DOWN THE
INORDINATELY HIGH AND RACIALLY DISPARATE INFANT MORTALITY AND
MORBIDITY, AND LOW BIRTH WEIGHT RATES IN OUR COUNTY'S POORER
COMMUNITIES. RECENT RESEARCH SUGGESTS THAT SEVERAL FACTORS CONTRIBUTE
TO POOR BIRTH OUTCOMES. THESE INCLUDE WHERE A WOMAN LIVES, ADVERSE
CHILDHOOD EXPERIENCES AND TRAUMA, AND PRECONCEPTION CARE. BLACK WOMEN
WITH LESS THAN A HIGH SCHOOL DIPLOMA ARE PARTICULARLY AT RISK.
SEVERAL UNIQUE COMPONENTS OF THE PROGRAMS ARE LEADING TO IMPROVED
OUTCOMES.

WIDENER UNIVERSITY DELAWARE LAW SCHOOL MEDICAL-LEGAL PARTNERSHIP: THIS
IS A UNIQUE PARTNERSHIP BETWEEN HEALTHY START/NURSE-FAMILY PARTNERSHIP
AND WIDENER UNIVERSITY DELAWARE LAW SCHOOL. IT PROVIDES DIRECT CIVIL
LEGAL REPRESENTATION, SYSTEMIC ADVOCACY AND TRAINING TO SUPPORT PROGRAM
PARTICIPANTS, STAFF AND THE COMMUNITY.

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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.

DOULA PROGRAM: HEALTHY START OFFERS PROGRAM PARTICIPANTS BIRTH DOULAS TO HELP MITIGATE DISPARITIES AND REDUCE MATERNAL AND INFANT MORTALITY. BIRTH DOULAS WORK WITH FAMILIES PRENATALLY, DURING LABOR, AND IMMEDIATELY AFTER BIRTH PROVIDING EDUCATION, AND EMOTIONAL AND PHYSICAL SUPPORT.

MOVING BEYOND DEPRESSION: THIS IS AN EVIDENCE-BASED, IN-HOME TREATMENT FOR CLIENTS WITH MAJOR DEPRESSIVE DISORDER. NURSES AND CASE MANAGERS SCREEN CLIENTS FOR DEPRESSION DURING THE INTAKE PERIOD AND THROUGHOUT ENROLLMENT IN NURSE-FAMILY PARTNERSHIP AND HEALTHY START.

FATHERHOOD PROGRAM: INCLUDES CASUAL GATHERINGS, SUPPORT GROUPS, EDUCATIONAL PROGRAMMING, AND ONE-ON-ONE SESSIONS WITH THE FOUNDATION'S FATHERHOOD COORDINATOR. FATHERS ARE ASSESSED FOR SOCIAL DETERMINANTS OF HEALTH, REFERRED TO APPROPRIATE RESOURCES TO SUPPORT THEIR NEEDS, AND LEARN WHAT DADS EXPERIENCE DURING THE PREGNANCY PROCESS THROUGH THE CHILD'S BIRTH AND AFTER THE BABY IS BORN.

THE FOUNDATION OFFERS THE NURSE-FAMILY PARTNERSHIP (NFP) BECAUSE OVER THREE DECADES OF RESEARCH SHOWS THAT IT WORKS. IN AT LEAST ONE OF NFP'S RANDOMIZED RESEARCH TRIALS, THE FOLLOWING RESULTS HAVE BEEN OBSERVED:

- 48 PERCENT REDUCTION IN CHILD ABUSE AND NEGLECT;**
- 56 PERCENT REDUCTION IN EMERGENCY ROOM VISITS FOR ACCIDENTS AND POISONINGS;**
- 67 PERCENT REDUCTION IN BEHAVIORAL AND INTELLECTUAL PROBLEMS BY AGE 6.**

NFP ALSO SAVES MONEY. A STUDY BY THE RAND CORPORATION FOUND THAT \$5.70 IS RETURNED TO A COMMUNITY FOR EVERY DOLLAR IT INVESTS IN THE PROGRAM. THE THIRD PROGRAM, THE FOUNDATION'S WOMEN'S, INFANTS', AND CHILDREN'S SUPPLEMENTAL NUTRITION (WIC) PROGRAM PROVIDES NUTRITIOUS FOODS AND ENCOURAGES BREASTFEEDING TO OVER 9,500 LOW-INCOME WOMEN, INFANTS AND CHILDREN UP TO THE AGE OF 5 EACH YEAR IN DELAWARE COUNTY. NATIONWIDE, THE PROGRAM HAS DECREASED THE PERCENTAGE OF LOW-INCOME CHILDREN AGES 2-4 WITH OBESITY BY 9%, PROVIDES THE FOLLOWING CRITICAL SERVICES:

- ACCESS TO NUTRITIOUS FOODS**
- NUTRITION COUNSELING**
- BREASTFEEDING INFORMATION AND SUPPORT**
- HEALTH AND NUTRITION SCREENINGS**
- REFERRALS TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS**
- ACCESS TO THE FARMERS' MARKET NUTRITION PROGRAM (FMNP)**

THE FOURTH PROGRAM, THE FOUNDATION'S HOUSING OPPORTUNITIES PROGRAM FOR EQUITY (HOPE), PROMOTES HOUSING FAIRNESS, AFFORDABILITY, AND STABILITY THROUGH TARGETED SERVICES. PROGRAM SERVICES INCLUDE ADVOCACY RELATED TO HOUSING ISSUES, CASE MANAGEMENT, HOME PLACEMENT, TENANT RIGHTS EDUCATION, FINANCIAL LITERACY, REFERRAL SERVICES, AND DIRECT FINANCIAL RELIEF. HOPE ADVOCATES FOR EQUITABLE HOUSING. SAFE AND HABITABLE HOUSING PROMOTES GOOD HEALTH, INCREASES OPPORTUNITIES FOR EDUCATION AND EMPLOYMENT, DECREASES POVERTY CONCENTRATIONS, AND BREAKS DOWN GEOGRAPHIC RACIAL DIVIDES.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
BUSINESS TO OFFER A NONPROFIT MANAGEMENT CERTIFICATION PROGRAM TO AREA**

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NONPROFIT PROFESSIONALS. PARTICIPANTS ATTEND 10 SIX-HOUR SESSIONS IN ORDER TO COMPLETE THE CERTIFICATION.

- **RACIAL EQUITY LEARNING COLLABORATIVE: IS A GROUP OF NONPROFIT LEADERS WHO COLLABORATE, LEARN AND TAKE ACTION TOWARD ADVANCING RACIAL EQUITY. MEMBERS PARTICIPATE IN TRAININGS, WORKSHOPS, AND DISCUSSIONS TO INCREASE THEIR UNDERSTANDING OF RACIAL INEQUITIES WITHIN THEIR ORGANIZATION AND HOW THOSE INEQUITIES IMPACT THE POPULATION THEY SERVE.**
- **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:
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.**

**PART XII, LINE 2C
MANAGEMENT AND AUDIT COMMITTEE REVIEW AND APPROVE FINANCIAL STATEMENT
AUDIT**