

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR DELAWARE COUNTY Doing business as		D Employer identification number 22-2540853
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 EAST STATE STREET 304	E Telephone number (610) 744-1010	
	City or town, state or province, country, and ZIP or foreign postal code MEDIA, PA 19063-3434		G Gross receipts \$ 55257071.
	F Name and address of principal officer: FRANCES SHEEHAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: ▶ **WWW.DELCOFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1984** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION FOR DELAWARE COUNTY IS TO CREATE A VIBRANT FUTURE FOR DELAWARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	49
	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, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5857986.	6027519.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2287039.	3894341.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123339.	120498.
		8268364.	10042358.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1499617.	2016296.
	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)	4048399.	4598251.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 387602.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2018756.	1990651.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7566772.	8605198.	
19 Revenue less expenses. Subtract line 18 from line 12	701592.	1437160.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	63783231.	64935456.
	22 Net assets or fund balances. Subtract line 21 from line 20	1526692.	1436902.
		62256539.	63498554.

Part II Signature Block

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

Sign Here	▶ <u>Frances M. Sheehan</u> Signature of officer		November 10, 2020 Date		
	▶ FRANCES SHEEHAN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFFREY A KOWALCZYK CPA	JEFFREY A KOWALCZYK	10/14/20		P01563311
Firm's name ▶ BARBACANE, THORNTON & COMPANY LLP			Firm's EIN ▶ 51-0229493		
Firm's address ▶ 3411 SILVERSIDE ROAD, 200 SPRINGER BLDG WILMINGTON, DE 19810			Phone no. 302-478-8940		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION FOR DELAWARE COUNTY IS TO CREATE A VIBRANT FUTURE FOR DELAWARE COUNTY BY PROMOTING GENEROSITY IN AND FOR THE PEOPLE OF OUR COUNTY, IMPROVING THE WELLBEING OF OUR RESIDENTS, AND ENERGIZING PARTICIPATION AND PARTNERSHIP ACROSS OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 \$ 2016296. including grants of \$ 2016296.) (Revenue \$) GRANTMAKING: THE FOUNDATION FOR DELAWARE COUNTY, THE LARGEST CHARITABLE ORGANIZATION IN DELAWARE COUNTY, OPERATED SEVERAL GRANTMAKING PROGRAMS IN FY20. FIRST, THE FOUNDATION CONTINUED ITS ANNUAL COMPETITIVE IMPACT GRANTS PROGRAM, INFUSING THE DELAWARE COUNTY NONPROFIT COMMUNITY WITH VALUABLE NEW FINANCIAL RESOURCES TOTALING \$1,027,779. THE 44 GRANTS WERE AWARDED ACROSS 10 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.) ECONOMIC STABILITY (3 GRANTS); 2.) VOCATIONAL AND JOB TRAINING EDUCATION (5 GRANTS); 3.) EARLY CHILDHOOD EDUCATION (8 GRANTS); 4.) BEHAVIORAL HEALTH (3 GRANTS); 5.) CHILDREN'S HEALTH AND NUTRITION (8 GRANTS); 6.) SERVICES FOR CANCER SURVIVORS (2 GRANTS); 7.)

4b (Code:) (Expenses \$ 5388798. 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, SUBSTANCE USE AND THE SUCCESS OF TEENS. THESE PROGRAMS WORK TOGETHER AND COMPLEMENT EACH OTHER FOR GREATER IMPACT. OF PARTICULAR NOTE ARE THREE MATERNAL AND CHILD HEALTH PROGRAMS THAT SERVE MORE THAN 10,000 DELAWARE COUNTY RESIDENTS EACH YEAR:

HEALTHY START AND NURSE-FAMILY PARTNERSHIP ARE HOME VISITING PROGRAMS THAT PARTNER PREGNANT WOMEN, NEW MOTHERS AND YOUNG FAMILIES WITH CASE

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

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

4e Total program service expenses 7405094.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 47	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		70
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - (610)744-1010
200 EAST STATE STREET, NO. 304, MEDIA, PA 19063-3434

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANCES SHEEHAN PRESIDENT	40.00			X				202937.	0.	34131.
(19) LAURA DEFLAVIA CHIEF FINANCIAL OFFICER	40.00			X				138331.	0.	4842.
(20) JOANNE CRAIG VICE PRESIDENT FOR PROGRAM	40.00					X		139690.	0.	29464.
(21) ELLEN GRILL VP FOR ADV. & PHILANTHROPIC SVCS	40.00					X		119423.	0.	26026.
1b Subtotal								600381.	0.	94463.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								600381.	0.	94463.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDIA REAL ESTATE COMPANY 200 EAST BALTIMORE AVE., MEDIA, PA 19063	FACILITY RENTAL	178434.
CLIFTONLARSONALLEN LLP, 610 W. GERMANTOWN PIKE, STE. 400, PLYMOUTH MEETING, PA 19462	ACCOUNTING SERVICES	143577.

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 **2**

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	4560797.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1466722.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6027519.			
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)		1315380.			1315380.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	47743624			
			(ii) Other				
				45150896	13767.		
				2592728.	-13767.		
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)			2578961.	-13767.		2592728.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		132371.				
			50050.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			82321.			82321.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUES	Business Code	900999	38177.		38177.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			38177.			
12 Total revenue. See instructions			10042358.	-13767.	0.	4028606.	

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 ...	1830069.	1830069.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	186227.	186227.		
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	380241.	323884.	27145.	29212.
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	3219197.	2673347.	292314.	253536.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86083.	80288.	1145.	4650.
9 Other employee benefits	649627.	605901.	8638.	35088.
10 Payroll taxes	263103.	245394.	3498.	14211.
11 Fees for services (nonemployees):				
a Management				
b Legal	69780.	15249.	52765.	1766.
c Accounting	112271.	24535.	84894.	2842.
d 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.)	142588.	67870.	66856.	7862.
12 Advertising and promotion	98387.	82561.	3926.	11900.
13 Office expenses	88950.	48285.	32372.	8293.
14 Information technology	157198.	101315.	50213.	5670.
15 Royalties				
16 Occupancy	538063.	436879.	101184.	
17 Travel	31068.	28035.	1872.	1161.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31873.	21081.	10792.	
23 Insurance	54230.	6346.	47884.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COSTS	369074.	368611.	384.	79.
b SUPPLIES	119685.	109570.	10073.	42.
c STAFF DEVELOPMENT	95909.	77230.	7389.	11290.
d REPAIRS AND MAINTENANCE	33618.	32704.	914.	
e All other expenses	47957.	39713.	8244.	
25 Total functional expenses. Add lines 1 through 24e	8605198.	7405094.	812502.	387602.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	2178684.	1	2620273.
	2 Savings and temporary cash investments	75000.	2	50708.
	3 Pledges and grants receivable, net	563630.	3	680722.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any 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	106259.	9	141726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 600115.		
	b Less: accumulated depreciation	10b 373799.		
	11 Investments - publicly traded securities	58789811.	11	59223307.
	12 Investments - other securities. See Part IV, line 11	1795399.	12	1744320.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	209610.	15	248084.
16 Total assets. Add lines 1 through 15 (must equal line 33)	63783231.	16	64935456.	
Liabilities	17 Accounts payable and accrued expenses	820453.	17	598965.
	18 Grants payable	256000.	18	122780.
	19 Deferred revenue		19	106530.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. 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	183325.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	450239.	25	425302.
	26 Total liabilities. Add lines 17 through 25	1526692.	26	1436902.
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	55654684.	27	56688561.
	28 Net assets with donor restrictions	6601855.	28	6809993.
	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	62256539.	32	63498554.
33 Total liabilities and net assets/fund balances	63783231.	33	64935456.	

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	10042358.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8605198.
3	Revenue less expenses. Subtract line 2 from line 1	3	1437160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62256539.
5	Net unrealized gains (losses) on investments	5	-195145.
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	63498554.

Part XII Financial Statements and Reporting

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	967590.	17274782.	27994468.	5941986.	6027519.	58206345.
2 Tax revenues levied for the 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	967590.	17274782.	27994468.	5941986.	6027519.	58206345.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						58206345.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	967590.	17274782.	27994468.	5941986.	6027519.	58206345.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	745464.	1847740.	1037465.	1465935.	1315380.	6411984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					38177.	38177.
11 Total support. Add lines 7 through 10						64656506.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.02	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	89.87	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a 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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>2498840.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1357137.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>432092.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>136000.</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.)

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with questions 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures collections.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		35964.	13070.	22894.
d Equipment		564151.	360729.	203422.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				226316.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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	9847213.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-195145.	
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	-195145.	
3	Subtract line 2e from line 1		3	10042358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
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	10042358.

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	8605198.
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	8605198.
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	8605198.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GIRLS NIGHT OUT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	125563.			125563.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	125563.			125563.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	29500.			29500.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11643.			11643.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41143.
11 Net income summary. Subtract line 10 from line 3, column (d)				84420.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANDREW L. HICKS, JR. FOUNDATION P.O. BOX 177 DOWNTOWN, PA 19335	27-3283954	501 (C)(3) PUBLIC CH	10000.	0.			PROVIDE BOXES OF PRODUCE AND DAIRY PRODUCTS TO CHESTER, CHESTER TOWNSHIP AND UPLAND AREA RESIDENTS
ANNA'S PLACE 226 NORRIS STREET CHESTER, PA 19013	23-2784568	501 (C)(3) PUBLIC CH	7000.	0.			PROVIDE GIFT CARDS TO GROCERY STORES FOR SENIORS WITH HOUSING INSECURITIES AND THOSE
BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH ST. CHESTER, PA 19013	23-1490049	501 (C)(3) PUBLIC CH	10155.	0.			PROVIDE GIFT CARDS TO GROCERY STORES FOR FOOD-INSECURE FAMILIES SERVED BY THE CLUB AND
BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH ST. CHESTER, PA 19013	23-1490049	501 (C)(3) PUBLIC CH	10024.	0.			FOR COVID-19 SUMMER CAMP PREPARATION TO PROVIDE CHILDCARE AS PARENTS TRANSITION BACK TO WORK
BOYS AND GIRLS CLUB OF CHESTER 201 E. 7TH ST. CHESTER, PA 19013	23-1490049	501 (C)(3) PUBLIC CH	10000.	0.			SUPPORTING THE HEALTHY CHOICE-HEALTHY YOU PROGRAM PROMOTING HEALTHY NUTRITION AND EXERCISE AS
BREATHING ROOM FOUNDATION 600 WEST AVENUE P.O. BOX 287 JENKINTOWN, PA 19046	23-2916337	501 (C)(3) PUBLIC CH	6000.	0.			PROVIDE DELAWARE COUNTY CANCER PATIENTS TRANSPORTATION TO TREATMENT, CARE PACKETS

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

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRINGING HOPE HOME 641 SWEDESFORD ROAD MALVERN, PA 19355	26-1222985	501 (C)(3) PUBLI	10000.	0.			IMPROVING THE WELL-BEING OF THOSE IMPACTED BY CANCER IN DELAWARE COUNTY
BYWOOD COMMUNITY ASSOCIATION 7099 LOCUST STREET UPPER DARBY, PA 19082	82-5097219	501 (C)(3) PUBLI	5000.	0.			PROVIDE FOOD AND EMERGENCY SUPPLIES TO THE IMMIGRANT COMMUNITY IN THE UPPER DARBY AREA
CAREER WARDROBE 1822 SPRING GARDEN ST. 3RD FLOOR PHILADELPHIA, PA 19130	23-2900156	501 (C)(3) PUBLI	15000.	0.			PROVIDE FREE PROFESSIONAL ATTIRE FOR RESIDENTS TO OBTAIN AND MAINTAIN EMPLOYMENT
CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH STREET MEDIA, PA 19063	23-1901080	501 (C)(3) PUBLI	10000.	0.			PURCHASE GIFT CARDS FOR GROCERIES AND EMERGENCY TRANSPORTATION, DIAPERS, BABY WIPES AND FORMULA AS
CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013	20-3297449	501 (C)(3) PUBLI	25000.	0.			OFFER INTENSIVE EARLY LITERACY INTERVENTION AND PROVIDE EDUCATIONAL EXPERIENCES TO ESURE
CCSA FOUNDATION 1500 HIGHLAND AVENUE CHESTER, PA 19013	20-3297449	501 (C)(3) PUBLI	5000.	0.			DONOR ADVISED FUND CONTRIBUTION
CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 100 WEST 15TH STREET - CHESTER, PA 19013	23-1365321	501 (C)(3) PUBLI	5000.	0.			PROVIDE TRANSPORTATION SERVICES FOR THE BLIND AND VISUALLY IMPAIRED THAT NEED HELP WITH
CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022	23-7354899	501 (C)(3) PUBLI	60000.	0.			SUPPORTING THE FEDERALLY QUALIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT
CHESTER COMMUNITY IMPROVEMENT PROJECT - 412 AVENUE OF THE STATES - CHESTER, PA 19013	23-2049457	501 (C)(3) PUBLI	10000.	0.			PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER EASTSIDE, INC. PO BOX 36 CHESTER, PA 19016	46-5439442	501 (C)(3) PUBLI	7000.	0.			PURCHASE FOOD AND ESSENTIAL ITEMS TO MAINTAIN SERVICE DELIVERY FOR THEIR PANTRY
CHESTER EDUCATION FOUNDATION 419 AVENUE OF THE STATES SUITE 700 CHESTER, PA 19013	23-2576096	501 (C)(3) PUBLI	50000.	0.			SUPPORTING THE MARIE AND CYNTHIA JETTER CENTER FOR COLLEGE ACCESS AND CAREER SERVICES FOR STUDENTS IN
CHESTER HOUSING INITIATIVE, INC. 1111 AVENUE OF THE STATES CHESTER, PA 19013	30-0183443	501 (C)(3) PUBLI	30800.	0.			PROVIDE BOXES OF PRODUCE FOR DISTRIBUTION TO CHESTER HOUSING AUTHORITY RESIDENTS IN NEED
CHESTER HOUSING INITIATIVE, INC. 1111 AVENUE OF THE STATES CHESTER, PA 19013	30-0183443	501 (C)(3) PUBLI	20000.	0.			FOR LOW-INCOME CHILDREN AND THEIR FAMILIES TO LEARN TO GROW AND COOK WITH NUTRIENT-RICH
CHESTER UPLAND YOUTH SOCCER 311 E. BALTIMORE AVE. MEDIA, PA 19063	56-2564695	501 (C)(3) PUBLI	15000.	0.			DEVELOP HEALTHY ACTIVITY HABITS FOR OVER 450+ STUDETNS LIVING IN THE CHESTER-UPLAND SCHOOL
CHILD GUIDANCE RESOURCE CENTERS 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501 (C)(3) PUBLI	30628.	0.			PROFESSIONAL DEVELOPMENT OF BEHAVIORAL HEALTH CLINICIANS SERVING CHILDREN AND TEENS
CHILD GUIDANCE RESOURCE CENTERS 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501 (C)(3) PUBLI	13000.	0.			FOR PPE, CLEANING SUPPLIES AND PROFESSIONAL CLEANING FOR THEIR COMMUNITY RESIDENTIAL
CITYTEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501 (C)(3) PUBLI	15000.	0.			PROVIDE FOOD STABILITY AND HOUSING SECURITY FOR FAMILIES AND INDIVIDUALS ACROSS DELAWARE COUNTY
CITYTEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501 (C)(3) PUBLI	10000.	0.			DISTRIBUTE EMERGENCY FOOD BOXES, DIAPERS AND FORMULA TO GUESTS IN NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARIFI 1635 MARKET ST. SUITE 510 PHILADELPHIA, PA 19103	23-1671903	501 (C)(3) PUBLI	10000.	0.			PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A
COLLEGE POSSIBLE PHILADELPHIA 2000 HAMILTON STREET SUITE 303 PHILADELPHIA, PA 19130	41-1968798	501 (C)(3) PUBLI	35000.	0.			COLLEGE ACCESS SERVICES FOR HIGH SCHOOL JUNIORS AND SENIORS IN THE PENN WOOD AND UPPER DARBY
COMMUNITY ACTION OF DELAWARE COUNTY INC. - 1414 MEETINGHOUSE ROAD - BOOTHWYN, PA 19061	23-2142644	501 (C)(3) PUBLI	10000.	0.			FOR HOMELESSNESS SERVICES THAT INCLUDE PROVIDING EMERGENCY HOTEL PLACEMENTS FOR HOMELESS
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501 (C)(3) PUBLI	20000.	0.			PROVIDE DENTAL SERVICES AT SURREY SERVICES FOR DELAWARE COUNTY SENIORS
COMMUNITY YMCA OF EASTERN DELAWARE COUNTY - 2104 GARRETT ROAD - LANSLOWNE, PA 19050	23-1614045	501 (C)(3) PUBLI	25000.	0.			SUPPORTING EARLY CHILDHOOD EDUCATION
COMMUNITY YMCA OF EASTERN DELAWARE COUNTY - 2104 GARRETT ROAD - LANSLOWNE, PA 19050	23-1614045	501 (C)(3) PUBLI	11210.	0.			FOR CLEANING SUPPLIES, A DECONTAMINATION UNIT AND STAFF TRAINING AROUND BEST PRACTICES IN
DELAWARE COUNTY COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 901 SOUTH MEDIA LINE ROAD - MEDIA, PA 19063	23-2143790	501 (C)(3) PUBLI	20000.	0.			ADDRESS FOOD INSECURITY AND PROVIDE ACCESS TO SOCIAL SERVICES FOR VULNERABLE STUDENTS
DELAWARE COUNTY COMMUNITY COLLEGE EDUCATIONAL FOUNDATION	23-2143790	501 (C)(3) PUBLI	5000.	0.			SCHOLARSHIP
DELAWARE COUNTY LITERACY COUNCIL 2217 PROVIDENCE AVE. CHESTER, PA 19013	23-7423599	501 (C)(3) PUBLI	25000.	0.			INTEGRATED EDUCATION AND TRAINING FOR IMMIGRANTS IN DELAWARE COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE COUNTY MEDICAL SOCIETY 1029 NORTH PROVIDENCE ROAD MEDIA, PA 19063	23-6416021	501 (C)(6) BUSIN	17500.	0.			DONATION
DELAWARE VALLEY ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (FIRST UP) - 1608 WALNUT STREET SUITE 300 - PHILADELPHIA, PA 19103	23-6438144	501 (C)(3) PUBLI	15000.	0.			SUPPORTING THE EARLY CHILDHOOD EDUCATION APPRENTICESHIP PROGRAM TO TRAIN CHILDCARE WORKERS
DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC. - 14 WEST SECOND STREET - MEDIA, PA 19063	23-2053144	501 (C)(3) PUBLI	30000.	0.			TO SUPPORT AN IT CAPACITY BUILDING PROJECT SO THAT THEY CAN SERVE ADDITIONAL DOMESTIC VIOLENCE VICTIMS
DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC. - 14 WEST SECOND STREET - MEDIA, PA 19063	23-2053144	501 (C)(3) PUBLI	10000.	0.			TO SUPPORT THE CONTINUATION OF SERVICES, INCLUDING TELEPHONE CRISIS COUNSELING, TO
DREXEL NEUMANN ACADEMY 1901 POTTER STREET CHESTER, PA 19013	20-8083164	501 (C)(3) SCHOO	10000.	0.			PROVIDE GIFT CARDS TO GROCERY STORES FOR FOOD-INSECURE FAMILIES IN CHESTER AFFECTED BY THE
EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA - 3975 CONSHOCKEN AVE. - PHILADELPHIA, PA 19131	23-1352293	501 (C)(3) PUBLI	20000.	0.			SUPPORTING EARLY CHILDHOOD EDUCATION AND THERAPEUTIC SERVICES FOR CHILDREN AND FAMILIES
EPISCOPAL COMMUNITY SERVICES 225 SOUTH 3RD ST. PHILADELPHIA, PA 19106	23-1352290	501 (C)(3) PUBLI	15000.	0.			PROVIDE HIGH-QUALITY EARLY CHILDHOOD EDUCATION IN AFTER SCHOOL PROGRAMMING AT PARK LANE
FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 600 N. OLIVE STREET - MEDIA, PA 19063	23-1282405	501 (C)(3) PUBLI	30628.	0.			INCREASE CAPACITY, ACCESS, AND SUSTAINABILITY OF BEHAVIORAL HEALTH
FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY - 600 N. OLIVE STREET - MEDIA, PA 19063	23-1282405	501 (C)(3) PUBLI	10000.	0.			FOR 14 FOOD PANTRIES TO PROVIDE HOME DELIVERY OF FOOD BOXES TO LOW-INCOME HOUSEHOLDS IN THE COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC. - 100 WEST 6TH ST. - MEDIA, PA 19063	23-2528819	501 (C)(3) PUBLI	7500.	0.			TO SUPPLEMENT TECHNOLOGY NEEDS SO THAT FORENSIC AND CLINICAL STAFF CAN CONTINUE TO PROVIDE
GIRLS NIGHT OUT 200 E. STATE ST. SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	10000.	0.			SUPPORT FOR WOMEN HELPING WOMEN WITH CANCER FUND
GIRLS ON THE RUN OF MONTGOMERY AND DELAWARE COUNTIES - P.O. BOX 502 - AMBLER, PA 19002	46-3078645	501 (C)(3) PUBLI	5000.	0.			SUPPORTING THE EMOTIONAL AND PHYSICAL HEALTH OF GIRLS AGES 8-14 IN DELAWARE COUNTY
INDIVIDUALS AIDING IN EMERGENCY FOUNDATION - 2545 MARKET STREET - ASTON, PA 19014	82-3335382	501 (C)(3) PUBLI	5000.	0.			TO PARTNER WITH DELAWARE COUNTY EMERGENCY SERVICES AND COLLECT ESSENTIAL PRODUCTS NEEDED SUCH AS
IRISH IMMIGRANT CENTER 1001 DARBY ROAD HAVERTOWN, PA 19083	73-1649522	501 (C)(3) PUBLI	5820.	0.			PROVIDE FOOD AND CLEANING SUPPLIES FOR IMMIGRANTS WHO ARE NOT ELIGIBLE FOR GOVERNMENT ASSISTANCE
J. LEWIS CROZER LIBRARY 620 ENGLE STREET CHESTER, PA 19013	23-1352105	501 (C)(3) PUBLI	20000.	0.			IMPROVING READING LEVELS AND PROVIDE DIRECT SUPPORT FOR EARLY CHILDHOOD LEARNERS IN
JEWISH RELIEF AGENCY 225 E. CITY AVE. SUITE 210 BALA CYNWYD, PA 19004	26-2578017	501 (C)(3) PUBLI	5000.	0.			BOXES OF FOOD AND HYGIENE PRODUCTS TO BE DELIVERED TO FOOD-INSECURE FAMILIES LIVING IN DELAWARE COUNTY
KIDS SMILES 3751 ISLAND AVE. PHILADELPHIA, PA 19153	30-0249717	501 (C)(3) PUBLI	25000.	0.			PROVIDING OUTREACH TO OVER 5,000 DELAWARE COUNTY CHILDREN IN NEED OF DENTAL CARE
KISSES FOR KYLE FOUNDATION 3959 WELSH ROAD SUITE 315 WILLOW GROVE, PA 19090	23-3065860	501 (C)(3) PUBLI	5000.	0.			GIFT CARDS TO GROCERY STORES AND ESSENTIAL SUPPLIES FOR FAMILIES IN DELAWARE COUNTY BATTLING

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LANDMARK COLLEGE, INC. 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501 (C)(3) SCHO	15000.	0.			DONOR ADVISED FUND CONTRIBUTION
LANSLOWNE ECONOMIC DEVELOPMENT CORP. - 32 E. BALTIMORE PIKE - LANSLOWNE, PA 19050	23-2976596	501 (C)(3) PUBLI	35000.	0.			ENHANCE WORKFORCE DEVELOPMENT THROUGH ENTREPRENEURIAL INNOVATION
MAIN LINE HEALTH HOMECARE & HOSPICE FOUNDATION - 240 NORTH RADNOR CHESTER RD. - RADNOR, PA 19087	23-2306936	501 (C)(3) PUBLI	20000.	0.			TO SUPPORT AND IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN DELAWARE COUNTY
MAKING A CHANGE GROUP P.O. BOX 115 CHESTER, PA 19016	80-0779697	501 (C)(3) PUBLI	10000.	0.			TO DELIVER FOOD AND ESSENTIAL SUPPLIES TO FOOD-INSECURE FAMILIES IN CHESTER
MEDIA FELLOWSHIP HOUSE 302 S. JACKSON STREET MEDIA, PA 19063	23-1529964	501 (C)(3) PUBLI	10000.	0.			PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A
MENTAL HEALTH PARTNERSHIPS 1211 CHESTNUT STREET SUITE 1100 PHILADELPHIA, PA 19107	23-1425035	501 (C)(3) PUBLI	10000.	0.			PURCHASE OF PPE FOR STAFF AT THEIR UPPER DARBY EMERGENCY SHELTER WHICH SUPPORTS PEOPLE WHO HAVE
MERCY HOME HEALTH 1001 BALTIMORE PIKE STE 210 SPRINGFIELD, PA 19064	23-1352099	501 (C)(3) PUBLI	30000.	0.			TO SUPPORT AN IMPROVE ACCESS TO HOSPICE AND HOMECARE SERVICES IN DELAWARE COUNTY
MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082	45-0523976	501 (C)(3) PUBLI	18000.	0.			SUPPORTING THEIR COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND
MULTICULTURAL COMMUNITY FAMILY SERVICES - 7016 TERMINAL SQUARE SUITE 1A - UPPER DARBY, PA 19082	45-0523976	501 (C)(3) PUBLI	10161.	0.			PURCHASE CULTURALLY ETHNIC FOOD AND ESSENTIAL ITEMS FOR SENIORS IN NEED AND TO PURCHASE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PHILABUNDANCE 3616 S. GALLOWAY ST. PHILADELPHIA, PA 19148	23-2290505	501 (C)(3) PUBLI	5000.	0.			TO PREPARE PRE-ASSEMBLED MEAL BOXES, THAT CAN EACH PROVIDE UP TO FOUR MEALS FOR A FAMILY OF FOUR,
PHILADELPHIA COUNTY MEDICAL SOCIETY - 2100 SPRING GARDEN ST. 2ND FLOOR - PHILADELPHIA, PA 19504	23-6397794	501 (C)(3) PUBLI	30800.	0.			FOR SUPPORT GROUPS DESIGNED TO PROVIDE UNITY, SOLIDARITY AND EMOTIONAL SUPPORT TO
PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE ST. SUITE 250 CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3) PUBLI	25000.	0.			LIVESTRONG CANCER SURVIVOR PROGRAM AT THE YMCA ROCKY RUN SITE IN MEDIA, PA
PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE ST. SUITE 250 CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3) PUBLI	5000.	0.			TO AID THE ROCKY RUN AND HAVERFORD YMCA EARLY LEARNING CENTERS IN PROVIDING CHILDCARE AND
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501 (C)(3) PUBLI	10000.	0.			PROVIDING HIGH-QUALITY REPRODUCTIVE HEALTH SERVICES TO LOW-INCOME RESIDENTS IN DELAWARE
PROVIDENCE ANIMAL CENTER 555 SANDY BANK RD. MEDIA, PA 19063	23-1440112	501 (C)(3) PUBLI	20000.	0.			DONOR ADVISED FUND CONTRIBUTION
PUBLIC CITIZENS FOR CHILDREN AND YOUTH - 990 SPRING GARDEN ST. STE 200 - PHILADELPHIA, PA 19123	23-2137461	501 (C)(3) PUBLI	42523.	0.			TO ADDRESS AND ADVOCATE FOR LEAD SCREENING AND ORAL CARE FOR LOW-INCOME CHILDREN IN DELAWARE
RIDDLE HEALTHCARE FOUNDATION 1068 WEST BALTIMORE PIKE MEDIA, PA 19063	04-3601189	501 (C)(3) PUBLI	6928.	0.			LUNG CANCER PREVENTION
RIDLEY SCHOOL DISTRICT 901 MORTON AVE. SUITE 100 FOLSOM, PA 19033	23-1668220	SCHOOL DISTRICT	10000.	0.			TO PROVIDE "GRAB AND GO" BREAKFAST AND LUNCH ITEMS FOR STUDENTS

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RIVERFRONT ALLIANCE OF DELAWARE COUNTY - 1 FOURTH STREET PO BOX 782 - CHESTER, PA 19016	23-2843207	501 (C)(3) PUBLI	20000.	0.			TO STABILIZE THE HOUSING STOCK IN THE CITY OF CHESTER BY ASSISTING LOW-INCOME HOMEOWNERS
SAINT KATHARINE DREXEL FOOD PANTRY 1920 PROVIDENCE AVE. CHESTER, PA 19013	23-1429850	501 (C)(3) PUBLI	10000.	0.			TO PROVIDE FOOD FOR CHESTER CITY RESIDENTS LIVING IN A DESIGNATED REGION
SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033	23-2036247	501 (C)(3) PUBLI	40000.	0.			TO PROVIDE HOME-DELIVERED MEALS, HELPING TO ADDRESS FOOD INSECURITY AMONG FRAIL, ELDERLY PEOPLE IN
SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVEUNE FOLSOM, PA 19033	23-2036247	501 (C)(3) PUBLI	10000.	0.			FOR THEIR HOME DELIVERED MEAL PROGRAM
SENIORLAW CENTER 1500 JFK BLVD. SUITE 1501 PHILADELPHIA, PA 19102	23-2169936	501 (C)(3) PUBLI	5000.	0.			PROVIDE FREE LEGAL ADVICE TO SENIORS TO PREVENT ILLEGAL EVICTIONS, FORECLOSURES, ABUSE,
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - 601 WESTTOWN ROAD SUITE 281 - WEST CHESTER, PA 19380	52-1067290	501 (C)(3) PUBLI	5000.	0.			TO DEVELOP AND COMMUNICATE CRITICAL TRAINING ON RESILIENCE AND RECOVERY PLANS FOR
SURREY SENIOR SERVICES 60 SURREY WAY DEVON, PA 19333	23-2610145	501 (C)(3) PUBLI	30000.	0.			TO SUPPORT HEALTH AND WELLNESS ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND
THE COMMUNITIES OF DON GUANELLA AND DIVINE PROVIDENCE - 20 EAST CLEVELAND AVE. - NORWOOD, PA 19074	23-2313873	501 (C)(3) PUBLI	10000.	0.			PURCHASE OF PPE TO CONTINUE TO SERVE INDIVIDUAL WITH INTELLECTUAL DISABILITIES
THE COMMUNITY'S FOUNDATION 900 W. SPROUL ROAD SUITE 101 SPRINGFIELD, PA 19064	23-2354770	501 (C)(3) PUBLI	50000.	0.			TO PROVIDE COMMUNITY-BASED GRANTS UNDER \$5,000 TO NONPROFITS SERVING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ELWYN FOUNDATION 111 ELWYN ROAD MEDIA, PA 19063	20-1915642	501 (C)(3) PUBLI	20000.	0.			BUILDING THE CAPACITY OF EARLY CHILDHOOD PROGRAMS, INCLUDING SUPPORT TO IMPROVE THE
THE ELWYN FOUNDATION 111 ELWYN ROAD MEDIA, PA 19063	20-1915642	501 (C)(3) PUBLI	10000.	0.			PROVIDE PPE FOR STAFF THAT SUPPORTS INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL
THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	100000.	0.			TO ESTABLISH THE DELAWARE COUNTY COVID-19 RESPONSE FUND
THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	10000.	0.			DONOR ADVISED FUND CONTRIBUTION TO THE DELAWARE COUNTY COVID-19 RESPONSE FUND
THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	10000.	0.			CONTRIBUTION TO THE DELCO COUNTS 2020 ACTION FUND
THE FOUNDATION FOR DELAWARE COUNTY 200 E. STATE ST. SUITE 304 MEDIA, PA 19063	22-2540853	501 (C)(3) PUBLI	5000.	0.			DONOR ADVISED FUND CONTRIBUTION TO TFDC'S ANNUAL APPEAL
THE LIBRARY FOUNDATION OF DELAWARE COUNTY - 340 N. MIDDLETOWN ROAD BUILDING 19 - MEDIA, PA 19063	27-2789554	501 (C)(3) PUBLI	5000.	0.			PROVIDE YARD SIGNS, BOOKMARKS, POSTERS AND INFORMATION SHEETS TO 28 LIBRARIES IN DELAWARE
THE NILE SWIM CLUB OF YEADON 513 S. UNION AVE. YEADON, PA 19050	23-1548879	501 (C)(3) PUBLI	7000.	0.			FOR COVID-19 PREPARATION TO PROVIDE IN-PERSON DAILY PROGRAMMING FOR SUMMER CAMPS IN DELAWARE
THE SALVATION ARMY 701 NORTH BROAD STREET PHILADELPHIA, PA 19123	13-5562351	501 (C)(3) PUBLI	10000.	0.			TO DISTRIBUTE FOOD BOXES AND ESSENTIAL SUPPLIES SUCH AS SANITIZERS, UTENSILS, MASKS, AND MORE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOOL OF PARENT EDUCATION 1500 JFK BLVD. SUITE 1410 PHILADELPHIA, PA 19102	46-1708048	501 (C)(3) PUBLI	10000.	0.			TO PROVIDE OUTREACH AND EDUCATION TO FATHERS, ENCOURAGING THE ENTIRE FAMILY'S INVOLVEMENT IN
THE URBAN LEAGUE OF PHILADELPHIA 121 S. BROAD ST. 6TH FLOOR PHILADELPHIA, PA 19107	23-1429810	501 (C)(3) PUBLI	20000.	0.			PROVIDING TESTING, EMERGENCY HYGIENE KITS AND INFORMATION TO THE AFRICAN AMERICAN
THE URBAN LEAGUE OF PHILADELPHIA 121 S. BROAD ST. 6TH FLOOR PHILADELPHIA, PA 19107	23-1429810	501 (C)(3) PUBLI	10000.	0.			SECURE CENSUS COMPLETION PLEDGE CARDS WITH RESIDENTS TRAINED AS "AMBASSADOR ADVOCATES"
THRESHOLDS IN DELAWARE COUNTY P.O. BOX 114 THORNTON, PA 19373	23-1980192	501 (C)(3) PUBLI	5000.	0.			TO PREVENT VIOLENCE AND ENHANCE PROBLEM-SOLVING BY PROVIDING EDUCATION ON DECISION MAKING FOR
TRANSFORMATION YOGA PROJECT P.O. BOX 762 KENNETT SQUARE, PA 19348	46-4589234	501 (C)(3) PUBLI	12000.	0.			SUPPORTING BEHAVIORAL HEALTH SERVICES FOR YOUTH IN THE LIMA DETENTION CENTER
UPPER DARBY COMMUNITY OUTREACH CORPORATION - 7240 WALNUT STREET - UPPER DARBY, PA 19082	03-0421571	501 (C)(3) PUBLI	25000.	0.			STRENGTHEN EARLY CHILDHOOD DEVELOPMENT AND ENGLISH AS A SECOND LANGUAGE FOR ADULT
WAYNE SENIOR CENTER 108 STATION ROAD WAYNE, PA 19087	23-2146857	501 (C)(3) PUBLI	10000.	0.			ENSURING THAT VULNERABLE SENIORS HAVE ACCESS TO THE INFORMATION AND RESOURCES NECESSARY TO
WAYNE SENIOR CENTER 108 STATION ROAD WAYNE, PA 19087	23-2146857	501 (C)(3) PUBLI	5000.	0.			PURCHASE FOOD AND SUPPLIES FOR SUPPLEMENTAL NUTRITION PACKS FOR AT RISK SENIORS
WHYY, INC. 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	23-1438083	501 (C)(3) PUBLI	5000.	0.			EDUCATE THEIR AUDIENCES ABOUT THE 2020 CENSUS THROUGH A CENSUS DEDICATED LANDING PAGE,

Schedule I (Form 990)

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	186	157327.	28900.	ACTUAL AMOUNT PAID	NONCASH ASSISTANCE CONSISTS OF GIFT CARDS PROVIDED TO INDIVIDUALS AND BILLS PAID ON BEHALF OF INDIVIDUALS.

Part IV Supplemental Information. Provide the information 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: ANNA'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GIFT CARDS TO GROCERY STORES FOR SENIORS WITH HOUSING INSECURITIES AND THOSE SUFFERING FROM MENTAL ILLNESS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GIFT CARDS TO GROCERY STORES FOR FOOD-INSECURE FAMILIES SERVED BY THE CLUB AND AFFECTED BY THE

Part IV Supplemental Information

COVID-19 PANDEMIC

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

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

CHOICE-HEALTHY YOU PROGRAM PROMOTING HEALTHY NUTRITION AND EXERCISE AS
ALTERNATIVES TO DRUGS

NAME OF ORGANIZATION OR GOVERNMENT: BREATHING ROOM FOUNDATION

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

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

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

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

AND EMERGENCY TRANSPORTATION, DIAPERS, BABY WIPES AND FORMULA AS WELL AS
CLEANING SUPPLIES FOR CASA CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CCSA FOUNDATION

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

INTERVENTION AND PROVIDE EDUCATIONAL EXPERIENCES TO ESURE SUCCESS BEYOND
HIGH SCHOOL FOR CHESTER STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR THE BLIND AND VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TRANSPORTATION SERVICES FOR
THE BLIND AND VISUALLY IMPAIRED THAT NEED HELP WITH GROCERY SHOPPING,
BANKING, PRESCRIPTIONS, AND NECESSARY MEDICAL APPOINTMENTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHESPENN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE FEDERALLY QUALIFIED HEALTH CENTER'S COMPLEX CARE PROGRAM, WHICH WORKS TO PREVENT HEALTH DETERIORATION AND MULTIPLE IN-PATIENT OR EMERGENCY ROOM VISITS

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER COMMUNITY IMPROVEMENT PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE MARIE AND CYNTHIA JETTER CENTER FOR COLLEGE ACCESS AND CAREER SERVICES FOR STUDENTS IN THE CHESTER UPLAND SCHOOL DISTRICT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LOW-INCOME CHILDREN AND THEIR FAMILIES TO LEARN TO GROW AND COOK WITH NUTRIENT-RICH PRODUCE AT RUTH BENNETT COMMUNITY FARM

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER UPLAND YOUTH SOCCER

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP HEALTHY ACTIVITY HABITS FOR OVER 450+ STUDETNS LIVING IN THE CHESTER-UPLAND SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: CHILD GUIDANCE RESOURCE CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT OF BEHAVIORAL HEALTH CLINICIANS SERVING CHILDREN AND TEENS THROUGHOUT DELAWARE COUNTY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHILD GUIDANCE RESOURCE CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PPE, CLEANING SUPPLIES AND PROFESSIONAL CLEANING FOR THEIR COMMUNITY RESIDENTIAL REHABILITATION PROGRAM FOR ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: CLARIFI

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE POSSIBLE PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE ACCESS SERVICES FOR HIGH SCHOOL JUNIORS AND SENIORS IN THE PENN WOOD AND UPPER DARBY SCHOOL DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF DELAWARE COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HOMELESSNESS SERVICES THAT INCLUDE PROVIDING EMERGENCY HOTEL PLACEMENTS FOR HOMELESS RESIDENTS, FOOD AND ESSENTIAL SUPPLIES IN HOMELESS SHELTERS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY YMCA OF EASTERN DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLEANING SUPPLIES, A DECONTAMINATION UNIT AND STAFF TRAINING AROUND BEST PRACTICES IN CHILDCARE AND CDC AND DOH GUIDANCE FOR SOCIAL DISTANCING AND CLEANING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

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

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

EDUCATION APPRENTICESHIP PROGRAM TO TRAIN CHILDCARE WORKERS IN DELAWARE

COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUATION OF

SERVICES, INCLUDING TELEPHONE CRISIS COUNSELING, TO SURVIVORS OF DOMESTIC

VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: DREXEL NEUMANN ACADEMY

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

FOR FOOD-INSECURE FAMILIES IN CHESTER AFFECTED BY THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA

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

AND THERAPEUTIC SERVICES FOR CHILDREN AND FAMILIES WITH DISABILITIES OR

WHO ARE AT-RISK FOR DEVELOPMENTAL DELAYS

NAME OF ORGANIZATION OR GOVERNMENT: EPISCOPAL COMMUNITY SERVICES

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

EDUCATION IN AFTER SCHOOL PROGRAMMING AT PARK LANE ELEMENTARY SCHOOL IN

DARBY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE CAPACITY, ACCESS, AND SUSTAINABILITY OF BEHAVIORAL HEALTH SERVICES FOR VULNERABLE CLIENTS IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY AND COMMUNITY SERVICE OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 14 FOOD PANTRIES TO PROVIDE HOME DELIVERY OF FOOD BOXES TO LOW-INCOME HOUSEHOLDS IN THE COUNTY THAT ARE QUARANTINED DUE TO COVID-19 SYMPTOMS AND RESIDENTS WITH UNDERLYING HEALTH CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT TECHNOLOGY NEEDS SO THAT FORENSIC AND CLINICAL STAFF CAN CONTINUE TO PROVIDE SUPPORT TO CHILD VICTIMS OF SEXUAL ABUSE AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

INDIVIDUALS AIDING IN EMERGENCY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH DELAWARE COUNTY EMERGENCY SERVICES AND COLLECT ESSENTIAL PRODUCTS NEEDED SUCH AS FACE MASKS, GLOVES, DISINFECTANT CLEANING SUPPLIES, CARE KITS THAT INCLUDE BASIC HYGIENE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: J. LEWIS CROZER LIBRARY

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KISSES FOR KYLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GIFT CARDS TO GROCERY STORES AND ESSENTIAL SUPPLIES FOR FAMILIES IN DELAWARE COUNTY BATTLING PEDIATRIC CANCER

NAME OF ORGANIZATION OR GOVERNMENT: MEDIA FELLOWSHIP HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY FINANCIAL COUNSELING TO FAMILIES EXPERIENCING FINANCIAL HARDSHIP AS A RESULT OF COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF PPE FOR STAFF AT THEIR UPPER DARBY EMERGENCY SHELTER WHICH SUPPORTS PEOPLE WHO HAVE MENTAL ILLNESS, ARE HOMELESS OR AT RISK FOR HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT:

MULTICULTURAL COMMUNITY FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THEIR COMMUNITY HEALTH CONNECTORS PROGRAM SERVING LOW-INCOME AND DISENGAGED IMMIGRANT SENIORS IN DELAWARE COUNTY WITH A MULTI-LEVEL AND CROSS-SECTOR APPROACH

NAME OF ORGANIZATION OR GOVERNMENT:

MULTICULTURAL COMMUNITY FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE CULTURALLY ETHNIC FOOD AND ESSENTIAL ITEMS FOR SENIORS IN NEED AND TO PURCHASE SUPPLEMENTAL FORMULA AND WIPES FOR FAMILIES WITH CHILDREN YOUNGER THAN ONE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NATIONALITIES SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FINANCIAL ASSISTANCE FOR IMMIGRANTS WHO HAVE LOST THEIR HOMES, INCOME, AND/OR EMPLOYMENT DUE TO THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING THEIR FOCUS ON EDUCATION, LITERACY AND EARLY CHILDHOOD DEVELOPMENT IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBOR TO NEIGHBOR COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: ESSENTIAL SUPPLIES TO DELIVER FOOD TO LOW-INCOME RESIDENTS IN THE SHARON HILL AND DARBY TOWNSHIP AREA

NAME OF ORGANIZATION OR GOVERNMENT: PENNSYLVANIA HEALTH ACCESS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATING FOR AND IMPROVING THE MEDIAL ASSISTANCE TRANSPORTATION PROGRAM FOR CHILDREN AND PARENTS ON MEDICAID

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE FOR INCREASED STATE FUNDING FOR EVIDENCE-BASED HOME VISITING SERVICES THAT IMPROVE CHILDREN'S HEALTH AND DEVELOPMENT FROM PREGNANCY THROUGH THE EARLY YEARS

NAME OF ORGANIZATION OR GOVERNMENT: PHILABUNDANCE

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA COUNTY MEDICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT GROUPS DESIGNED TO PROVIDE UNITY, SOLIDARITY AND EMOTIONAL SUPPORT TO ASSIST IN PROMOTING THE OVERALL WELL-BEING OF FRONTLINE PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA FREEDOM VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID THE ROCKY RUN AND HAVERFORD YMCA EARLY LEARNING CENTERS IN PROVIDING CHILDCARE AND SCHOOL AGE PROGRAMMING TO HEALTHCARE PROFESSIONALS' CHILDREN WHILE THEY ARE AT WORK

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

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

NAME OF ORGANIZATION OR GOVERNMENT:

PUBLIC CITIZENS FOR CHILDREN AND YOUTH

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

NAME OF ORGANIZATION OR GOVERNMENT:

RIVERFRONT ALLIANCE OF DELAWARE COUNTY

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

Part IV Supplemental Information

SAFETY IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOME-DELIVERED MEALS,
HELPING TO ADDRESS FOOD INSECURITY AMONG FRAIL, ELDERLY PEOPLE IN
DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SENIORLAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FREE LEGAL ADVICE TO SENIORS
TO PREVENT ILLEGAL EVICTIONS, FORECLOSURES, ABUSE, FRAUD, EXPLOITATION,
AND SCAMS

NAME OF ORGANIZATION OR GOVERNMENT:

SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND COMMUNICATE CRITICAL
TRAINING ON RESILIENCE AND RECOVERY PLANS FOR NONPROFIT CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: SURREY SENIOR SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTH AND WELLNESS
ACTIVITIES AT THEIR SENIOR CENTERS IN BROOMALL, HAVERTOWN AND MEDIA

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE COMMUNITY-BASED GRANTS
UNDER \$5,000 TO NONPROFITS SERVING DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THE ELWYN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING THE CAPACITY OF EARLY
CHILDHOOD PROGRAMS, INCLUDING SUPPORT TO IMPROVE THE

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: THE ELWYN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PPE FOR STAFF THAT SUPPORTS INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN COMMUNITY RESIDENTIAL SERVICES HOMES IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

THE LIBRARY FOUNDATION OF DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE YARD SIGNS, BOOKMARKS, POSTERS AND INFORMATION SHEETS TO 28 LIBRARIES IN DELAWARE COUNTY, AND TO PURCHASE COMPUTERS AND LAPTOPS FOR USE AT SPECIAL DELCO COUNTS DAY @ THE LIBRARY EVENTS IN THE HARDEST TO COUNT AREAS

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

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

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DISTRIBUTE FOOD BOXES AND ESSENTIAL SUPPLIES SUCH AS SANITIZERS, UTENSILS, MASKS, AND MORE TO COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: THE SCHOOL OF PARENT EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE OUTREACH AND EDUCATION TO FATHERS, ENCOURAGING THE ENTIRE FAMILY'S INVOLVEMENT IN HEALTHY MATERNITY AND PRENATAL/POSTNATAL OUTCOMES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN LEAGUE OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING TESTING, EMERGENCY HYGIENE KITS AND INFORMATION TO THE AFRICAN AMERICAN COMMUNITY IN DELAWARE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THRESHOLDS IN DELAWARE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT VIOLENCE AND ENHANCE PROBLEM-SOLVING BY PROVIDING EDUCATION ON DECISION MAKING FOR INCARCERATED CITIZENS

NAME OF ORGANIZATION OR GOVERNMENT:

UPPER DARBY COMMUNITY OUTREACH CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN EARLY CHILDHOOD DEVELOPMENT AND ENGLISH AS A SECOND LANGUAGE FOR ADULT IMMIGRANTS

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING THAT VULNERABLE SENIORS HAVE ACCESS TO THE INFORMATION AND RESOURCES NECESSARY TO MAINTAIN THEIR HEALTH AND INDEPENDENCE

NAME OF ORGANIZATION OR GOVERNMENT: WHY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE THEIR AUDIENCES ABOUT THE 2020 CENSUS THROUGH A CENSUS DEDICATED LANDING PAGE, PSA'S AND THE CREATION OF REGIONAL SPOTS USING LOCAL COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF THE DELAWARE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUSTAIN THE RESOURCE COORDINATION COUNSELING SERVICES AND SUPPORT AN EMERGENCY ASSISTANCE FUND TO ADDRESS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

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

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

IMPROVING THE WELLBEING OF OUR RESIDENTS, AND ENERGIZING PARTICIPATION

AND PARTNERSHIP ACROSS OUR COMMUNITIES.

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

ONE OF OVER 700 COMMUNITY FOUNDATIONS ACROSS THE COUNTRY AND THE

LARGEST PHILANTHROPY IN DELAWARE COUNTY, WE FULFILL OUR MISSION BY

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

LIFE FOR THE PEOPLE OF DELAWARE COUNTY; PROMOTING AND FACILITATING

PHILANTHROPIC INVESTMENT WITH REAL IMPACT; DELIVERING VITAL SERVICES;

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

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

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

EFFECTIVE COLLABORATION.

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

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

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

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

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

COUNTY'S MISSION AND DEMONSTRATE HOW COLLABORATION AND PARTNERSHIPS ARE

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

STRONG DELAWARE COUNTY NONPROFIT ORGANIZATIONS, THESE GRANTS ARE

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

ADULTS.

Name of the organization

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22-2540853

IN RESPONSE TO THE IMPACT OF THE NEW CORONAVIRUS (COVID-19) PANDEMIC, THE FOUNDATION FOR DELAWARE COUNTY LAUNCHED THE DELAWARE COUNTY COVID-19 RESPONSE FUND AND COMMITTED \$100,000 TO THE FUND ALLOWING THE FOUNDATION TO ADDRESS IMMEDIATE NEEDS. THE FUND'S PURPOSE IS TO HELP MINIMIZE THE ECONOMIC HARDSHIP AND DISRUPTION OF SAFETY-NET SERVICES IN DELAWARE COUNTY. IN FY 20, THE FUND PROVIDED 58 GRANTS IN THE AMOUNT OF \$472,034 TO HELP NONPROFITS PROVIDE PPE FOR FRONTLINE WORKERS, FOOD BOXES AND GIFT CARDS FOR FOOD-INSECURE FAMILIES, AS WELL AS DIAPERS, AND ESSENTIAL SUPPLIES SUCH AS CLEANING AND BASIC HYGIENE PRODUCTS.

THE FOUNDATION FOR DELAWARE COUNTY, IN PARTNERSHIP WITH THE UNITED WAY OF GREATER PHILADELPHIA, THE PHILANTHROPY NETWORK AND THE DELAWARE COUNTY COMPLETE COUNT COMMITTEE ESTABLISHED THE DELCO COUNTS 2020 ACTION FUND. IN FY 20, THE FUND PROVIDED 14 GRANTS IN THE AMOUNT OF \$58,009 TO DELAWARE COUNTY NONPROFIT COMMUNITY-BASED ORGANIZATIONS THAT AGREED TO ADVANCE THE WORK OF THE 2020 CENSUS IN NEIGHBORHOODS THAT ARE IDENTIFIED TO BE AT RISK OF BEING UNDER-COUNTED.

THE ABOVE GRANTS SUPPLEMENT \$358,475 IN DONOR ADVISED CONTRIBUTIONS AND CHARITABLE CARE, FOR A TOTAL OF \$2,016,296 AWARDED IN DELAWARE COUNTY IN ONE YEAR AS SHOWN IN SCHEDULE I.

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

MANAGERS AND VISITING NURSES WHO FOCUS ON HELPING WOMEN HAVE HEALTHY PREGNANCIES AND ENSURING FAMILIES ACCESS HEALTH CARE, CONNECT TO NEEDED COMMUNITY RESOURCES AND BENEFITS, AND LEARN AND BUILD PARENTING SKILLS TO GET THE BEST START IN LIFE. THESE PROGRAMS ARE DRIVING DOWN THE

Name of the organization

FOUNDATION FOR DELAWARE COUNTY

Employer identification number

22-2540853

INORDINATELY HIGH AND RACIALLY DISPARATE INFANT MORTALITY AND MORBIDITY, AND LOW BIRTH WEIGHT RATES IN OUR COUNTY'S POORER COMMUNITIES. RECENT RESEARCH SUGGESTS THAT SEVERAL FACTORS CONTRIBUTE TO POOR BIRTH OUTCOMES. THESE INCLUDE WHERE A WOMAN LIVES, ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA, AND PRECONCEPTION CARE. BLACK WOMEN WITH LESS THAN A HIGH SCHOOL DIPLOMA ARE PARTICULARLY AT RISK.

SEVERAL UNIQUE COMPONENTS OF THE PROGRAMS ARE LEADING TO IMPROVED OUTCOMES. WIDENER UNIVERSITY DELAWARE LAW SCHOOL MEDICAL-LEGAL PARTNERSHIP: THIS IS A UNIQUE PARTNERSHIP BETWEEN HEALTHY START/NURSE-FAMILY PARTNERSHIP AND WIDENER UNIVERSITY DELAWARE LAW SCHOOL. IT PROVIDES DIRECT CIVIL LEGAL REPRESENTATION, SYSTEMIC ADVOCACY AND TRAINING TO SUPPORT PROGRAM PARTICIPANTS, STAFF AND THE COMMUNITY. EL CENTRO CENTER FOR HISPANIC RESOURCES: THE CENTER IS A "ONE-STOP-SHOP" THAT CONNECTS PROGRAM PARTICIPANTS AND OTHER INDIVIDUALS WITH A RANGE OF SERVICES. AMONG THESE ARE CASE MANAGEMENT, TRANSLATION, APPOINTMENT SCHEDULING, HEALTH EDUCATION, ASSISTANCE WITH APPLICATIONS AND AGENCY REFERRALS. PERINATAL PERIODS OF RISK (PPOR): THE PPOR PROJECT, IN COLLABORATION WITH THE DELAWARE COUNTY CHILD DEATH REVIEW TEAM, IS COLLECTING DATA AND ANALYZING FETAL AND INFANT DEATHS. THE PURPOSE OF THE PROJECT IS TO BETTER UNDERSTAND WHY INFANTS ARE DYING DURING CERTAIN PERIODS OF RISK; AND DEVELOP AN ACTION PLAN TO REDUCE INFANT DEATH. HOUSING STABILITY PROGRAM: THE HOUSING STABILITY PROGRAM, WORKS WITH FAMILIES ENROLLED IN HEALTHY START AND NURSE-FAMILY PARTNERSHIP PROGRAMS TO ASSIST THEM IN ACCESSING

AFFORDABLE HOUSING, PUBLIC HOUSING AND WHERE ELIGIBLE THE HOUSING CHOICE VOUCHER PROGRAM. THE PROGRAM PROVIDES ASSISTANCE WITH CREDIT

Name of the organization

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22-2540853

READINESS, HOUSING SEARCHES AND TENANT EDUCATION TO FACILITATE THE
TRANSITION TO STABLE, PERMANENT HOUSING. THE HOUSING STABILITY PROGRAM
ALSO HAS A PARTNERSHIP WITH THE CHESTER HOUSING AUTHORITY.

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

48 PERCENT REDUCTION IN CHILD ABUSE AND NEGLECT;

56 PERCENT REDUCTION IN EMERGENCY ROOM VISITS FOR ACCIDENTS AND
POISONINGS;

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

NFP ALSO SAVES MONEY. A STUDY BY THE RAND CORPORATION FOUND THAT \$5.70
IS RETURNED TO A COMMUNITY FOR EVERY DOLLAR IT INVESTS IN THE PROGRAM.

THE THIRD PROGRAM, THE FOUNDATION'S WOMEN'S, INFANTS', AND CHILDREN'S
SUPPLEMENTAL NUTRITION (WIC) PROGRAM PROVIDES NUTRITIOUS FOODS AND
ENCOURAGES BREASTFEEDING TO OVER 9,500 LOW-INCOME WOMEN, INFANTS AND
CHILDREN UP TO THE AGE OF 5 EACH YEAR IN DELAWARE COUNTY. NATIONWIDE,
THE PROGRAM HAS DECREASED THE PERCENTAGE OF LOW-INCOME CHILDREN AGES
2-4 WITH OBESITY BY 9%, PROVIDES THE FOLLOWING CRITICAL SERVICES:

ACCESS TO NUTRITIOUS FOODS

NUTRITION COUNSELING

Name of the organization FOUNDATION FOR DELAWARE COUNTY	Employer identification number 22-2540853
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BREASTFEEDING INFORMATION AND SUPPORT

HEALTH AND NUTRITION SCREENINGS

REFERRALS TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS

ACCESS TO THE FARMERS' MARKET NUTRITION PROGRAM (FMNP)

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

A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND 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:

