

Form 990
Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
DELAWARE COMMUNITY FOUNDATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 1636
City or town, state or province, country, and ZIP or foreign postal code
WILMINGTON, DE 19899

D Employer identification number
22-2804785
E Telephone number
(302) 571-8004

F Name and address of principal officer
JOHN STUART COMSTOCK-GAY
PO BOX 1636
WILMINGTON, DE 19899

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) ( ) (Insert no )
4947(a)(1) or
527

J Website: WWW DELCF ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1986
M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO IMPROVE THE LIVES OF THE PEOPLE OF DELAWARE BY EMPOWERING AND GROWING PHILANTHROPY THROUGH KNOWLEDGE AND RELATIONSHIPS, NOW AND IN THE FUTURE WE ENVISION A DELAWARE WHERE GENEROSITY EXPANDS OPPORTUNITY FOR ALL AND ENHANCES THE COMMON GOOD AS A FACILITATOR, INFORMATION RESOURCE AND MANAGER OF CHARITABLE FUNDS, THE DELAWARE COMMUNITY FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS FOCUS CHARITABLE RESOURCES FOR THE GREATEST COMMUNITY BENEFIT STATEWIDE

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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

Signature of officer: JOYCE DARLING VP-FINANCE & ADMINISTRATION
Date: 2020-06-04

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

OUR MISSION IS TO IMPROVE THE LIVES OF THE PEOPLE OF DELAWARE BY EMPOWERING AND GROWING PHILANTHROPY THROUGH KNOWLEDGE AND RELATIONSHIPS, NOW AND IN THE FUTURE WE ENVISION A DELAWARE WHERE GENEROSITY EXPANDS OPPORTUNITY FOR ALL AND ENHANCES THE COMMON GOOD AS A FACILITATOR, INFORMATION RESOURCE AND MANAGER OF CHARITABLE FUNDS, THE DELAWARE COMMUNITY FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS FOCUS CHARITABLE RESOURCES FOR THE GREATEST COMMUNITY BENEFIT STATEWIDE

**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  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  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 \$ 15,768,665 including grants of \$ 13,135,252 ) (Revenue \$ 941,891 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses ▶ 15,768,665

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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	Yes
<b>24a</b>	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	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	No
<b>b</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	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<b>30</b>	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	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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	No
<b>33</b>	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	No
<b>34</b>	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	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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	No
<b>37</b>	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	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	101
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>		28		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>				<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>				<b>3a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>				<b>3b</b>	
<p><b>4a</b> 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)? . . . . .</p>				<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>				<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>				<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>				<b>5c</b>	
<p><b>6a</b> 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? . . . . .</p>				<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>				<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> 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? . . . . .</p>				<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>				<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>				<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>				<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>				<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>				<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>				<b>7h</b>	
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>				<b>8</b>	No
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>				<b>9a</b>	No
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>				<b>9b</b>	No
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				<b>12a</b>	
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>				<b>13a</b>	
<p><b>b</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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>				<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>				<b>14b</b>	
<p><b>15</b> 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 . . . . .</p>				<b>15</b>	No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>				<b>16</b>	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O); 19 Describe in 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: JOYCE DARLING PO BOX 1636 WILMINGTON, DE 19899 (302) 504-5251

**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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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) ANDY STATON BOARD MEMBER	2 00	X						0	0	0
(2) CINDY L SZABO ESQ BOARD MEMBER	2 00	X						0	0	0
(3) DAVID W SINGLETON TREASURER	2 00	X		X				0	0	0
(4) DONALD W NICHOLSON JR CFP AAMS BOARD MEMBER	2 00	X						0	0	0
(5) HON TAMIKA MONTGOMERY-REEVES BOARD MEMBER	2 00	X						0	0	0
(6) JAMES MAZARAKIS VICE-CHAIRPERSON	2 00	X		X				0	0	0
(7) JOAN L SHARP BOARD MEMBER	2 00	X						0	0	0
(8) VITA PICKRUM ED D CFRE BOARD MEMBER	2 00	X						0	0	0
(9) KATHLEEN FUREY MCDONOUGH ESQ BOARD MEMBER	2 00	X						0	0	0
(10) KELLY FIRMENT CHAIRPERSON	2 00	X		X				0	0	0
(11) MICHELLE A TAYLOR BOARD MEMBER	2 00	X						0	0	0
(12) NANCY KARIBJANIAN BOARD MEMBER	2 00	X						0	0	0
(13) THOMAS E HANSON JR ESQ BOARD MEMBER	2 00	X						0	0	0
(14) THOMAS D WREN BOARD MEMBER	2 00	X						0	0	0
(15) THOMAS L SAGER ESQ IMMEDIATE PAST CHAIRPERSON	2 00	X		X				0	0	0
(16) WILLIAM C DUGDALE CORPORATE SECRETARY	2 00	X		X				0	0	0
(17) DAN CRUCE BOARD MEMBER	2 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 dotted 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) CLAIRE DEMATTEIS BOARD MEMBER	2 00	X						0	0	0
(19) DREW N FENNELL BOARD MEMBER	2 00	X						0	0	0
(20) LYNN A KOKJOHN BOARD MEMBER	2 00	X						0	0	0
(21) MARIA LOPEZ WAITE BOARD MEMBER	2 00	X						0	0	0
(22) JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	35 00			X				259,828	0	61,562

<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							259,828	0		61,562

**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 **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		No

**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
SEI INVESTMENT PO BOX 945794 ATLANTA, GA 30394	INVESTMENT SERVICES	805,153
SOCIAL CONTRACT LLC 1313 NORTH MARKET ST WILMINGTON, DE 19801	PROGRAM MANAGEMENT	308,000
PMG CONSULTING LLC 7431 TIMOTHYS WAY EASTON, MD 21601	PROGRAM MANAGEMENT	262,886
CHRISTINE CANNON, 131 WYETH WAY HOCKESSIN, DE 19707	PROGRAM MANAGEMENT	180,000

**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 **▶ 4**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	76,880			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	368,551			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,074,624			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		4,319,041			
	<b>h Total.</b> Add lines 1a-1f . . . . .			18,520,055		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>9 Total.</b> Add lines 2a-2f . . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			4,351,772			4,351,772
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		8,800					
	<b>b</b> Less rental expenses	0					
	<b>c</b> Rental income or (loss)	8,800					
	<b>d</b> Net rental income or (loss) . . . . .			8,800	8,800		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		66,577,909					
	<b>b</b> Less cost or other basis and sales expenses	60,796,084					
	<b>c</b> Gain or (loss)	5,781,825					
	<b>d</b> Net gain or (loss) . . . . .			5,781,825			5,781,825
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> EVENT INCOME		900099	484,171	484,171			
<b>b</b> ADMINISTRATIVE FEE REVENUE		561000	367,121	367,121			
<b>c</b> PROGRAM INCOME		900099	37,905	37,905			
<b>d</b> All other revenue . . . . .			43,894	43,894			
<b>e Total.</b> Add lines 11a-11d . . . . .			933,091				
<b>12 Total revenue.</b> See Instructions . . . . .			29,595,543	941,891	0	10,133,597	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,729,662	12,729,662		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	405,590	405,590		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	324,459	57,125	135,703	131,631
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,015,001	178,702	424,519	411,780
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	62,852	9,854	26,583	26,415
<b>9</b> Other employee benefits	297,355	57,172	158,377	81,806
<b>10</b> Payroll taxes	91,073	17,398	36,528	37,147
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	954,556		954,556	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion	143,447	26,163	110,480	6,804
<b>13</b> Office expenses	173,564	52,133	98,022	23,409
<b>14</b> Information technology	153,322	49,132	99,010	5,180
<b>15</b> Royalties				
<b>16</b> Occupancy	102,965	29,670	73,295	
<b>17</b> Travel	90,102	29,128	32,510	28,464
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	21,394		21,394	
<b>23</b> Insurance	12,592	150	12,442	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROFESSIONAL FEES AND C	1,722,284	1,536,329	162,058	23,897
<b>b</b> OTHER	735,169	328,627	8,971	397,571
<b>c</b> GIFT ANNUITY DISTRIBUTI	261,830	261,830		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,297,217	15,768,665	2,354,448	1,174,104
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .	6,714,189	<b>2</b>	24,456,737	
	<b>3</b> Pledges and grants receivable, net . . . . .	1,187,324	<b>3</b>	740,980	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .	1,234,271	<b>7</b>	1,236,548	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	493,283			
	<b>b</b> Less accumulated depreciation	345,686	161,847	<b>10c</b>	147,597
	<b>11</b> Investments—publicly traded securities . . . . .	201,186,444	<b>11</b>	183,998,247	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	27,811,929	<b>12</b>	35,561,888	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11 . . . . .	12,878,061	<b>15</b>	14,489,723	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	251,174,065	<b>16</b>	260,631,720		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	444,119	<b>17</b>	191,285	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> 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	36,347,859	<b>25</b>	36,522,595	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	36,791,978	<b>26</b>	36,713,880	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	213,240,828	<b>27</b>	223,337,660	
	<b>28</b> Temporarily restricted net assets . . . . .	1,141,259	<b>28</b>	580,180	
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	214,382,087	<b>33</b>	223,917,840		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	251,174,065	<b>34</b>	260,631,720		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,595,543
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,297,217
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	10,298,326
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	214,382,087
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-762,573
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	223,917,840

**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 in 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2804785

**Name:** DELAWARE COMMUNITY FOUNDATION INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

IN THE FISCAL YEAR ENDED JUNE 30, 2019, THE DELAWARE COMMUNITY FOUNDATION INVESTED IN BUILDING OPPORTUNITY THROUGHOUT THE STATE BY AWARDING \$15.7 MILLION IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND LOCAL STUDENTS. THE MAJORITY OF THAT AMOUNT WAS GRANTED FROM DONOR ADVISED FUNDS. THE DCF ALSO AWARDED \$378,650 IN SCHOLARSHIPS TO 193 STUDENTS AND \$595,749 IN DIRECT GRANTS TO DOZENS OF DELAWARE NONPROFIT ORGANIZATIONS THROUGH OUR COMMUNITY IMPACT GRANTS PROGRAM.

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DELAWARE COMMUNITY FOUNDATION INC

Employer identification number

22-2804785

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	40,430,829	17,606,886	12,222,176	32,629,913	18,520,055	121,409,859
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	40,430,829	17,606,886	12,222,176	32,629,913	18,520,055	121,409,859
<b>5</b> 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)						43,572,467
<b>6 Public support.</b> Subtract line 5 from line 4						77,837,392

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	40,430,829	17,606,886	12,222,176	32,629,913	18,520,055	121,409,859
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,220,998	3,142,995	3,475,926	4,000,122	4,351,772	18,191,813
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0					
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						139,601,672

**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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	55.760 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	52.860 %

**16a 33 1/3% support test—2018.** 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

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2804785

**Name:** DELAWARE COMMUNITY FOUNDATION INC

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization DELAWARE COMMUNITY FOUNDATION INC	Employer identification number 22-2804785
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		7,500
<b>j</b> Total Add lines 1c through 1i			7,500
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	MISCELLANEOUS LOBBYING EXPENSES



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
DELAWARE COMMUNITY FOUNDATION INC

**Employer identification number**  
22-2804785

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	237	971
<b>2</b> Aggregate value of contributions to (during year)	1,700,656	16,984,399
<b>3</b> Aggregate value of grants from (during year)	4,176,531	13,904,309
<b>4</b> Aggregate value at end of year	90,649,045	132,694,936

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,651,621	1,650,497	1,554,921	1,681,455	1,745,843
<b>b</b> Contributions . . . . .				500	875
<b>c</b> Net investment earnings, gains, and losses	62,931	104,943	184,150	-47,999	-1,053
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	74,879	103,819	88,574	79,035	64,210
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,639,673	1,651,621	1,650,497	1,554,921	1,681,455

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . . | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | No  | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**

	Yes	No
<b>3a(i)</b>	No	No
<b>3a(ii)</b>	No	No
<b>3b</b>		
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		493,283	345,686	147,597
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				147,597

**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) SEI - FLAGSHIP - MULTI-STRATEGY HEDGE FUND	24,449,022	F
(B) ENERGY DEBT LP	5,574,941	F
(C) REIT - CORE PROPERTY	5,537,925	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>35,561,888</b>	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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) SOCIAL RESPONSIBLE POOL	2,515,205
(2) INTERMEDIATE-TERM INDEX POOL	11,917,114
(3) HRA DEPOSIT	2,500
(4) ACCRUED INCOME RECEIVABLE	54,904
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>14,489,723</b>

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITY	406,754
NON PROFIT ENDOWMENTS	36,115,841
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>36,522,595</b>

**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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2804785

**Name:** DELAWARE COMMUNITY FOUNDATION INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE4	DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS THE FOUNDATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED TO HELP SUPPORT THE FOUNDATION'S FUTURE OPERATIONS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization DELAWARE COMMUNITY FOUNDATION INC

Employer identification number 22-2804785

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 295
3 Enter total number of other organizations listed in the line 1 table 3

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	193	378,650			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLAR SUPPORT SERVICES



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2804785  
**Name:** DELAWARE COMMUNITY FOUNDATION INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
21ST CENTURY FUND FOR DELAWARE'S CHILDREN PO BOX 368 HOCKESSIN, DE 19707	20-2869892	501(C)(3)	8,000				CHILDREN & YOUTH SERVICES
ACLU FOUNDATION OF DELAWARE 100 WEST 10TH ST SUITE 706 WILMINGTON, DE 19801	51-0220856	501(C)(3)	25,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTS MISSION & PUMH FOUNDATIONS 375 MORRIS ROAD PO BOX 90 WEST POINT, PA 19486	91-2161987	501(C)(3)	7,494				SENIOR CITIZENS' HOUSING & RETIREMENT COMMUNITIES
AMERICAN HEART ASSOCIATION 131 CONTINENTAL DR SUITE 407 NEWARK, DE 19713	13-5613797	501(C)(3)	14,311				UNRESTRICTED SUPPORT & HEART BALL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AOPA FOUNDATION INC 421 AVIATION WAY FREDERICK, MD 21701	20-8817225	501(C)(3)	100,000				UNRESTRICTED SUPPORT
APOSTOLIC NETWORK OF GLOBAL AWAKENING INC 1451 CLARK STREET MECHANICSBURG, PA 17055	20-3938700	501(C)(3)	28,500				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTS CONSORTIUM OF DELAWARE INC 818 N MARKET ST FLOOR 2R WILMINGTON, DE 19801	51-0351748	501(C)(3)	20,170				UNRESTRICTED SUPPORT
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	10,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ATTACK ADDITION FOUNDATION 75 CARAVEL DR DEAR, DE 19701	32-0404094	501(C)(3)	25,000				NALOXONE FOR DELAWARE'S FIRST RESPONDERS
AUTISM DELAWARE 924 OLD HARMONY ROAD SUITE 201 NEWARK, DE 19713	20-2110190	501(C)(3)	27,500				RESTRICTED SUPPORT TO 2019 WALK FOR AUTISM EVENT, FAMILY PEER SUPPORT SERVICES, AND OTHER UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER, DE 19901	22-2559843	501(C)(3)	55,000				RESTRICTED SUPPORT - PALLATIVE CARE EXPANSION, AND OTHER UNRESTRICTED SUPPORT
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501(C)(3)	30,080				RESTRICTED SUPPORT TO THE 1916 CLUB, THE GENERAL BUILDING FUND, SUPPORT TO THE EMERGENCY DEPARTMENT, AND OTHER UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEST BUDDIES DELAWARE 1313 N MARKET STREET SUITE 140A WILMINGTON, DE 19806	52-1614576	501(C)(3)	25,000				DCF 2019 FOCUS GRANT - FRIENDSHIP AND INCLUSION
BETHLEHEM UNITED METHODIST CHRUCH 4 WESTTOWN ROAD THORNTON, PA 19373	58-2424339	501(C)(3)	26,600				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF DELAWARE INC 413 LARCH CIRCLE WILMINGTON, DE 19804	51-6018399	501(C)(3)	35,995				DCF 2019 FOCUS GRANT - COMMUNITY MENTORING PROGRAM, AND OTHER UNRESTRICTED SUPPORT
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	13-5562976	501(C)(3)	10,250				MICHAELS MATCHING GIFT CHALLENGE, AND OTHER UNRESTRICTED SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUB OF DELAWARE INC 669 SOUTH UNION ST WILMINGTON, DE 19805	51-0068712	501(C)(3)	476,543				RESTRICTED SUPPORT FOR THE REHOBOTH BEACH BRANCH, PARTNERS FOR SUCCESS, THE BUILDING PROJECT FOR THE BOYS AND GIRLS CLUB DAGSBORO CLUB, THREE MCLF MENTORING PROGRAMS, THE SUMMER CAMP, ELIASON EDUCATION & GREENING FUND, WESTERN SUSSEX BOYS & GIRLS CLUB, READING IS FUNDAMENTAL PROGRAM, AND OTHER UNRESTRICTED SUPPORT
BRANDYWINE CONSERVANCY PO BOX 141 CHADDS FORD, PA 19317	51-6020908	501(C)(3)	10,500				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BREASTCANCERORG 120 EAST LANCASTER AVENUE SUITE 201 201 ARDMORE, PA 19003	23-3082851	501(C)(3)	7,500				UNRESTRICTED SUPPORT
BRYN MAWR REHAB HOSPITAL 414 PAOLI PIKE MALVERN, PA 19355	23-1352160	501(C)(3)	16,130				UNRESTRICTED SUPPORT

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CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 19807	20-0581573	501(C)(3)	11,700				UNRESTRICTED SUPPORT
CANNAN BAPTIST CHURCH 3011 NEW CASTLE AVE NEW CASTLE, DE 19720	05-0554257	501(C)(3)	25,000				RESTRICTED SUPPORT - BUILDING GOD'S KINGDOM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CANCER SUPPORT COMMUNITY OF DELAWARE 4810 LANCASTER PIKE WILMINGTON, DE 19807	51-0351863	501(C)(3)	23,390				ALLIANCES & ADOVCACY, AND OTHER UNRESTRICTED SUPPORT
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 19330	23-2580658	501(C)(3)	5,978				UNRESTRICTED SUPPORT

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CAPE HENLOPEN SCHOOL DISTRICT 1270 KINGS HIGHWAY LEWES, DE 19958	51-6000279	501(C)(3)	12,895				SCHOLARSHIP FUND AND SUSSEX COUNTY SCHOOL BASED INTEGRATED MENTAL HEALTH SERVICE PROGRAM
CARLETON COLLEGE - STUDENT FINANCIAL SERVICES 1 N COLLEGE ST NORTHFIELD, MN 55057	41-0694747	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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CARSON SCHOLARS FUND USA 305 W CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 21204	52-1851346	501(C)(3)	10,500				RESTRICTED SUPPORT - 2019 SCHOLARSHIP AWARDS
CATHOLIC CHARITIES INC 2601 W 4TH STREET WILMINGTON, DE 19805	51-0065685	501(C)(3)	95,250				RESTRICTED SUPPORT FOR BAYARD HOUSE RESIDENTIAL MATERNITY PROGRAM, OUTPATIENT MENTAL HEALTH TREATMENT, AND OTHER UNRESTRICTED SUPPORT

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CATHOLIC DIOCESE OF WILMINGTON PO BOX 2030 WILMINGTON, DE 19899	51-0095439	501(C)(3)	7,300				RESTRICTED SUPPORT FOR ST JOHN THE APOSTLE CATHOLIC CHURCH IN MILFORD, BISHOP'S ANNUAL DRIVE, ANNUAL CATHOLIC APPEAL, AND OTHER UNRESTRICTED SUPPORT
CENDEL FOUNDATION 101 WEST LOOCKERMAN ST SUITE 2C DOVER, DE 19904	26-3590221	501(C)(3)	8,000				UNRESTRICTED SUPPORT

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CENTRAL BAPTIST COMMUNITY DEVELOPMENT CORPORATION 839 PINE STREET WILMINGTON, DE 19801	27-3011150	501(C)(3)	100,000				RESTRICTED SUPPORT - URBAN ACRES PRODUCE
CERTS INC 1501 CASHO MILL ROAD SUITE 1 NEWARK, DE 19711	01-0592853	501(C)(3)	10,750				KCFA GRANT AND OTHER UNRESTRICTED SUPPORT



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CHEER INC 546 SOUTH BEDFORD STREET GEORGETOWN, DE 19947	51-0112599	501(C)(3)	34,170				CAPITAL GRANT KITCHEN WALK-IN REFRIGERATION UNIT AND UNRESTRICTED SUPPORT
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	6,000				UNRESTRICTED SUPPORT

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CHESTER COUNTY COMMUNITY FOUNDATION 28 W MARKET ST LINCOLN BLDG WEST CHESTER, PA 19382	23-2773822	501(C)(3)	5,250				25TH ANNIVERSARY AND OTHER UNRESTRICTED SUPPORT
CHILDREN'S BEACH HOUSE 100 W 10TH ST SUITE 411 WILMINGTON, DE 19801	51-0070966	501(C)(3)	25,250				RESTRICTED SUPPORT - SCHOLARSHIP FUND SERVICING THE SUSSEX COUNTRY CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHOIR SCHOOL OF DELAWARE 2013 NORTH MARKET STREET WILMINGTON, DE 19802	20-5486245	501(C)(3)	21,219				MATCHING GIFT AND UNRESTRICTED SUPPORT
CHRIST CHURCH CHRISTIANA HUNDRED 505 E BUCK ROAD P O BOX 3510 WILMINGTON, DE 19807	51-0073395	501(C)(3)	7,000				UNRESTRICTED SUPPORT

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CHRIST FOR ALL NATIONS PO BOX 590588 ORLANDO, FL 32859	94-2742504	501(C)(3)	12,000				UNRESTRICTED SUPPORT
CHRISTIANA CARE HEALTH SERVICES 4701 OGLETOWN STANTON ROAD NEWARK, DE 19713	51-0103684	501(C)(3)	125,758				RESTRICTED SUPPORT FOR DELAWARE OVARIAN CANCER FOUNDATION RESEARCH INITIATIVE, LAMAR EKBLADH MEDICAL STUDENT TEACHING AWARD, CARIOLOGY DEPARTMENT, TO SUPPORT HEALTHCARE IN DELAWARE, AND OTHER UNRESTRICTED SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTINA CULTURAL ARTS CENTER 705 MARKET STREET WILMINGTON, DE 19801	51-0064300	501(C)(3)	43,007				RESTRICTED SUPPORT TO SUPPORT EDUCATION PORGRAMS IN 2019 AND OTHER UNRESTRICTED SUPPORT
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB 669 S UNION ST WILMINGTON, DE 19805	51-0068712	501(C)(3)	21,038				UNRESTRICTED SUPPORT

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CLAUDE E PHILLIPS HERBARIUM DELAWARE STATE UNIVERSITY 1200 N DUPONT HWY DOVER, DE 19901	51-0305893	501(C)(3)	5,719				UNRESTRICTED SUPPORT
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN STREET SUITE 2A DOVER, DE 19904	51-0343981	501(C)(3)	31,247				ALLIANCES & ADVOCACY AND UNRESTRICTED SUPPORT

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COMMUNITY EDUCATION BUILDING 1200 N FRENCH STREET WILMINGTON, DE 19801	45-4797267	501(C)(3)	1,132,000				RESTRICTED SUPPORT TO CAPITAL IMPROVEMENTS, DCF 2019 FOCUS GRANTS, MANAGEMENT & TECHNICAL ASSISTANCE, AND THE PLAYGROUND PROJECT
COMMUNITY LEGAL AID SOCIETY INC 100 W 10TH ST SUITE 801 WILMINGTON, DE 19801	51-6000158	501(C)(3)	8,750				RESTRICTED SUPPORT - ROXANA C ARSHT FELLOWSHIP 2019 AND UNRESTRICTED SUPPORT

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COMPASSIONATE HEARTS 8848 SEOTEMBER WAY LINCOLN, DE 19960	46-2162584	501(C)(3)	12,470				RESTRICTED SUPPORT TO ADDICTION TREATMENT, MENTAL HEALTH SESSIONS FOR TEENS AND THE COURAGEOUS HEARTS OPEN BARN FUN DAY
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BLVD WILMINGTON, DE 19803	51-6001225	501(C)(3)	6,000				UNRESTRICTED SUPPORT



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CONNECTING GENERATIONS 100 W 10TH STREET SUITE 1115 WILMINGTON, DE 19801	51-0326869	501(C)(3)	20,846				RESTRICTED SUPPORT TO CHILDREN & YOUTH SERVICES AND TO MENTAL HEALTH MENTORING SERVICES
CONNECTIONS CSP INC ADMINISTRATIVE OFFICES 3821 LANCASTER PIKE WILMINGTON, DE 19805	51-0279138	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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CREATIVE COASTAL CONNECTIONS CORP 20474 OLD MEADOW LN LEWES, DE 19958	81-2042125	501(C)(3)	10,000				RESTRICTED SUPPORT - SODEL WINE FEST AND ARTS, CULTURE & HUMANITIES
DE DIVISION OF PARKS & RECREATION 89 KINGS HIGHWAY DOVER, DE 19901	51-6000279	501(C)(3)	254,010				RESTRICTED SUPPORT FOR PURCHASE OF A NEW PAVILLION FOR THE FOX POINT STATE PARK, FOX POINT PHASE II-ASHPHALT MILLINGS, PURCHASE OF A TRUCK, A GENERATOR FOR FORT DELAWARE, DOCK BOARDS AT FT DELAWARE, REPAIR OF DAMAGED CUPOLA, PURCHASE OF A BLOCKED FLEET VEHICLE, CULTURAL RESOURCE STAFF AND FLEET VEHICLE RENTAL, ENVIRONMENTAL EDUCATION PROGRAM, AND UNRESTRICTED SUPPORT,

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DELAWARE ADOLESCENT PROGRAM INC 2900 N VAN BUREN STREET WILMINGTON, DE 19802	51-0108498	501(C)(3)	7,250				PREGNANCY CENTERS AND UNRESTRICTED SUPPORT
DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT 100 WEST 10TH ST SUITE 1012 WILMINGTON, DE 19801	22-2792474	501(C)(3)	29,250				NONPROFIT CAPACITY GRANT, ALLIANCES AND ADVOCACY, UNRESTRICTED SUPPORT

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DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON, DE 19806	51-0065746	501(C)(3)	264,786				ACF GRANT, RED APPLE FUND, AND UNRESTRICTED SUPPORT
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	52-2045298	501(C)(3)	33,925				ALLIANCE & ADVOCACY AND UNRESTRICTED SUPPORT

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DELAWARE BUSINESS ROUNDTABLE EDUCATION COMMITTEE 100 W 10TH STEET SUITE 704 WILMINGTON, DE 19801	56-2364584	501(C)(3)	25,000				RESTRICTED SUPPORT TO STUDENT SUCCESS 2025 GOALS PROJECT AND UNRESTRICTED SUPPORT
DELAWARE CAN 1313 NORTH MARKET STREET WILMINGTON, DE 19801	27-3069592	501(C)(3)	25,000				UNRESTRICTED SUPPORT

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DELAWARE CENTER FOR HORTICULTURE 1810 NORTH DUPONT STREET WILMINGTON, DE 19806	51-0252857	501(C)(3)	63,701				RESTRICTED SUPPORT TO ELIASON EDUCATION & GREENING FUND GRANT AND UNRESTRICTED SUPPORT
DELAWARE CENTER FOR JUSTICE 100 W 10TH ST SUITE 905 WILMINGTON, DE 19801	51-0064323	501(C)(3)	15,000				RESTRICTED SUPPORT - COMMUNITY REINTEGRATION SERVICES PROGRAM

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DELAWARE CENTER FOR THE CONTEMPORARY ARTS INC 200 SOUTH MADISON STREET WILMINGTON, DE 19801	51-0242942	501(C)(3)	6,000				ACF GRANT
DELAWARE CHILDREN'S MUSEUM 550 JUSTISON STREET WILMINGTON, DE 19801	51-0305812	501(C)(3)	42,500				CHILDREN'S MUSEUMS AND BREAKING BARRIERS PROGRAMS

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DELAWARE CHILDREN'S THEATRE LTD 1014 DELAWARE AVENUE WILMINGTON, DE 19806	51-0122191	501(C)(3)	10,452				UNRESTRICTED SUPPORT
DELAWARE COALITION AGAINST DOMESTIC VIOLENCE 100 W 10TH STREET SUITE 903 WILMINGTON, DE 19801	51-0354794	501(C)(3)	10,000				ACF GRANT TO SUPPORT COUUMUNITY HEALTH WORK COLLABORATIVE



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DELAWARE COLLEGE OF ART & DESIGN 600 NORTH MARKET STREET WILMINGTON, DE 19801	52-2027415	501(C)(3)	10,250				FINANCE AID ASSISTANCE AND UNRESTRICTED SUPPORT
DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL 600 S HARRISON ST WILMINGTON, DE 19805	51-0329119	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES HERMAN HOLLOWAY SOCIAL SE 1901 N DUPONT HIGHWAY NEW CASTLE, DE 19720	51-6000279	501(C)(3)	53,367				RESTRICTED SUPPORT TO THE \$TAND BY ME PROGRAM AND UNRESTRICTED SUPPORT
DELAWARE DIVISION OF THE ARTS 820 NORTH FRENCH STREET CARVEL STATE OFFICE BUILDING WILMINGTON, DE 19801	51-6000279	501(C)(3)	70,000				UNRESTRICTED SUPPORT

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DELAWARE ELWYN INSTITUTE 321 EAST ELEVENTH STREET WILMINGTON, DE 19801	23-1352117	501(C)(3)	10,000				UNRESTRICTED SUPPORT
DELAWARE GUIDANCE SERVICES FOR CHILDREN AND YOUTH 1213 DELAWARE AVENUE WILMINGTON, DE 19806	51-0071906	501(C)(3)	5,250				CHILDREN AND YOUTH SERVICES AND UNRESTRICTED SUPPORT

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DELAWARE HEALTH SCIENCE ALLIANCE 4765 OGLETOWN-STANTON RD SUITE L10 NEWARK, DE 19711	47-3447709	501(C)(3)	30,000				RESTRICTED SUPPOTY TO SUPPORT DIMER DINNERS AND OUTREACH
DELAWARE HOSPICE INC 16 POLLY DRUMMOND CENTER 2ND FLOOR NEWARK, DE 19711	51-0258883	501(C)(3)	138,589				TO SUPPORT CAMP NEW HOPE AND UNRESTRICTED SUPPORT

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DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	155,761				"SKY'S THE LIMIT" INITIATIVE AND UNRESTRICTED SUPPORT
DELAWARE INSTITUTE FOR ARTS IN EDUCATION PO BOX 3015 WILMINGTON, DE 19805	22-2444690	501(C)(3)	25,000				DCF 2019 FOCUS GRANT - DELAWARE WOLF TRAP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE MAGIC SOFTBALL PO BOX 7024 NEWARK, DE 19714	56-2430762	501(C)(3)	8,112				BASEBALL AND SOFTBALL
DELAWARE NATURE SOCIETY PO BOX 700 HOCKESSIN, DE 19707	51-6018321	501(C)(3)	8,000				ANNUAL FUND, ENVIRONMENT, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE PUBLIC MEDIA PO BOX 455 1200 N DUPONT HIGHWAY DOVER, DE 19903	27-0552599	501(C)(3)	17,000				CAPITAL GRANT - INFRASTRUCTURE UPGRADES
DELAWARE RESTAURANT ASSOCIATION PO BOX 8004 NEWARK, DE 19714	47-3001109	501(C)(3)	6,000				RESTRICTED SUPPORT TO THE DRA EDUCATIONAL FOUNDATION AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DELAWARE SHAKESPEARE 4 S POPLAR STREET WILMINGTON, DE 19801	36-4535637	501(C)(3)	10,500				KCFA GRANT, FY19 SPECIFIC INTEREST GRANT, AND UNRESTRICTED SUPPORT
DELAWARE SPCA 455 STANTON-CHRISTIANA ROAD NEWARK, DE 19713	51-0064307	501(C)(3)	5,238				UNRESTRICTED SUPPORT



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DELAWARE STATE UNIVERSITY 1200 N DUPONT HIGHWAY DOVER, DE 19901	51-0305893	501(C)(3)	8,000				SUPPORT BIOSCIENCE RESEARCH FELLOWSHIPS AND UNRESTRICTED SUPPORT
DELAWARE STATE UNIVERSITY FOUNDATION INC 1200 N DUPONT HIGHWAY DOVER, DE 19901	20-1372435	501(C)(3)	144,282				RESTRICTED SUPPORT FOR HEART SMART WOMEN AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE SYMPHONY ASSOCIATION 100 W 10TH ST SUITE 1003 WILMINGTON, DE 19801	51-6017449	501(C)(3)	178,994				SYMPHONY ORCHESTRAS AND UNRESTRICTED SUPPORT
DELAWARE TECHNICAL COMMUNITY COLLEGE OWENS CAMPUS - JASON BUILDING 21179 COLLEGE DRIVE GEORGETOWN, DE 19947	51-6000279	501(C)(3)	11,984				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION PO BOX 897 DOVER, DE 19903	51-0246178	501(C)(3)	208,390				SUPPORT BIOSCIENCE RESEARCH FELLOWSHIPS, BLOOMBERG/AMERICA ACHIEVES GRANT, AND UNRESTRICTED SUPPORT
DELAWARE THEATRE COMPANY 200 WATER ST WILMINGTON, DE 19801	51-0229918	501(C)(3)	96,492				CAPITAL CAMPAIGN AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DELAWARE WILD LANDS INC PO BOX 505 ODESSA, DE 19730	51-0101678	501(C)(3)	28,500				TO SUPPORT LAND PRESERVATION ACTIVITIES IN SUSSEX COUNTY
DELMAR SCHOOL DISTRICT 200 NORTH EIGHTH STREET DELMAR, DE 19940	51-6000279	501(C)(3)	32,270				TO SUPPORT THE WILDMAN LITERACY PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DELMARVA ACES BASEBALL & SOFTBALL INC 11046 GRAYS CORNER ROAD BUILDINGS 12 BERLIN, MD 21811	47-1605254	501(C)(3)	21,590				BASEBALL AND SOFTBALL
DELMARVA CHRISTIAN HIGH SCHOOL 21777 SUSSEX PINES ROAD GEORGETOWN, DE 19947	51-0392535	501(C)(3)	31,300				SCHOLARSHIPS FOR DESERVING STUDENTS TO ATTEND DELMARVA CHRISTIAN HIGH SCHOOL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DEPARTMENT OF STATE HISTORICAL & CULTURAL AFFAIRS 21 THE GREEN SUITE B DOVER, DE 19901	51-6000279	501(C)(3)	72,996				UNRESTRICTED SUPPORT
DIVINE PROVIDENCE VILLAGE 686 OLD MARPLE RD SPRINGFIELD, PA 19064	23-2313873	501(C)(3)	14,620				UNRESTRICTED SUPPORT

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DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	5,750				UNRESTRICTED SUPPORT
DUFFY'S HOPE INC 100 W 10TH ST SUITE 9 WILMINGTON, DE 19801	06-1652976	501(C)(3)	11,000				TO SUPPORT THE APRIL 2019 COLLEGE TOUR, H O P E PROGRAM, MENTORING, FINANCIAL LITERACY, AND THE AMBASSADOR MENTORING & PREVENTION PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST SIDE COMMUNITY LEARNING CENTER FOUNDATION 3000 N CLAYMONT ST WILMINGTON, DE 19802	20-4215109	501(C)(3)	20,000				UNRESTRICTED SUPPORT
EASTER SEALS OF DE & MD'S EASTERN SHORE INC 61 CORPORATE CIRCLE NEW CASTLE, DE 19720	51-0066728	501(C)(3)	12,800				KCFA GRANT, VOLLEYBALL FUNDRAISER AND UNRESTRICTED SUPPORT



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EDGEMOOR COMMUNITY CENTER INC BELLEVUE COMMUNITY CENTER 510 DUNCAN ROAD WILMINGTON, DE 19809	51-0230538	501(C)(3)	22,135				CAPITAL GRANT - SECURITY SYSTEM - CAPITAL GRANT
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH 1006 WILSON ROAD WILMINGTON, DE 19803	23-7001990	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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ENVIRONMENTAL PROGRESS 2569 TELEGRAPH AVENUE BERKELEY, CA 94704	81-2714086	501(C)(3)	25,000				OPERATIONAL SUPPORT
ESF DREAM CAMP FOUNDATION 750 E HAVERFORD ROAD BRYN MAWR, PA 19010	23-3045020	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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EXCEPTIONAL CARE FOR CHILDREN INC 11 INDEPENDENCE WAY NEWARK, DE 19713	80-0748765	501(C)(3)	8,444				SPECIFIC INTEREST GRANT, STROAGE ANTHRACITE TOWERS AND UNRESTRICTED SUPPORT
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501(C)(3)	14,566				TO SUPPORT FY19 SPECIFIC INTEREST THE PET FOOD & SUPPLY BANK, TO SUPPORT THE BUILDING FUND, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY COUNSELING CENTER OF ST PAUL'S 301 N VAN BUREN ST ELSMERE, DE 19805	27-3361236	501(C)(3)	30,000				ACF GRANT TO SUPPORT CONTINUING PROFESSIONAL STAFF EDUCATION, CLINICAL SUPERVISION OF STUDENTS AND GRADUATES, AND UNRESTRICTED SUPPORT
FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY 2104 ST JAMES CHURCH ROAD WILMINGTON, DE 19808	26-2373936	501(C)(3)	33,997				RESTRICTED SUPPORT - WELCOME HOME PROGRAM, WHICH PROVIDED ESSENTIAL MOVE-IN SUPPLIES FOR FAMILIES OVERCOMING HOMELESSNESS, CAPITAL GRANT INFRASTRUCTURE UPDATES AT 2 FACILITIES, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIND-'M FRIENDS INC PO BOX 1712 CRYSTAL RIVER, FL 34423	46-5514778	501(C)(3)	125,000				UNRESTRICTED SUPPORT
FIRST BOOK 820 N FRENCH ST WILMINGTON, DE 19801	52-1779606	501(C)(3)	25,000				RESTRICTED SUPPORT - ESSENTIALS CLOSET

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FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK, ME 03908	01-6013734	501(C)(3)	64,457				RESTRICTED SUPPORT
FIRST PRESBYTERIAN CHURCH OF NEWARK 292 W MAIN STREET NEWARK, DE 19711	23-6393377	501(C)(3)	18,657				UNRESTRICTED SUPPORT

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FIRST STATE COMMUNITY ACTION AGENCY 308 N RAILROAD AVENUE PO BOX 877 GEORGETOWN, DE 19947	51-0104704	501(C)(3)	5,225				RESTRICTED SUPPORT - FIRST RESTRICTED SUPPORT - FIRST PROGRAM, TO SUPPORT THE ROTARY YOUTH LEADERSHIP AWARDS PROGRAM, AND UNRESTRICTED SUPPORT
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501(C)(3)	57,986				RESTRICTED SUPPORT - TO SUPPORT THE CULINARY PROGRAM AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FOR ALL SEASONS INC 300 TALBOT STREET EASTON, MD 21601	52-1496434	501(C)(3)	12,000				TO SUPPORT THE HEART AND MUSIC FUNDRAISER AND UNRESTRICTED SUPPORT
FRAIM CENTER FOR ACTIVE ADULTS 669 SOUTH UNION STREET WILMINGTON, DE 19805	51-0290329	501(C)(3)	6,500				RESTRICTED SUPPORT



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FREIRE FOUNDATION 1617 JFK BLVD SUITE 1260 PHILADELPHIA, PA 19103	27-2568814	501(C)(3)	7,500				SUPPORT PROGRAMS GRADUATIONX2, FINANCIAL LITERACY AND EMOTIONAL SUPPORT AT SCHOOL, AND UNRESTRICTED SUPPORT
FRESH START SCHOLARSHIP FOUNDATION INC PO BOX 7784 WILMINGTON, DE 19803	51-0378642	501(C)(3)	30,508				FUNDING FOR CLASS OF 2019-2020 AND MISSION SUPPORT

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FRIENDS OF ANIMALS 777 POST ROAD SUITE 205 DARIEN, CT 06820	13-6018549	501(C)(3)	7,162				UNRESTRICTED SUPPORT
FRIENDS OF BEAR LIBRARY 875 BROADFIELD DRIVE NEWARK, DE 19713	51-0334888	501(C)(3)	10,000				ACF GRANT TO PROVIDE "WORD WISE" PILOT PROGRAM AT THREE NCC LIBRARIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FRIENDS OF GOODSTAY GARDENS UNIVERSITY OF DELAWARE 2700 PENNSYLVANIA AVENUE WILMINGTON, DE 19806	51-6000297	501(C)(3)	37,000				RESTRICTED SUPPORT - TO HELP WITH GENERAL MAINTENANCE FOR THE GOODSTAY GARDENS, AND UNRESTRICTED SUPPORT
FRIENDS OF THE NEWARK FREE LIBRARY INC 750 LIBRARY AVENUE NEWARK, DE 19711	23-7098836	501(C)(3)	7,073				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FRIENDSHIP HOUSE INC PO BOX 1517 WILMINGTON, DE 19899	51-0306759	501(C)(3)	45,664				NEIGHBORHOOD CENTERS AND UNRESTRICTED SUPPORT
GAUDENZIA INC 604 W 10TH ST WILMINGTON, DE 19801	23-1706895	501(C)(3)	37,500				RESTRICTED SUPPORT - EXPANSION OF SERVICES IN NEW CASTLE COUNTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GENERATION YOU EMPLOYED INC 1200 19TH STREET NW SUITE 910 WASHINGTON, DC 20036	47-1073442	501(C)(3)	215,000				RESTRICTED SUPPORT
GIRLS ON THE RUN DELAWARE INC 615 W 18TH ST WILMINGTON, DE 19802	20-2751642	501(C)(3)	7,500				HEALTH CARE AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	10,000				UNRESTRICTED SUPPORT
GLOBAL CELEBRATION PO BOX 535337 GRAND PRAIRIE, TX 75053	91-1341558	501(C)(3)	17,000				YOUTH DEVELOPMENT AND UNRESTRICTED SUPPORT

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GRACE FOR DOVER PO BOX 862 DOVER, DE 19903	27-4804452	501(C)(3)	10,000				FY19 SPECIFIC INTEREST GRANT EMBRACE RESPITE NIGHT
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON, DE 19801	51-0116569	501(C)(3)	312,034				FY19 SPECIFIC INTEREST GRANT SENSORY SENSITIVE PERFORMANCES AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HABITAT FOR HUMANITY OF NEW CASTLE COUNTY 1920 HUTTON STREET WILMINGTON, DE 19802	51-0294138	501(C)(3)	51,500				UNRESTRICTED SUPPORT
HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON, DE 19807	51-0070531	501(C)(3)	22,000				HISTORY MUSEUMS AND UNRESTRICTED SUPPORT



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HARRY K FOUNDATION 313 SOUTH BOARDWALK REHOBOTH BEACH, DE 19971	46-2934019	501(C)(3)	10,000				UNRESTRICTED SUPPORT
HEALTHY FOODS FOR HEALTHY KIDS PO BOX 847 HOCKESSIN, DE 19707	30-0444914	501(C)(3)	11,897				RESTRICTED SUPPORT - ELIASON EDUCATION & GREENING FUND GRANT DISTRIBUTION AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HENRY FRANCIS DU PONT WINTERTHUR MUSEUM 5105 KENNETT PIKE WINTERTHUR, DE 19735	51-0066038	501(C)(3)	15,255				UNRESTRICTED SUPPORT
HILLTOP LUTHERAN NEIGHBORHOOD CENTER 1018 WEST SIXTH STREET WILMINGTON, DE 19805	51-0256896	501(C)(3)	15,000				CAPITAL GRANT REPLACEMENT OF PRIMARY HVAC SYSTEM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HISTORIC CHARLESTON FOUNDATION 40 EAST BAY STREET CHARLESTON, SC 29401	57-6000599	501(C)(3)	15,000				UNRESTRICTED SUPPORT
HOPPY'S HOPE TO END HUNTINGTON'S DISEASE 7 MARTIN ROAD NEWTOWN SQUARE, PA 19073	27-0708797	501(C)(3)	22,800				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF SUMNER COUNTY 16 VOLUNTEER DRIVE HENDERSONVILLE, TN 37075	23-7412307	501(C)(3)	5,500				UNRESTRICTED SUPPORT
IMMANUEL UNITED METHODIST CHURCH PO BOX 60 TOWNSEND, DE 19734	51-0261122	501(C)(3)	6,510				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIAN RIVER SCHOOL DISTRICT 31 HOSIER STREET SELBYVILLE, DE 19975	51-6000279	501(C)(3)	8,000				RESTRICTED SUPPORT - SUSSEX COUNTY SCHOOL BASED INTEGRATED MENTAL HEALTH SERVICE PROGRAM
INDIANA REPERTORY THEATRE INC 140 W WASHINGTON ST INDIANAPOLIS, IN 46204	35-1186290	501(C)(3)	10,000				STUDENT MATINEE PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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INDIANAPOLIS SYMPHONY ORCHESTRA 32 E WASHINGTON ST SUITE 600 INDIANAPOLIS, IN 46060	35-0998627	501(C)(3)	10,000				MISSION SUPPORT
INLIGHT CONNECTION PO BOX 7049 SANTA MARIA, CA 93456	91-2156721	501(C)(3)	10,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INNOVATIVE SCHOOLS DEVELOPMENT CORPORATION 100 W 10TH STREET SUITE 403 WILMINGTON, DE 19801	55-0793336	501(C)(3)	9,157				RESTRICTED SUPPORT
INTERNATIONAL LITERACY ASSOCIATION PO BOX 8139 NEWARK, DE 19714	46-3994293	501(C)(3)	88,611				RESTRICTED SUPPORT - FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ISLAMIC SOCIETY OF DELAWARE 28 SALEM CHURCH ROAD NEWARK, DE 19713	51-0202776	501(C)(3)	10,000				UNRESTRICTED SUPPORT
ITNSOUTHERNDELAWARE 24855 BROADKILL ROAD MILTON, DE 19968	46-4801700	501(C)(3)	30,000				RESTRICTED SUPPORT - SUSSEX COUNTY TRANSPORTATION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	8,750				RESTRICTED FOR USE IN SUSSEX COUNTY, TNG SOUTH GRANT, UNRESTRICTED SUPPORT
JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803	51-0064315	501(C)(3)	42,699				RESTRICTED SUPPORT RELIGION-RELATED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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JOHNS HOPKINS HOSPITAL ONE CHARLES CENTER 100 N CHARLES ST BALTIMORE, MD 21201	52-1232569	501(C)(3)	6,000				IN SUPPORT OF LAB OF DR POWELL
JOSHUA M FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	20-8592383	501(C)(3)	10,000				RESTRICTED SUPPORT - THE FREEMAN STAGE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 SOUTH WALNUT STREET WILMINGTON, DE 19801	51-0078199	501(C)(3)	13,220				TO SUPPORT 5TH GRADE CARRIE DOWNIE BIZTOWN, THE ROY KLIEN AWARD, AND UNRESTRICTED SUPPORT
JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 919 18TH ST NW SUITE 901 WASHINGTON, DC 20006	54-0788947	501(C)(3)	7,500				TO SUPPORT THE JA GENERATION FUND, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUSST SOOUP MINISTRY INC 18483 COOL SPRING RD MILTON, DE 19968	59-3820809	501(C)(3)	21,236				UNRESTRICTED SUPPORT
KAY'S FOUNDATION 560 PEOPLES PLAZA SUITE 111 NEWARK, DE 19702	26-0487358	501(C)(3)	6,662				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION CAMPUS BOX 3490 MCCOLL BUILDING CHAPEL HILL, NC 27599	56-0771850	501(C)(3)	50,000				UNRESTRICTED SUPPORT
KENT-SUSSEX INDUSTRIES INC 301 NORTH REHOBOTH BOULEVARD MILFORD, DE 19963	51-0097856	501(C)(3)	7,433				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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KIDS R FIRST PO BOX 3242 RESTON, VA 20195	54-1905551	501(C)(3)	7,500				RESTON OFFICE BACK TO SCHOOL BACK PACK DRIVE
KIMMEL CENTER FOR THE ARTS 1500 WALNUT STREET FLOOR 17 PHILADELPHIA, PA 19102	23-2865855	501(C)(3)	80,000				RESTRICTED EDUCATION "SHOW STOPPERS" SUMMER CAMP

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KIND TO KIDS FOUNDATION 100 W 10TH ST SUITE 606 WILMINGTON, DE 19801	80-0641000	501(C)(3)	10,000				CHILDREN & YOUTH SERVICES
LA ESPERANZA INC 216 N RACE STREET GEORGETOWN, DE 19947	31-1606956	501(C)(3)	277,000				ACF GRANT FOR LA COLECTIVA DE DELAWARE DIRECTOR OF COMMUNITY ENGAGEMENT AND COMMUNITY PROGRAM SUPPORT ACCOUNT, ACF GRANT FOR LA COLECTIVA DE DELAWARE DIRECTOR POSITION - OVERSIGHT OF NAVIGATION FAMILY COACHING AND YOUTH PROGRAMS AND 2-3 NAVIGATION GUIDES, DCF 2019 FOCUS GRANT - NEW CITIZENSHIP PROGRAM/IMMIGRATION DEPARTMENT, ACF GRANT - STAFF PROFESSIONAL CONTINUING EDUCATION, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA RED HEALTH CENTER 21444 CARMEAN WAY GEORGETOWN, DE 19947	14-1850828	501(C)(3)	20,500				CAPITAL GRANT MILFORD SITE RELOCATION AND EXPANSION OF SERVICES, RESTRICTED SUPPORT - TO SUPPORT LINKAGES TO THE SPECIALY CARE PROGRAM
LAND CONSERVANCY FOR SOUTHERN CHESTER COUNTY 541 CHANDLER MILL ROAD AVONDALE, PA 19311	23-2817418	501(C)(3)	10,000				UNRESTRICTED SUPPORT



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LAUREL PUBLIC LIBRARY 101 E 4TH ST LAUREL, DE 19956	23-7397230	501(C)(3)	17,400				CAPITAL GRANT STORYBOOK ROOM RENOVATION, RESTRICTED SUPPORT - TEEN FORCE PROGRAM "LIFE SKILL & IMPROVEMENT FOR THE FUTURE", AND UNRESTRICTED SUPPORT
LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW 1500 K STREET NW SUITE 900 WASHINGTON, DC 20005	52-0799246	501(C)(3)	20,000				BOARD CAMPAIGN, UNRESTRICTED SUPPORT

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LEADERSHIP DELAWARE INC 1207 DELAWARE AVENUE WILMINGTON, DE 19806	26-3527196	501(C)(3)	5,500				LEADERSHIP DEVELOPMENT AND UNRESTRICTED SUPPORT
LEADERSHIP WILKES-BARRE 4 PUBLIC SQUARE WILKESBARRE, PA 18701	23-2205981	501(C)(3)	7,000				TO SUPPORT THE WORK OF FIVE LEADERSHIP PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEADING YOUTH THROUGH EMPOWERMENT 1313 N MARKET STREET SUITE 110 A WILMINGTON, DE 19801	47-1867733	501(C)(3)	65,250				DCF 2019 FOCUS GRANTS - HOME STRETCH SUPPORT, STUDENT SERVICES, AND UNRESTRICTED SUPPORT
LEGAL SERVICES CORPORATION OF DELAWARE INC 100 W 10TH STREET SUITE 203 WILMINGTON, DE 19801	51-0372955	501(C)(3)	20,038				RESTRICTED SUPPORT - TO SUPPORT THE 2019 PRO SE INITIATIVE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEUKEMIA & LYMPHOMA SOCIETY DE CHAPTER 1300 N GRANT AVENUE WILMINGTON, DE 19806	13-5644916	501(C)(3)	28,500				SUPPORT LOCAL CHAPTER'S FUNDRAISING EFFORTS, SUPPORT "LIGHT THE NIGHT WALK" PROVIDING ACCESS TO TREATMENTS SUPPORT PROGRAMS AND EDUCATIONAL MATERIALS FOR BLOOD CANCER PATIENTS, RESTRICTED SUPPORT - TO SUPPORT THE AUTUMN DAVIS STUDENT OF THE YEAR FUNDRAISER, AND UNRESTRICTED SUPPORT
LEWES PUBLIC LIBRARY INC 111 ADAMS AVENUE LEWES, DE 19958	51-0350650	501(C)(3)	25,000				UNRESTRICTED SUPPORT

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LIFEHOUSE CHURCH PO BOX 108 TOWNSEND, DE 19734	30-0702294	501(C)(3)	100,000				RESTRICTED SUPPORT - TO SUPPORT THE BUILDING PROJECT
LIMEN HOUSE INC PO BOX 1306 WILMINGTON, DE 19899	23-7029073	501(C)(3)	15,000				UNRESTRICTED SUPPORT

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LITERACY DELAWARE INC PO BOX 2083 WILMINGTON, DE 19899	51-0410054	501(C)(3)	10,000				UNRESTRICTED SUPPORT
LITTLE SISTERS OF THE POOR 185 SALEM CHURCH ROAD NEWARK, DE 19713	51-0095986	501(C)(3)	24,414				UNRESTRICTED SUPPORT

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LOYAL ORDER OF MOOSE MILFORD LODGE #2316 20142 BEAVER DAM RD MILFORD, DE 19963	36-3993740	501(C)(3)	7,433				UNRESTRICTED SUPPORT
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD REHOBOTH BEACH, DE 19971	25-6114180	501(C)(3)	44,000				ACF GRANT FUNDS TO SUPPORT SALARIES OF CHILDCARE COORDINATOR, AIDES, AND PARTIAL SALARY OF PROGRAM DIRECTOR, RESTRICTED SUPPORT - TO SUPPORT THE ESL PROGRAM, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LUZERNE COUNTY HEAD START 23 BEEKMAN STREET WILKESBARRE, PA 18702	23-2038753	501(C)(3)	17,000				TO SUPPORT THE MISSION OF THE LUZERNE COUNTY HEAD START, TO HELP PREPARE THE CHILDREN IN THE COMMUNITY FOR AN EASY TRANSITION INTO KINDERGARTEN, RESTRICTED SUPPORT - TO SUPPORT A SCHOLARSHIP FOR A GRADUATING HIGH SCHOOL SENIOR WHO HAS PARTICIPATED IN THE HEAD START PROGRAMS
LYME DISEASE ASSOCIATION OF DELMARVA INC PO BOX 5360 SALISBURY, MD 21801	74-3102097	501(C)(3)	22,500				RESEARCH INSTITUTES & PUBLIC POLICY ANALYSIS



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MAKE-A-WISH FOUNDATION OF PHILADELPHIA NORTH 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 19422	22-2755963	501(C)(3)	7,500				FY19 SPECIFIC INTEREST/ GRANT WISHES OF CRITICALLY ILL CHILDREN
MARY CAMPBELL CENTER 4641 WELDIN ROAD WILMINGTON, DE 19803	23-7089122	501(C)(3)	6,000				UNRESTRICTED SUPPORT

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MEALS ON WHEELS DELAWARE 100 WEST 10TH ST SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	20,419				RESTRICTED SUPPORT - ADOPT A SENIOR, AND UNRESTRICTED SUPPORT
MEALS ON WHEELS OF REHOBOTH AND LEWES INC 32409 LEWES GEORGETOWN HIGHWAY LEWES, DE 19958	51-0188109	501(C)(3)	8,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10021	13-1624182	501(C)(3)	12,500				UNRESTRICTED SUPPORT
METROPOLITAN WILMINGTON URBAN LEAGUE 100 W 10TH ST SUITE 602 WILMINGTON, DE 19801	51-0391465	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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MHDC 977 E MASTEN CIRCLE MILFORD, DE 19963	51-0218904	501(C)(3)	30,000				HOUSING DEVELOPMENT, CONSTRUCTION & MANAGEMENT
MIDDLETOWN HIGH SCHOOL BAND BOOSTERS 120 SILVER LAKE ROAD MIDDLETOWN, DE 19709	51-0273942	501(C)(3)	25,000				TOWARD THE PURCHASE OF A BOX TRUCK THE BAND NEEDS TO TRANSPORT ITS EQUIPMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILFORD LIONS CLUB 301 N REHOBOTH BLVD MILFORD, DE 19963	51-0365044	501(C)(3)	7,433				RESTRICTED SUPPORT
MILFORD NEW FRONTIER CLUB 204 NORTH REHOBOTH BLVD MILFORD, DE 19963	53-0204696	501(C)(3)	7,433				RESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MILFORD PUBLIC LIBRARY 11 SE FRONT STREET MILFORD, DE 19963	51-0099181	501(C)(3)	5,559				UNRESTRICTED SUPPORT
MILFORD SCHOOL DISTRICT 906 LAKEVIEW AVENUE MILFORD, DE 19963	51-6000279	501(C)(3)	5,038				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MILFORD VETERANS OF FOREIGN WARS 77 VETERANS DRIVE MILFORD, DE 19963	23-7193708	501(C)(3)	7,433				RESTRICTED SUPPORT
MILTON & HATTIE KUTZ HOME INC 704 RIVER ROAD WILMINGTON, DE 19809	51-0070786	501(C)(3)	10,550				SENIOR CENTERS, RESTRICTED SUPPORT - TO HELP THE HOME TO CONTINUE BEING A WELCOMING AND COMFORTABLE ENVIRONMENT FOR THOSE NEEDING SHORT-TERM REHABILITATION AND LONG-TERM NURSING CARE, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILTON HISTORICAL SOCIETY PO BOX 112 210 UNION ST MILTON, DE 19968	23-7158119	501(C)(3)	18,266				UNRESTRICTED SUPPORT
MINISTRY OF CARING 115 E 14TH ST WILMINGTON, DE 19801	51-0209843	501(C)(3)	45,804				RESTRICTED SUPPORT - TO SUPPORT AND FEED THE HUNGRY AT THE EMMANUEL DINING ROOM, AND UNRESTRICTED SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINORITY CORPORATE COUNSEL ASSOCIATION INC 1111 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	13-3920905	501(C)(3)	10,000				UNRESTRICTED SUPPORT
MISS DELAWARE PAGEANT INC PO BOX 211 DOVER, DE 19903	51-0208902	501(C)(3)	15,705				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MOM'S HOUSE INC OF DOVER PO BOX 1138 DOVER, DE 19903	51-0367119	501(C)(3)	15,600				CAPITAL GRANT ROOF REPLACEMENT AND UNRESTRICTED SUPPORT
MUSKIES INC PO BOX 1509 WAUKESHA, WI 53187	41-6056119	501(C)(3)	7,500				RESTRICTED SUPPORT - TO SUPPORT THE 50 PENN JERSEY CHAPTER OF MUSKIES, INC

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NAMI-DE 2400 W 4TH ST WILMINGTON, DE 19805	22-2490797	501(C)(3)	28,397				ACF GRANT FUNDS TO SUPPORT BILINGUAL HISPANIC SERVICES INITIATIVE COORDINATOR SALARY, AND FOR THE VETERANS RESPONSE TEAM TO TRAIN LAW ENFORCEMENT ON HOW TO HANDLE VETERANS IN CRISIS
NANTICOKE HEALTH FOUNDATION 613 HIGH STREET SEAFORD, DE 19973	81-2731803	501(C)(3)	119,908				RESTRICTED SUPPORT - TO SUPPORT THE BREAST CANCER COMMUNITY OUTREACH AND SCREENING PROGRAM, NHS NEEDY FAMILY PRESCRIPTION FUND - HOLIDAY APPEAL, AND UNRESTRICTED SUPPORT

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NANTUCKET COTTAGE HOSPITAL FOUNDATION 57 PROSPECT STREET NANTUCKET, MA 02554	04-2103823	501(C)(3)	15,000				RESTRICTED SUPPORT - TO SUPPORT THE BOSTON POP CHARITY BENEFIT, AND UNRESTRICTED SUPPORT
NATIONAL COALITION OF 100 BLACK WOMEN 100 WEST 10TH ST SUITE 1004 WILMINGTON, DE 19801	51-0378158	501(C)(3)	15,500				RESTRICTED SUPPORT - THE MARY ANNE SHADD CARY AND MARGARET ROSE HENRY CIVIC ENGAGEMENT PROGRAM, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION PO BOX 1691 MERRIFIELD, VA 22116	53-0204616	501(C)(3)	10,801				UNRESTRICTED SUPPORT
NATIVITY PREPARATORY SCHOOL OF WILMINGTON 1515 LINDEN STREET WILMINGTON, DE 19805	22-3884703	501(C)(3)	44,450				ACF GRANT - \$10,000 FOR HISPANIC SERVICES PROGRAM AND \$10,700 FOR PRINCIPAL'S SALARY, SUPPORT SCHOLARSHIP FUNDING FOR STUDENTS ATTENDING 2019-2020 SCHOOL YEAR, RESTRICTED SUPPORT - GRADUATE SUPPORT PROGRAM, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCALL RESEARCH 363 SAULSBURY ROAD DOVER, DE 19904	52-6054476	501(C)(3)	41,750				HOUSING DEVELOPMENT, CONSTRUCTION & MANAGEMENT, AND UNRESTRICTED SUPPORT
NEEDY FAMILY FUND INC THE NEWS JOURNAL PO BOX 15505 WILMINGTON, DE 19850	51-6018408	501(C)(3)	7,000				UNRESTRICTED SUPPORT

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEMOURS FUND FOR CHILDREN'S HEALTH SHANDS HOUSE 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	59-0634433	501(C)(3)	225,179				RESTRICTED SUPPORT - CHILD LIFE EXPANSION, SUPPORT FOR THE COURTYARD GARDEN, TO HELP OFF-SET THE COSTS FOR MEDICAL PROCEDURES PERFORMED, TO SUPPORT THE 9TH ANNUAL RADIOTHON AND TO SUPPORT THE OPERATING EXPENSES AT THE CHILDREN'S HOSPITAL, SUPPORT AN EDUCATIONAL, TO SUPPORT THE PURCHASE OF HEALTHY FOOD TO SUPPORT AN EDUCATIONAL PROGRAM IN THE AIDHC DISCOVERY KITCHEN, AND TO SUPPORT THE AIDHC WEIGHT, THE REMEMBRANCE ROOM, AND UNRESTRICTED SUPPORT
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD SUITE 103 NEWARK, DE 19702	51-0191916	501(C)(3)	9,580				RESTRICTED SUPPORT - FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION

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NEWARK COUNTRY CLUB 300 WEST MAIN STREET NEWARK, DE 19711	51-0035715	501(C)(7)	21,753				UNRESTRICTED SUPPORT
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	56,630				UNRESTRICTED SUPPORT



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OPERADELAWARE 4 SOUTH POPLAR STREET WILMINGTON, DE 19801	51-6018055	501(C)(3)	48,006				UNRESTRICTED SUPPORT
OSTERHOUT FREE LIBRARY 71 S FRANKLIN STREET WILKESBARRE, PA 18701	24-0795971	501(C)(3)	20,000				RESTRICTED SUPPORT - TO SUPPORT THE OSTERHOUT FREE LIBRARY PROGRAMS THAT FOCUS ON LITERACY DEVELOPMENT FOR CHILDREN IN THE WILKES-BARRE AREA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	51-0095439	501(C)(3)	18,938				RESTRICTED SUPPORT - TO SUPPORT THE GIRLS SOCCER TEAM, AND UNRESTRICTED SUPPORT
PATHWAYS TO SUCCESS INC 31 THE CIRCLE SUITES A B GEORGETOWN, DE 19947	76-0811283	501(C)(3)	9,000				RESTRICTED SUPPORT - TO SUPPORT THE YOUR LIFE MATTERS PROGRAM, AND UNRESTRICTED SUPPORT

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PAWS FOR PEOPLE PO BOX 9955 NEWARK, DE 19714	76-0780197	501(C)(3)	24,935				ALLIANCES & ADVOCACY, FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION, AND UNRESTRICTED SUPPORT
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON, MD 21601	13-1624102	501(C)(3)	6,000				UNRESTRICTED SUPPORT

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PILOT SCHOOL INC 208 WOODLAWN ROAD WILMINGTON, DE 19803	51-0080692	501(C)(3)	10,500				UNRESTRICTED SUPPORT
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON, DE 19801	51-0066725	501(C)(3)	20,938				RESTRICTED SUPPORT - TEEN COUNCIL PROGRAM, ANNUAL FUND, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	10,000				UNRESTRICTED SUPPORT
POLYTECH ADULT EDUCATION PO BOX 102 WOODSIDE, DE 19980	51-6000279	501(C)(3)	42,500				ACF GRANT FUNDS TO SUPPORT SALARIES OF 2 ADULT ESL INSTRUCTORS, 2 ECE AND 1 ESL PARA- PROFESSIONAL, AND ROY KLEIN AWARD

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESTON'S MARCH FOR ENERGY 1208 FAUN ROAD WILMINGTON, DE 19803	45-3613509	501(C)(3)	7,000				FY19 SPECIFIC INTEREST GRANT PURCHASE OF 3 ADAPTIVE BIKE
PRIMEROS PASOS 20648 SAVANNAH ROAD GEORGETOWN, DE 19947	51-0375288	501(C)(3)	6,500				UNRESTRICTED SUPPORT

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PUBLIC ALLIES 100 WEST 10TH STREET STE 812 WILMINGTON, DE 19801	52-1759564	501(C)(3)	9,622				ALLIANCES AND ADVOCACY
READ ALOUD DELAWARE 100 WEST 10TH STREET SUITE 309 WILMINGTON, DE 19801	51-0280486	501(C)(3)	15,076				RESTRICTED SUPPORT - FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION, AND UNRESTRICTED SUPPORT

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READING ASSIST INSTITUTE 100 W 10TH ST SUITE 910 WILMINGTON, DE 19801	51-0317415	501(C)(3)	30,080				ACF GRANT FUNDS TO SUPPORT READING ASSIST INTERVENTION CORPS PROGRAM, FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION, AND UNRESTRICTED SUPPORT
READING IS FUNDAMENTAL 750 FIRST STREET NE SUITE 920 WASHINGTON, DC 20002	52-0976257	501(C)(3)	23,061				RESTRICTED - SUPPORT SIX RIF PROGRAMS IN FOUR NAVIENT COMMUNITIES



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REEDS REFUGE CENTER INC 1601 N PINE STREET WILMINGTON, DE 19802	26-2523634	501(C)(3)	5,500				YOUTH EMPLOYMENT PROGRAM, YOUTH SALARIES, AND UNRESTRICTED SUPPORT
REHOBOTH ART LEAGUE INC 12 DODDS LANE REHOBOTH BEACH, DE 19971	51-0097839	501(C)(3)	58,978				UNRESTRICTED SUPPORT

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RESILIENCE EDUCATION PO BOX 4631 CHARLOTTESVILLE, VA 22905	46-1134670	501(C)(3)	5,660				SUPPORT FINANCIAL LITERACY PILOT
RODEL CHARITABLE FOUNDATION PO BOX 1636 WILMINGTON, DE 19899	91-1944585	501(C)(3)	60,000				RESTRICTED SUPPORT - DELAWARE READINESS TEAMS HEALTHY CHILDREN, STRONG START, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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RODNEY STREET TENNIS & TUTORING ASSOCIATION 1101 N MARKET STREET WILMINGTON, DE 19801	01-0652445	501(C)(3)	9,500				PURCHASE SNEAKERS FOR RODNEY STREET TENNIS CAMP ATTENDEES, AND UNRESTRICTED SUPPORT
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803	51-0295320	501(C)(3)	19,500				RESTRICTED SUPPORT - TO SUPPORT HOUSING AND TO SUPPORT WOMEN WITH INFANTS IN THE WILMINGTON AREA'S NEO NATAL INTENSIVE CARE UNITS, TO SUPPORT THE FUNDING OF GUEST ROOMS FOR FAMILIES AS A PARTNER SPONSOR, AND UNRESTRICTED SUPPORT

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ROTARY CLUB MILFORD PO BOX 10 MILFORD, DE 19963	51-6018040	501(C)(4)	7,433				RESTRICTED SUPPORT
SALESIANUM SCHOOL 1801 N BROOM STREET WILMINGTON, DE 19802	51-0066743	501(C)(3)	8,381				SECONDARY & HIGH SCHOOLS, AND TO SUPPORT MINORITY SCHOLARSHIP FUNDS

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SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501(C)(3)	5,199				UNRESTRICTED SUPPORT
SERVIAM GIRLS ACADEMY INC 14 HALCYON DRIVE NEW CASTLE, DE 19720	26-0792594	501(C)(3)	43,326				RESTRICTED SUPPORT - STRATEGIC STEM INITIATIVE, TO SUPPORT THE ENRICHMENT PROGRAMS AT THE ACADEMY, INCLUDING STEM PROGRAMS, SCHOLARSHIP FUNDS, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SIEGEL JEWISH COMMUNITY CENTER 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803	51-0075823	501(C)(3)	50,000				NEIGHBORHOOD CENTERS
SOJOURNERS PLACE 2901 NORTHEAST BOULEVARD WILMINGTON, DE 19802	51-0324770	501(C)(3)	10,000				UNRESTRICTED SUPPORT

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SOUTHERN DELAWARE THERAPEUTIC HORSEBACK RIDING PO BOX 219 NASSAU, DE 19969	52-2047294	501(C)(3)	18,525				CAPITAL GRANT FIRE PROTECTION, PURCHASE OF SADDLES AND SADDLE PADS, ALLIANCES & ADVOCACY, AND UNRESTRICTED SUPPORT
SPUR IMPACT ASSOCIATION P O BOX 25208 WILMINGTON, DE 19899	82-3990289	501(C)(3)	57,000				UNRESTRICTED SUPPORT

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ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	51-0095439	501(C)(3)	13,265				TO SUPPORT THE MUSIC PROGRAM, AND UNRESTRICTED SUPPORT
ST MICHAEL'S SCHOOL & NURSERY INC 700 N WALNUT STREET WILMINGTON, DE 19801	51-0066741	501(C)(3)	32,500				UNRESTRICTED SUPPORT



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ST PETER'S EPISCOPAL CHURCH 211 MULBERRY STREET PO BOX 464 LEWES, DE 19958	51-0287504	501(C)(3)	100,000				RESTRICTED SUPPORT - OPEN DOOR PROJECT
ST THOMAS MORE ACADEMY 133 THOMAS MORE DRIVE MAGNOLIA, DE 19962	51-0095439	501(C)(3)	125,820				RESTRICTED SUPPORT - FUND FOR STUDENT AID, UNRESTRICTED SUPPORT

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STARFISH INITIATIVE 6958 HILLSDALE COURT INDIANAPOLIS, IN 46250	56-2442758	501(C)(3)	10,000				CAREER EXPLORATION PROGRAM
STEHM INC PO BOX 2617 WILMINGTON, DE 19805	51-0309114	501(C)(3)	6,800				RESTRICTED SUPPORT - FINANCIAL INDEPENDENCE PROGRAM, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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STEPS FOR HOPE INC 100 PARK AVENUE SEAFORD, DE 19973	83-3433366	501(C)(3)	25,000				UNRESTRICTED SUPPORT
SUMMER LEARNING COLLABORATIVE 1313 N MARKET ST SUITE 1150 NW WILMINGTON, DE 19801	47-5494358	501(C)(3)	42,426				ACF GRANT TO FUND SUSSEX COUNTY'S CAMP DIRECTOR, DEAN OF STUDENTS, AND LITERACY INSTRUCTORS FOR TYLER'S CAMP, AND DCF 2019 FOCUS GRANT - SUSSEX COUNTY TYLER'S CAMP

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SUNDAY BREAKFAST MISSION 110 N POPLAR STREET WILMINGTON, DE 19801	51-0073080	501(C)(3)	66,375				SUPPORT PURCHASE OF SCHOOL SUPPLIES, HELP OFFSET COST OF UNIFORMS FOR LOCAL STUDENTS THIS SCHOOL YEAR, COST OF HELATH ISSUE FOR THE HOMELESS, AND UNRESTRICTED SUPPORT
SURVIVORS OF ABUSE IN RECOVERY INC (SOAR) 405 FOULK ROAD WILMINGTON, DE 19803	51-0345109	501(C)(3)	43,640				RESTRICTED SUPPORT - TO HELP PROGRAMS THAT EMPOWER WOMEN TO OVERCOME PAST TRAUMA, CAPITAL GRANT BASEMENT WATERPROOFING PROJECT, TO SUPPORT THE MENTAL HEALTH SESSIONS FOR THE VICTIMS OF ABUSE IN KENT COUNTY, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSSEX ACADEMY OF ARTS & SCIENCES 21150 AIRPORT ROAD GEORGETOWN, DE 19947	51-0394512	501(C)(3)	37,218				DCF 2019 FOCUS GRANTS - WATER EDUCATION LESSONS AND SAFETY, AND UNRESTRICTED SUPPORT
SUSSEX COMMUNITY CRISIS HOUSING SERVICES INC 204 EAST NORTH STREET GEORGETOWN, DE 19947	51-0257434	501(C)(3)	15,000				CAPITAL GRANT KITCHEN REMODEL FOR CRISIS HOUSE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSSEX COUNTY HABITAT FOR HUMANITY P O BOX 759 GEORGETOWN, DE 19947	51-0334057	501(C)(3)	20,250				UNRESTRICTED SUPPORT
SUSSEX SPORTS CENTER FOUNDATION INC 18949 COASTAL HIGHWAY SUITE 301 REHOBOTH BEACH, DE 19971	82-0650192	501(C)(3)	12,500				ACF GRANT FUNDS TO SUPPORT FIRST YEAR OPERATIONAL COSTS OF SANDHILL FIELDS, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSSEX TECH ADULT DIVISION 17099 COUNTY SEAT HWY GEORGETOWN, DE 19947	51-6000279	501(C)(3)	24,850				DCF 2019 FOCUS GRANT - INTEGRATED SPANISH ENGLISH GED CLASSES FOR LATINX COMMUNITY
TEACH FOR AMERICA - DELAWARE 1313 N MARKET ST SUITE 110 B WILMINGTON, DE 19801	13-3541913	501(C)(3)	10,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEENSHARP INC 1200 N FRENCH ST WILMINGTON, DE 19801	27-2246880	501(C)(3)	36,250				DCF 2019 FOCUS GRANTS - DELAWARE GOES TO COLLEGE IN SUSSEX COUNTY, COLLEGE ACCESS AMBASSADOR PROGRAM, AND UNRESTRICTED SUPPORT
THE BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN 4601 CONCORD PIKE WILMINGTON, DE 19803	47-4507397	501(C)(3)	156,350				RESTRICTED SUPPORT - TO SUPPORT THE PROJECT WITH SPECIAL OLYMPICS, TO SUPPORT THE SPECIAL OLYMPICS PARTNERSHIP, AND UNRESTRICTED SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CHALLENGE PROGRAM 1124 EAST 7TH STREET WILMINGTON, DE 19801	51-0386369	501(C)(3)	25,000				CAPITAL GRANT FURNITURE MANUFACTURING FACILITY
THE CROP FOUNDATION PO BOX 1241 WILMINGTON, DE 19899	83-2281354	501(C)(3)	21,395				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HILL SCHOOL 860 BEECH STREET POTTSTOWN, PA 19464	23-1352647	501(C)(3)	6,851				RESTRICTED SUPPORT - THE QUADRIVIUM CENTER, AND THE 1851 CLUB
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET EXT WILMINGTON, DE 19802	51-0066934	501(C)(3)	69,000				RESTRICTED SUPPORT - TO SUPPORT THE MUSIC SCHOOL IN MILFORD, KCFA GRANT, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	12,250				UNRESTRICTED SUPPORT
THE NEMOURS FOUNDATION NEMOURS FUND FOR CHILDREN'S HEALTH SHANDS HOUSE 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501(C)(3)	25,000				RESTRICTED SUPPORT - TO SUPPORT CANCER RESEARCH CONDUCTED BY DR ANDY KOLB

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE RIVERSIDE SCHOOL 30 LILY POND ROAD LYNDONVILLE, VT 05851	03-0282244	501(C)(3)	25,000				UNRESTRICTED SUPPORT
THE SALVATION ARMY 400 N ORANGE STREET PO BOX 308 WILMINGTON, DE 19899	13-5562351	501(C)(3)	57,098				RESTRICTED SUPPORT - ELIASON EDUCATION & GREENING FUND GRANT DISTRIBUTION, TO SUPPORT THE CODE PURPLE AND EMERGENCY SHELTER PROGRAMS, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TORONTO AIRPORT CHRISTIAN FELLOWSHIP CATCH THE FIRE TORONTO  272 ATWELL DRIVE TORONTO, ONTARIO CA	98-0163869	501(C)(3)	10,000				UNRESTRICTED SUPPORT
TOWER HILL SCHOOL 2813 W 17TH STREET WILMINGTON, DE 19806	51-0065745	501(C)(3)	72,903				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRI-STATE BIRD RESCUE & RESEARCH INC 170 POSSUM HOLLOW ROAD NEWARK, DE 19711	51-0265807	501(C)(3)	115,300				RESTRICTED SUPPORT - TRI-STATE BIRD RESUCE & RESEARCH ENDOWMENT FUND, FY19 SPECIFIC INTEREST WILD BIRD CLINIC, AND UNRESTRICTED SUPPORT
UNITED WAY OF DELAWARE 625 NORTH ORANGE STREET WILMINGTON, DE 19801	51-0073399	501(C)(3)	224,179				RESTRICTED SUPPORT - MOVING THE NEEDLE, COMMUNITY IMPROVEMENT & CAPACITY BUILDING NEC, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF NORTHWEST FLORIDA PO BOX 586 PANAMA CITY, FL 32402	59-0863698	501(C)(3)	25,000				RESTRICTED SUPPORT - TO SUPPORT HURRICANE MICHAEL RECOVERY EFFORTS IN BAY COUNTY
UNITED WAY OF SOUTHERN CHESTER COUNTY 106 WEST STATE STREET KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	11,350				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(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
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE, PA 18701	24-0831490	501(C)(3)	22,000				\$16,000 MISSION SUPPORT/\$6,000 JUMP START AT LUZERNE COUNTY
UNIVERSITY OF DELAWARE 104 HULLIHEN HALL 162 THE GREEN NEWARK, DE 19716	51-6000297	501(C)(3)	359,404				EDWARD J BENNETT FOOTBALL SCHOLARSHIP FUND, THE OSHER LIFELONG LEARNING INSTITUTE, AGRICULTURE AND NATURAL RESOURCES, THE RESIDENT ENSEMBLE PLAYERS THEATRE, THE PAUL JONES COLLECTION, DR JAMES "COLE" GALLOWAY AND THE GOBABYGO! PROJECTS, EDWARD J BENNETT LACROSSE SCHOLARSHIP FUND, THE SCHOOL OF EDUCATION/SPECIAL EDUCATION, DR PAUL HEAD, DIRECTOR OF CHORAL STUDIES, AND THE UD CHORALE, COLLEGE OF HEALTH SCIENCES MOTIVATE THE FIRST STATE CAMPAIGN, THE COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT, REP THEATRE, ELIASON EDUCATION & GREENING FUND GRANT DISTRIBUTION, DELAWARE STADIUM (FOOTBALL), THE BOTANIC GARDENS AND THE STUDENT PROGRAMS, SIMON ENDOWED SCHOLARSHIP FUND, COLLEGE OF AGRICULTURE AND NATURAL RESOURCES, SCHOOL OF EDUCATION/SPECIAL EDUCATION, SUPPORT BIOSCIENCE RESEARCH, SUPPORT ONE INCOMING FRESHMAN, AND UNRESTRICTED SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBANPROMISE MINISTRIES WILMINGTON 2401 THATCHER ST WILMINGTON, DE 19802	20-8156160	501(C)(3)	23,645				TO SUPPORT THE STREETLEADER YOUNG WOMEN'S COLLEGE READINESS AND RETENTION INITIATIVE, TO SUPPORT THE CHILDREN'S PROGRAMS, WHICH INCLUDE THE AFTER-SCHOOL PROGRAMS, STREET LEADERS, THE ACADEMY, URBANPROMISE SCHOOL, AND SUMMER CAMPS AND THE SPEAK UP! SPEECH CONTEST
VANDERBILT UNIVERSITY GIFT AND DONOR SERVICES 2301 VANDERBILT PL PMB 406310 NASHVILLE, TN 37240	62-0476822	501(C)(3)	30,000				RESTRICTED SUPPORT - DEEG SEZNA SCHOLARSHIP, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISION TO LEARN 100 W 10TH ST SUITE 106 WILMINGTON, DE 19801	45-3457853	501(C)(3)	15,000				ACF GRANT FUNDS TO SUPPORT DELAWARE'S FREE (150) EYE EXAMS AND (120) GLASSES PROGRAM
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTONSALEM, NC 27109	56-0532138	501(C)(3)	40,000				RESTRICTED SUPPORT - TO SUPPORT THE THOMAS L SAGER SCHOLARSHIP (BYNUM CHALLENGE INITIATIVE)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WARRIOR WEEKEND CORP PO BOX 63 HARBESON, DE 19951	46-3114503	501(C)(3)	62,324				UNRESTRICTED SUPPORT
WASHINGTON COLLEGE OFFICE OF COLLEGE ADVANCEMENT 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	15,000				RESTRICTED SUPPORT - TO SUPPORT THE WORK WITH ACTIVITIES THAT INVOLVE RELIGION, POLITICS, AND CULTURE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WDBID MANAGEMENT COMPANY 409 N ORANGE ST WILMINGTON, DE 19801	51-0362299	501(C)(3)	19,000				CAPITAL GRANT - SECURITY UPGRADE AND REPAIR OF BACK DOOR
WEBB INSTITUTE OF NAVAL ARCHITECTURE 298 CRESCENT BEACH ROAD GLEN COVE, NY 11542	11-1630912	501(C)(3)	10,000				UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESLEY COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT 120 N STATE STREET DOVER, DE 19901	51-0064335	501(C)(3)	5,494				KCFA GRANT, WESLEY GIVING DAY, AND UNRESTRICTED SUPPORT
WEST END NEIGHBORHOOD HOUSE INC 710 N LINCOLN STREET WILMINGTON, DE 19805	51-0064301	501(C)(3)	54,310				CAPITAL GRANT REPAIR OF HOUSING FOR FORMER FOSTER CARE YOUTH, ELIASON EDUCATION & GREENING FUND GRANT DISTRIBUTION, TO SUPPORT THE ABOVE "XPECTATIONS" TRACK TEAM, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON, DE 19806	51-0066745	501(C)(3)	6,190				TO SUPPORT THE STEWARDSHIP CAMPAIGN AND UNRESTRICTED SUPPORT
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	22-2488654	501(C)(3)	113,500				TO SUPPORT TELEHEALTH DIABETES RETINAL SCREENING, COMMUNITY HEALTH SYSTEMS, FREE HEALTH SCREENINGS FOR THE PUBLIC, ACF GRANT FUND TO SUPPORT PROFESSIONAL EDUCATION FOR STAFF, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILMINGTON & BRANDYWINE CEMETERY 701 DELAWARE AVENUE WILMINGTON, DE 19801	51-0041212	501(C)(13)	12,973				FOR TREE REMOVAL AND UNRESTRICTED SUPPORT
WILMINGTON COUNTRY CLUB 4825 KENNETT PIKE WILMINGTON, DE 19807	51-0054440	501(C)(3)	50,150				RECREATION & SPORTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD WILMINGTON, DE 19803	51-0064310	501(C)(3)	11,800				ELEMENTARY & SECONDARY SCHOOLS, AND UNRESTRICTED SUPPORT
WILMINGTON HEAD START 100 W 10TH ST SUITE 101 WILMINGTON, DE 19801	51-0276298	501(C)(3)	9,580				RESTRICTED SUPPORT - FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION



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WILMINGTON LIBRARY PO BOX 2303 WILMINGTON, DE 19899	51-0064340	501(C)(3)	105,375				RESTRICTED SUPPORT - FUND FOR CHILDREN'S LITERACY GRANT DISTRIBUTION
WILMINGTON MONTESSORI SCHOOL 1400 HARVEY ROAD WILMINGTON, DE 19810	51-0102104	501(C)(3)	99,982				UNRESTRICTED SUPPORT

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WILMINGTON SENIOR CENTER INC 1901 MARKET STREET WILMINGTON, DE 19802	51-0078398	501(C)(3)	20,000				CAPITAL GRANT FLOORING PROJECT, AND UNRESTRICTED SUPPORT
WOODBRIDGE SCHOOL DISTRICT 16359 SUSSEX HIGHWAY BRIDGEVILLE, DE 19805	51-6000279	501(C)(3)	8,000				SUSSEX COUNTY SCHOOL BASED INTEGRATED MENTAL HEALTH SERVICE PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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WOODLAWN LIBRARY 2020 W 9TH STREET WILMINGTON, DE 19805	81-0611775	501(C)(3)	6,613				ANNUAL DISTRIBUTION
YEAR UP INC 320 N DUPONT HIGHWAY THE GREEN 303 NEW CASTLE, DE 19720	04-3534407	501(C)(3)	26,000				DCF 2019 FOCUS GRANT - YEAR UP CLOSING THE OPPORTUNITY GAP, AND UNRESTRICTED SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF DELAWARE 100 W 10TH ST SUITE 110 WILMINGTON, DE 19801	51-0065748	501(C)(3)	98,019				TO SUPPORT YMCA OF DELAWARE GLOBAL TEENS PROGRAM, THE SUSSEX FAMILY YMCA, SUPPORT YMCA SUMMER CAMPS, THE BLACK ACHIEVERS PROGRAM, DIABETES PREVENTION PROGRAM, YMCA SPINATHON, LIVESTRONG PROGRAM, WATER SAFETY WEEK INITIATIVES, AND UNRESTRICTED SUPPORT
YOUTH MENTORING INITIATIVE PO BOX 743 FISHERS, IN 46038	26-2543447	501(C)(3)	10,000				MISSION SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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YWCA DELAWARE 100 W 10TH STREET SUITE 1115 WILMINGTON, DE 19801	51-0064344	501(C)(3)	107,000				TO SUPPORT THE HOME LIFE PROGRAM, HEALTHCARE OUTREACH FOR SEXUAL ASSUALT, FFW COLLABORATIVE FRAN/DELOWARE GIRLS CIRCLES, MLK VOICE 4 YOUTH, AND UNRESTRICTED SUPPORT
ZIP CODE WILMINGTON INC 1105 N MARKET ST SUITE 2000 WILMINGTON, DE 19801	47-3853334	501(C)(3)	275,000				DCF 2019 FOCUS GRANT - INNOVATION AND OUTREACH, AND RESTRICTED SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number  
22-2804785

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)	<b>1a</b>		
<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 (e.g., maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes in 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.</p>	<b>1b</b>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No								
	<b>4b</b>	Yes									
	<b>4c</b>		No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No								
	<b>5b</b>		No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No								
	<b>6b</b>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No								
<p><b>8</b> 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.</p>	<b>8</b>		No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>										

**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 are not 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 JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	(i)	259,828 -----	0 -----	0 -----	18,000 -----	43,562 -----	321,390 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	JOHN STUART COMSTOCK-GAY \$18,000





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number

22-2804785

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	56,075	2,057,805	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( <u>IN KIND GIFTS</u> )	X	97	32,218	FAIR MARKET VALUE
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

DELAWARE COMMUNITY FOUNDATION INC

Employer identification number

22-2804785

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION'S MEMBERS (THE "MEMBERS") SHALL CONSIST OF (A) THE CORPORATION'S CURRENT BOARD OF DIRECTORS (THE "DIRECTORS"), (B) NOT LESS THAN SIX (6) OR MORE THAN TWELVE (12) INDIVIDUALS, EACH OF WHOM IS A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A DONOR-ADVISED OR ENDOWMENT FUND HELD BY THE CORPORATION, ELECTED BY THE DIRECTORS, AND (C) NOT LESS THAN SIX (6) OR MORE THAN TWELVE (12) INDIVIDUALS, EACH OF WHOM ARE FORMER MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, ELECTED BY THE DIRECTORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS NOMINATIONS FOR THE BOARD OF DIRECTORS TO THE MEMBERS WHO VOTE ON EACH CANDIDATE FOR A SEAT ON THE DCF BOARD

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING ONCE THE FORM 990 IS REVIEWED, THE AUDIT COMMITTEE REPORTS TO THE BOARD OF DIRECTORS ABOUT THE RETURN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDATE HIS OR HER CONFLICT OF INTEREST STATEMENT AND TO BRING TO THE ATTENTION OF THE PRESIDENT ANY POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF CONFLICT OF INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUALLY AN EMPLOYEE COMPLETES A CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT AND RETURNS IT TO THE CHIEF FINANCIAL OFFICER FOR FILING IN THE EMPLOYEE'S PERSONNEL RECORD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED ANNUALLY BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DELAWARE COMMUNITY FOUNDATION INC

**Employer identification number**

22-2804785

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> RODEL CHARITABLE FOUNDATION PO BOX 1636  WILMINGTON, DE 19899 91-1944585	INVESTED IN EFFORTS GEARED TOWARD IMPROVING STUDENT ACHIEVEMENT IN DELAWARE	DE	501(C)(3)	12A	N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RODEL CHARITABLE FOUNDATION - DE	L	68,950	ADMIN FEES PAID

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>