

Form **990**
(Rev. January 2020)
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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: **ELWYN OF PENNSYLVANIA AND DELAWARE**
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite:
 111 ELWYN ROAD
 City or town, state or province, country, and ZIP or foreign postal code:
 ELWYN, PA 19063

D Employer identification number: 23-1352117

E Telephone number: (610) 891-2000

G Gross receipts \$: 295,873,771.

H(a) Is this a group return for subsidiaries? ☐ Yes ☒ No
H(b) Are all subsidiaries included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or 527

J Website: WWW.ELWYN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation: 1852 **M** State of legal domicile: PA

H(c) Group exemption number: ☐

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THROUGH PERSONAL COMMITMENT, COLLECTIVE TALENTS AND INNOVATION, ELWYN SUPPORTS INDIVIDUALS WITH DIVERSE CHALLENGES IN SHAPING DISTINCTIVE, MEANINGFUL LIVES.

2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 4.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3.

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,505.

6 Total number of volunteers (estimate if necessary) 6 3.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h) 1,698,988 1,274,731.

9 Program service revenue (Part VIII, line 2g) 248,287,272 246,080,871.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,454,922 1,303,053.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,939,276.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 269,151,383 256,597,931.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0.

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 148,715,823 152,830,898.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0.

b Total fundraising expenses (Part IX, column (D), line 25) 1,047,414.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 112,752,386 105,760,314.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 261,468,209 258,591,212.

19 Revenue less expenses Subtract line 18 from line 12 7,685,174 -1,993,281.

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year 231,333,551 End of Year 186,196,433.

21 Total liabilities (Part X, line 26) 150,844,058 157,696,409.

22 Net assets or fund balances Subtract line 21 from line 20. 80,489,493 28,500,024.

Part II Signature Block

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

Sign Here

Signature of officer: *Charles S. McLister* Date: May 16, 2021

CHARLES S. MCLISTER PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARC R BERGER CPA Preparer's signature: *Marc Berger* Date: 05/14/2021 Check ☐ if self-employed PTIN: P01871563

Firm's name: BDO USA, LLP Firm's EIN: 13-5381590

Firm's address: 1801 MARKET STREET SUITE 1700 PHILADELPHIA, PA 19103 Phone no: 215-564-1900

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

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

☒ X

- 1** Briefly describe the organization's mission
THROUGH PERSONAL COMMITMENT, COLLECTIVE TALENTS AND INNOVATION, ELWYN
SUPPORTS INDIVIDUALS WITH DIVERSE CHALLENGES IN SHAPING DISTINCTIVE,
MEANINGFUL LIVES. WE WILL CREATE AN ENDURING MISSION TO ENRICH THE
QUALITY OF LIFE FOR INDIVIDUALS IN OUR CARE.
- 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 \$ 74,709,756 including grants of \$) (Revenue \$ 79,018,681)

EARLY CHILDHOOD - 8,727 CLIENTS - CHILDREN, GENERALLY AGES THREE
TO FIVE, RECEIVE SPECIALIZED INSTRUCTION, SPEECH, OCCUPATION AND
PHYSICAL THERAPY. SERVING CHILDREN IN PHILADELPHIA AND THE
SURROUNDING COUNTIES, EACH CHILD IS SCREENED AND EVALUATED BY A
MULTI-DISCIPLINARY TEAM TO IDENTIFY POSSIBLE DEVELOPMENTAL DELAYS.
AN INDIVIDUALIZED EDUCATION PLAN (IEP) IS THEN CREATED BY THE
RESPECTIVE TEAM THERAPISTS AND THE CHILD'S PARENTS/GUARDIANS,
CULMINATING IN SERVICE DELIVERY AND ANNUAL ASSESSMENTS.

4b (Code) (Expenses \$ 62,123,732 including grants of \$) (Revenue \$ 66,984,936)

SUPPORTS FOR LIVING - 411 CLIENTS - SERVICES TO ADULTS WITH
PHYSICAL AND INTELLECTUAL DISABILITIES SUCH AS CAMPUS AND
COMMUNITY LIVING AND DAY SUPPORT. EACH CLIENT IS SERVED UNDER AN
INDIVIDUAL HABILITATION PLAN (IHP) WHICH INCLUDES PERSONAL GOALS,
ACTIVITIES OF DAILY LIVING AND VOCATIONAL WORK PLAN FOR ACTIVE
TREATMENT.

4c (Code) (Expenses \$ 36,185,303 including grants of \$) (Revenue \$ 41,181,338)

EDUCATION - 7,255 CLIENTS - EDUCATIONAL SERVICES TO STUDENTS WITH
SPECIAL NEEDS. SERVICES RANGE FROM OUR APPROVED PRIVATE SCHOOL
(APS) TO SPECIALIZED TUTORING AND THERAPIES IN LOCAL SCHOOL
DISTRICT SETTINGS. EACH CHILD RECEIVES AN INDIVIDUALIZED EDUCATION
PLAN (IEP) WHICH GOVERNS THE SERVICES RENDERED.

4d Other program services (Describe on Schedule O)

(Expenses \$ 53,706,199 including grants of \$) (Revenue \$ 66,914,122.)

4e Total program service expenses 226,724,990.

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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,505		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 Section 501(c)(12) organizations. Enter	12b	
a Gross income from members or shareholders	13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	15	X
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	16	X
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		

Form 990 (2019)

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, NJ, PA,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 DAVID BOWERS 111 ELWYN ROAD ELWYN, PA 19063-4699 610-891-2000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) CHARLES S. MCLISTER PRESIDENT/CEO	30.00 20.00	X		X				475,243.	0.	46,065.
(2) JEFFREY J. GIOVINO SVP/CHIEF OPERATING OFFICER	25.00 25.00			X				374,157.	0.	46,194.
(3) DR. KURT MICELI SVP OF AD BEHAV HEALTH/CMO	50.00 0.				X			354,288.	0.	37,873.
(4) CINDY BERTRANDO SVP/CFO THRU 12/2019	25.00 25.00			X				341,657.	0.	35,308.
(5) DEBRA M. PAUL, CPA, MBA CFO AS OF 01/2020	11.00 39.00			X				0.	318,265.	40,634.
(6) CHARLES FEDORCO VP OF ELWYN CALIFORNIA	0. 45.00					X		323,013.	0.	32,069.
(7) KYU-IM HWANG VP OF EDUCAT & EARLY CHILDHOOD	45.00 0.				X			219,014.	0.	39,482.
(8) H. SCOTT CAMPBELL SVP OF BUSINESS DEVELOPMENT	30.00 15.00				X			212,852.	0.	34,789.
(9) LEONARD KIRBY SVP OF ADULT I/DD	30.00 15.00				X			222,668.	0.	19,433.
(10) JENNIFER STRYKER VP OF HUMAN RESOURCES	30.00 15.00				X			209,436.	0.	23,297.
(11) REGINA MACKENZIE GENERAL COUNSEL	30.00 15.00				X			204,766.	0.	27,380.
(12) MARGUERITE KRAFTSON VP OF ADVANCEMENT	0. 45.00					X		198,268.	0.	17,969.
(13) DOMINIC MARFISI EXEC DIR - BEHAVIORAL HEALTH	30.00 15.00					X		197,202.	0.	11,737.
(14) CHRISTOPHER REICHART VP, INNOVATION/TECH THRU 09/19	30.00 15.00				X			194,592.	0.	13,418.

(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			
15) JEREMY SUNKETT VP OF REAL ESTATE & ASSET MGMT	25.00 20.00				X			178,003.	0.	29,459.
16) REX CARNEY CHIEF OF STAFF	45.00 0.					X		178,881.	0.	24,439.
17) TIMOTHY KRUSHINSKI EXECUTIVE DIRECTOR-DAVIDSON	45.00 0.					X		165,946.	0.	15,989.
18) JONATHAN SWATSBURG TREASURER	1.00 3.00	X		X				0.	0.	0.
19) JOSEPH E. LUNDY, ESQ. CHAIRMAN	1.00 7.00	X		X				0.	0.	0.
20) JUDITH STRINE SECRETARY	1.00 4.00	X		X				0.	0.	0.
1b Sub-total								4,049,986..	318,265..	495,535..
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,049,986..	318,265..	495,535..

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 ▶ 65

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	147
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,145,916			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	128,815			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f.		1,274,731.			
Program Service Revenue				Business Code			
	2a	EARLY CHILDHOOD	623000	79,018,681.	79,018,681.		
	b	SUPPORTS FOR LIVING	623000	66,984,936.	66,984,936.		
	c	EDUCATION	611600	41,181,338	41,181,338.		
	d	BEHAVIORAL HEALTH	623000	38,815,919	38,815,919.		
	e	WORK SERVICES	310000	20,079,997	20,079,997		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f.		246,080,871			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		1,146,289.			1,146,289.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	6a	(i) Real 501,391.	(ii) Personal		
	b	Less rental expenses	6b	580,321			
	c	Rental income or (loss)	6c	-78,930			
	d	Net rental income or (loss).		-78,930.			-78,930
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 38,576,643.	(ii) Other 275,640		
	b	Less cost or other basis and sales expenses . .	7b	38,322,536	372,983		
	c	Gain or (loss)	7c	254,107	-97,343		
	d	Net gain or (loss)		156,764			156,764.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	8a	0			
	b	Less direct expenses	8b	0			
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities See Part IV, line 19	9a	0			
	b	Less direct expenses	9b	0			
	c	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	10a	0			
b	Less cost of goods sold	10b	0				
c	Net income or (loss) from sales of inventory.		0				
Miscellaneous Revenue				Business Code			
	11a	CORPORATE OVERHEAD ALLOCATION	561000	6,269,798	6,269,798		
	b	FUNDRAISING COST ALLOCATION	561000	1,017,842	1,017,842		
	c	OTHER REVENUE	561000	730,566	730,566.		
	d	All other revenue					
	e	Total. Add lines 11a-11d		8,018,206			
12	Total revenue. See instructions		256,597,931	254,099,077		1,224,123	

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

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,254,860.		3,254,860.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	115,226,760.	104,781,135.	9,808,919.	636,706.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,395,894.	5,693,670.	664,668.	37,556.
9 Other employee benefits	17,987,462.	16,417,657.	1,472,814.	96,991.
10 Payroll taxes	9,965,922.	9,084,747.	821,967.	59,208.
11 Fees for services (nonemployees)	0.			
a Management	1,087,812.	484,535.	599,188.	4,089.
b Legal	426,092.		424,347.	1,745.
c Accounting	147,019.		146,733.	286.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	119,816.		119,816.	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 2.	61,910,682.	56,390,621.	5,428,775.	91,286.
12 Advertising and promotion	66,037.	13,783.	51,344.	910.
13 Office expenses	2,392,310.	862,776.	1,510,246.	19,288.
14 Information technology	5,689,265.	2,336,593.	3,332,764.	19,908.
15 Royalties	0.			
16 Occupancy	9,365,246.	8,770,829.	582,563.	11,854.
17 Travel	2,010,329.	1,903,698.	100,594.	6,037.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	365,522.	346,249.	18,458.	815.
20 Interest	2,317,269.	2,061,664.	243,067.	12,538.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,046,667.	2,958,852.	1,063,059.	24,756.
23 Insurance	2,940,062.	2,612,526.	311,690.	15,846.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM & WORKSHOP SUPPLIES	5,936,985.	5,754,340.	181,404.	1,241.
b MISCELLANEOUS	3,799,833.	3,609,017.	189,027.	1,789.
c REPAIRS & MAINTENANCE	2,300,889.	2,131,961.	165,997.	2,931.
d MINOR FURNISHINGS	156,341.	155,548.	767.	26.
e All other expenses	682,138.	354,789.	325,741.	1,608.
25 Total functional expenses Add lines 1 through 24e	258,591,212.	226,724,990.	30,818,808.	1,047,414.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,401,800.	1	14,213,071.
	2 Savings and temporary cash investments.	1,299,910.	2	0.
	3 Pledges and grants receivable, net	413,230.	3	516,038.
	4 Accounts receivable, net.	55,674,527.	4	30,057,954.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	262,759.	8	0.
	9 Prepaid expenses and deferred charges	2,209,287.	9	3,212,152.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 159,020,784.		
	b Less accumulated depreciation.	10b 108,719,377.		
	11 Investments - publicly traded securities.	50,376,755.	10c	50,301,407.
	12 Investments - other securities. See Part IV, line 11.	63,002,990.	11	7,266,715.
	13 Investments - program-related. See Part IV, line 11.	84,006.	12	84,006.
	14 Intangible assets.	0.	13	0.
	15 Other assets. See Part IV, line 11.	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	53,608,287.	15	80,545,090.	
Liabilities	17 Accounts payable and accrued expenses.	231,333,551.	16	186,196,433.
	18 Grants payable	38,558,190.	17	47,451,303.
	19 Deferred revenue.	0.	18	0.
	20 Tax-exempt bond liabilities.	1,607,315.	19	862,524.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	22,208,296.	20	22,735,054.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	511,074.	21	410,947.
	23 Secured mortgages and notes payable to unrelated third parties	0.	22	0.
	24 Unsecured notes and loans payable to unrelated third parties.	33,780,968.	23	34,039,382.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	811,595.	24	511,595.
	26 Total liabilities. Add lines 17 through 25.	53,366,620.	25	51,685,604.
	27 Net assets without donor restrictions.	150,844,058.	26	157,696,409.
Net Assets or Fund Balances	28 Net assets with donor restrictions.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances.	80,489,493.	32	28,500,024.
	33 Total liabilities and net assets/fund balances.	231,333,551.	33	186,196,433.

Form **990** (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	256,597,931.
2	Total expenses (must equal Part IX, column (A), line 25)	2	258,591,212.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,993,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,489,493.
5	Net unrealized gains (losses) on investments	5	-3,699,793.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-46,296,395.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,500,024.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Employer identification number

23-1352117

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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? 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

**Open to Public
Inspection**

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 for instructions and the latest information**

Department of the Treasury
Internal Revenue Service

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 organization ELWYN OF PENNSYLVANIA AND DELAWARE	Employer identification number 23-1352117
--	--

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)				

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

Schedule C (Form 990 or 990-EZ) 2019

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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 (grassroots 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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
1 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			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		147,019.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			147,019.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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

SCHEDULE C, PART II-B, LINE 1G

ELWYN PA UTILIZES VARIOUS FIRMS TO ASSIST WITH LOBBYING AND GOVERNMENTAL

RELATION ACTIVITIES.

Part IV Supplemental Information (continued)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Employer identification number

23-1352117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X. ▶ \$

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Schedule D (Form 990) 2019

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	57,166,505.	45,711,534.	44,870,124.	42,471,067.	43,608,013.
b Contributions	2,219,302.	10,806,756.	7,655.	8,889.	8,091.
c Net investment earnings, gains, and losses	-2,442,161.	3,034,629.	2,649,164.	4,894,621.	-898,436.
d Grants or scholarships	4,134,000.	2,256,960.	1,580,472.	896,209.	521,658.
e Other expenditures for facilities and programs	50,585,964.			1,866,549.	16,558.
f Administrative expenses	124,901.	129,454.	234,937.	-258,305.	-291,615.
g End of year balance	2,098,781.	57,166,505.	45,711,534.	44,870,124.	42,471,067.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☒ 53.0000 %

b Permanent endowment ☒ 47.0000 %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,742,620.		4,742,620.
b Buildings		117,402,185.	78,911,905.	38,490,280.
c Leasehold improvements		477,497.	462,711.	14,786.
d Equipment		11,333,145.	8,815,698.	2,517,447.
e Other		25,065,337.	20,529,063.	4,536,274.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				50,301,407.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) INTERCO RECVBLE FROM ELWYN NJ	28,487,402.
(2) INTERCO RECVBLE FROM SLEIGHTON	21,283,095.
(3) INTERCO RECVBLE FROM ELWYN CA	8,750,165.
(4) INTERCO RECVBLE FROM FSS	1,226,621.
(5) INTERCO RECVBLE FROM OTHER AFL	287,120.
(6) ESTIMATED SETTLEMENTS DUE FROM	17,988,980.
(7) THIRD PARTY PAYORS	
(8) OTHER RECEIVABLES	1,455,404.
(9) OTHER ASSETS	1,066,303.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	80,545,090.

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	
(2) REVOLVING LINE OF CREDIT	33,117,906.
(3) PENSION LIABILITY	12,915,052.
(4) CARES ACT FICA DEFERRAL LIABILITY	1,663,812.
(5) SUPPLEMENTAL NONQUALIFIED	906,704.
(6) RETIREMENT PLANS	
(7) OTHER LIABILITIES	3,082,130.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	51,685,604.

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

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

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

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

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

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

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

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

RESTRICTED CASH PRIMARILY CONSISTS OF CLIENT FUNDS HELD BY THE ORGANIZATION AS REPRESENTATIVE PAYEE OR UNDER OTHER ARRANGEMENTS. THE ORGANIZATION RECORDS A LIABILITY EQUAL TO THE AMOUNT OF RESTRICTED CASH ASSOCIATED WITH CLIENT FUNDS. THIS LIABILITY IS RECORDED AS DEPOSITS HELD FOR CUSTODY OF OTHERS WITHIN CURRENT LIABILITIES ON THE CONSOLIDATED BALANCE SHEETS.

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT THE ORGANIZATION ON A LONG TERM BASIS. HISTORICALLY, THE SPENDING PLAN HAS BEEN TO USE, ON AVERAGE, 4% (7% IN FISCAL 2020) OF THE BALANCE TO SUPPORT THE MISSION OF THE ORGANIZATION.

SCHEDULE D, PART X, LINE 2

ELWYN HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C) OF THE INTERNAL REVENUE CODE ("IRC") AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE IRC. HOWEVER, AT TIMES, THE ENTITIES ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX BASED ON THEIR ACTIVITIES.

FOR THE YEAR ENDED JUNE 30, 2020, THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN, WHICH WOULD REQUIRE ADJUSTMENT OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS FILED ALL OF ITS IRS FORM 990, INCLUDING 990-T, WHERE APPLICABLE, FOR THE YEAR ENDED JUNE 30, 2019.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-1352117

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 CHARLES S. MCLISTER PRESIDENT/CEO	(i) 465,301. (ii) 0.	0.	9,942.	0.	26,825.	19,240.	521,308.	0.
2 JEFFREY J. GIOVINO SVP/CHIEF OPERATING OFFICER	(i) 365,252. (ii) 0.	0.	8,905.	0.	26,904.	19,290.	420,351.	0.
3 DR. KURT MICELI SVP OF AD BEHAV HEALTH/CMO	(i) 344,168. (ii) 0.	10,000.	120.	0.	16,800.	21,073.	392,161.	0.
4 CINDY BERTRANDO SVP/CEO THRU 12/2019	(i) 313,378. (ii) 0.	0.	28,279.	0.	15,145.	20,163.	376,965.	0.
5 CHARLES FEDORCO VP OF ELWYN CALIFORNIA	(i) 239,715. (ii) 0.	0.	83,298.	0.	16,800.	15,269.	355,082.	0.
6 LEONARD KIRBY SVP OF ADULT I/DD	(i) 222,488. (ii) 0.	0.	180.	0.	13,464.	5,969.	242,101.	0.
7 KYU-IM HWANG VP OF EDUCAT & EARLY CHILDHOOD	(i) 205,442. (ii) 0.	0.	13,572.	0.	26,966.	12,516.	258,496.	0.
8 H. SCOTT CAMPBELL SVP OF BUSINESS DEVELOPMENT	(i) 109,062. (ii) 0.	0.	103,790.	0.	29,350.	5,439.	247,641.	0.
9 JENNIFER STRYKER VP OF HUMAN RESOURCES	(i) 209,305. (ii) 0.	0.	131.	0.	12,692.	10,605.	232,733.	0.
10 REGINA MACKENZIE GENERAL COUNSEL	(i) 204,490. (ii) 0.	0.	276.	0.	14,394.	12,986.	232,146.	0.
11 MARGUERITE KRAFTSON VP OF ADVANCEMENT	(i) 198,088. (ii) 0.	0.	180.	0.	12,000.	5,969.	216,237.	0.
12 DOMINIC MARFISI EXEC DIR - BEHAVIORAL HEALTH	(i) 196,360. (ii) 0.	0.	842.	0.	11,737.	0.	208,939.	0.
13 CHRISTOPHER REICHART VP, INNOVATION/TECH THRU 09/19	(i) 123,635. (ii) 0.	0.	70,957.	0.	3,975.	9,443.	208,010.	0.
14 REX CARNEY CHIEF OF STAFF	(i) 170,105. (ii) 0.	0.	8,776.	0.	11,453.	12,986.	203,320.	0.
15 JEREMY SUNKETT VP OF REAL ESTATE & ASSET MGMT	(i) 169,383. (ii) 0.	0.	8,620.	0.	11,423.	18,036.	207,462.	0.
16 TIMOTHY KRUSHINSKI EXECUTIVE DIRECTOR-DAVIDSON	(i) 165,430. (ii) 0.	0.	516.	0.	10,020.	5,969.	181,935.	0.

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DEBRA M. PAUL, CPA, MBA CFO AS OF 01/2020	(i) 0. (ii) 268,007.	0. 50,000.	0. 258.	0. 20,344.	0. 20,290.	0. 358,899.	0. 0.
2	(i) (ii)						
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) 2019

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

CHARLES FEDORCO RECEIVES A HOUSING ALLOWANCE THAT IS TAXABLE TO HIM.

SCHEDULE J, PART I, LINE 4A

CHRISTOPHER REICHART RECEIVED SEVERANCE IN THE AMOUNT OF \$48,018.

SCHEDULE J, PART I, LINE 4B

ELWYN OF PENNSYLVANIA AND DELAWARE SPONSORS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AVAILABLE TO CERTAIN KEY CURRENT AND FORMER EMPLOYEES.

THE FOLLOWING PERSONS PARTICIPATE IN THE PLANS:

CHARLES S. MCCLISTER - \$8,971

JEFFREY J. GIOVINO - \$9,050

CINDY BERTRANDO - \$9,545

H. SCOTT CAMPBELL - \$1,277

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

DELAWARE COUNTY AUTHORITY

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number

23-1352117

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A												
B	DELAWARE COUNTY AUTHORITY	23-1973437	245913M08	12/28/2017	20,949,764	SEE PART VI		X		X		X
C	DELAWARE COUNTY AUTHORITY	23-1973437	000000000	10/23/2018	10,295,919	SEE PART VI		X		X		X
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		1,215,000.					
2	Amount of bonds legally defeased							
3	Total proceeds of issue		20,949,764.		10,295,919.			
4	Gross proceeds in reserve funds		1,696,210.					
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds		418,995.		295,918.			
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds		4,735,851.		3,453,214.			
11	Other spent proceeds		14,166,621.					
12	Other unspent proceeds		6,797.		6,546,787.			
13	Year of substantial completion		2017		2021			
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X			
16	Has the final allocation of proceeds been made?		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X			

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Schedule K (Form 990) 2019

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Part III Private Business Use

DELAWARE COUNTY AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?				X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?				X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?						X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?				X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X		X			
b Exception to rebate?				X		X		
c No rebate due?				X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?				X		X		

Schedule K (Form 990) 2019

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, LINE A(C)

THE 2017 BOND ISSUE INCLUDES THE FOLLOWING CUSIPS: 245913MQ8, 245913MR6,

245913MS4, 245913MZ8, 245913NA2, AND 245913NB0

SCHEDULE K, PART I, LINE A(F)

CURRENT REFUNDING OF 2010 BONDS AND FINANCING CERTAIN CAPITAL

IMPROVEMENTS.

SCHEDULE K, PART I, LINE B(F)

FINANCING AND/OR REIMBURSING ELWYN FOR CERTAIN CAPITAL IMPROVEMENTS,

RENOVATIONS AND REPAIRS TO ELWYN'S MEDIA CAMPUS.

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal 0-

- | | | |
|-----------|--|-----------|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a |
| 4b | If "Yes," did the organization provide such notice? | 4b |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | 5 |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a |
| 6b | If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? | 6b |
| c | If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III | |

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

[illegible]

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization? . . .
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the transaction?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, describe the compensation or other similar payments received or to be received by the officer, director, trustee, or key employee in the space below.

	Yes	No
2a	X	
2b		X
2c		X
2d		X

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Schedule N (Form 990 or 990-EZ) 2019

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information

SCHEDULE N, PART II, LINE 2A

AS OF JULY 1, 2019, ELWYN PA AND CERTAIN OF ITS SUBSIDIARIES COMPLETED AN
INTERNAL CORPORATE REORGANIZATION. ALL BOARD MEMBERS OF ELWYN OF
PENNSYLVANIA & DELAWARE WILL CONTINUE TO BE BOARD MEMBERS OF THE ELWYN
FOUNDATION AS THEY HAVE IN THE PAST.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-1352117

FORM 990, PART III, LINE 4D

BEHAVIORAL HEALTH - 1,929 CLIENTS - ELWYN PROVIDES BEHAVIORAL HEALTH
SERVICES TO BOTH CHILDREN AND ADULTS.

CHILDREN'S SERVICES INCLUDE A VARIETY OF PROGRAMMING AND SUPPORT FOR
CHILDREN AND ADOLESCENTS AGES 2 TO 21 WITH SOCIAL, EMOTIONAL, AND
BEHAVIORAL CHALLENGES. THE TREATMENT SERVICES ARE OFFERED IN BOTH
COMMUNITY-BASED AND RESIDENTIAL SETTINGS, AND ARE TAILORED TO THE
SPECIFIC NEEDS OF EACH CHILD. THE SERVICES ARE DESIGNED TO OFFER FAMILIES
AND CHILDREN THE TOOLS TO SUCCEED WITHIN THE LEAST-RESTRICTIVE
EDUCATIONAL AND LIVING ENVIRONMENT POSSIBLE.

ADULT SERVICES INCLUDE A VARIETY OF PROGRAMMING AND SUPPORT FOR ADULTS
WITH MENTAL ILLNESS. ELWYN OFFERS BOTH COMMUNITY AND RESIDENTIAL
SERVICES. THE RESIDENTIAL SERVICES ARE DESIGNED TO SUPPORT INDIVIDUALS IN
RECOVERING FROM MENTAL ILLNESS WHILE PROMOTING INDEPENDENT LIVING AND
COMMUNITY INCLUSION. THE COMMUNITY-BASED SERVICES INCLUDE A MOBILE CRISIS
TEAM THAT PROVIDES ASSESSMENT AND INTERVENTION, ALONG WITH OUTPATIENT
CLINICS OFFERING TRADITIONAL PSYCHIATRY AND THERAPY SERVICES TO
INDIVIDUALS AND GROUPS.

WORK SERVICES - 857 CLIENTS - PROGRAMS SUCH AS VOCATIONAL AND
OCCUPATIONAL TRAINING, WORKSHOPS, SUPPORTED EMPLOYMENT, WELFARE TO WORK
AND COMMUNITY INCLUSION. EACH CLIENT SERVED IS PROVIDED THE OPPORTUNITY

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Employer identification number

23-1352117

TO EXPERIENCE GAINFUL EMPLOYMENT. BASED ON OUR VOCATIONAL SCREENING AND ASSESSMENT PROCEDURES, AS WELL AS CLIENT CHOICE, OPPORTUNITIES RANGE FROM SHELTERED WORKSHOPS, SUPPORTED EMPLOYMENT, MINIMALLY SUPERVISED CUSTODIAL WORK, ETC.

EXPENSES \$54,706,199. INCLUDING GRANTS OF \$0. REVENUE \$66,914,122.

FORM 990, PART VI, SECTION A, LINE 4

AS OF JULY 1, 2019, ELWYN PA (FORMERLY KNOWN AS "ELWYN") AND CERTAIN OF ITS SUBSIDIARIES COMPLETED AN INTERNAL REORGANIZATION ("THE REORGANIZATION. PRIOR TO JULY 1, 2019, ELWYN PA WAS A PENNSYLVANIA NON-MEMBER, NON-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE IRC AND DESCRIBED AS A PUBLIC CHARITY UNDER IRC SECTIONS 501(C)(3) AND 170(B)(1)(A)(III). PRIOR TO JULY 1, 2019, ELWYN PA SERVED AS THE SOLE MEMBER OF THE FOLLOWING ENTITIES THAT WERE DIRECTLY AFFECTED BY THE REORGANIZATION EFFECTIVE JULY 1, 2019 (COLLECTIVELY, "THE ELWYN SUBSIDIARIES"):

- 1) THE ELWYN FOUNDATION - A PENNSYLVANIA MEMBER, NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(A) AND DESCRIBED AS A TYPE I SUPPORTING ORGANIZATION UNDER IRC SECTIONS 501(C)(3) AND 509(A)(3);
- 2) ELWYN NEW JERSEY, A NEW JERSEY, NON-PROFIT CORPORATION - A NEW JERSEY MEMBER, NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(A) AND DESCRIBED AS A PUBLIC CHARITY UNDER IRC SECTIONS 501(C)(3) AND 509(A)(1);
- 3) ELWYN CALIFORNIA - A CALIFORNIA MEMBER, NONPROFIT CORPORATION

Name of the organization	Employer identification number
ELWYN OF PENNSYLVANIA AND DELAWARE	23-1352117

EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(A) AND DESCRIBED AS
A PUBLIC CHARITY UNDER IRC SECTIONS 501(C)(3) AND 509(A)(2);

WHILE ELWYN PA HAS OTHER SUBSIDIARIES, SUCH OTHER SUBSIDIARIES WERE NOT
DIRECTLY AFFECTED BY THE REORGANIZATION. THE REORGANIZATION WAS
EFFECTUATED FOR ASSET PROTECTION PURPOSES AND TO STREAMLINE OPERATIONS.
IN CONNECTION WITH THE REORGANIZATION, THE ELWYN FOUNDATION CONVERTED
INTO A PENNSYLVANIA NON-MEMBER, NONPROFIT CORPORATION AND, AS SUCH, ELWYN
PA NO LONGER SERVES AS THE SOLE MEMBER OF THE ELWYN FOUNDATION. ELWYN PA
CONVERTED INTO A PENNSYLVANIA MEMBER, NONPROFIT CORPORATION, WITH THE
ELWYN FOUNDATION AS ITS SOLE MEMBER AND CHANGED ITS CORPORATE NAME FROM
"ELWYN" TO "ELWYN OF PENNSYLVANIA AND DELAWARE". ELWYN PA TRANSFERRED ITS
MEMBERSHIP INTERESTS IN THE FOLLOWING ENTITIES TO THE ELWYN FOUNDATION:
ELWYN NJ AND ELWYN CA. AS A RESULT OF THE REORGANIZATION, THE ELWYN
FOUNDATION IS THE SOLE MEMBER OF ELWYN PA, ELWYN NJ, AND ELWYN CA.

FORM 990, PART VI, SECTION A, LINE 6
EFFECTIVE JULY 1, 2019, THE ELWYN FOUNDATION IS THE SOLE MEMBER OF ELWYN
OF PENNSYLVANIA AND DELAWARE.

FORM 990, PART VI, SECTION A, LINE 7A
THE ELWYN FOUNDATION, AS THE SOLE MEMBER, RESERVES, AMONG OTHERS, THE
POWER TO APPOINT THE MEMBERS.

Name of the organization ELWYN OF PENNSYLVANIA AND DELAWARE	Employer identification number 23-1352117
--	--

FORM 990, PART VI, SECTION A, LINE 7B

THE ELWYN FOUNDATION, AS THE SOLE MEMBER, HAS THE RIGHT TO APPOINT BOARD MEMBERS AND HAS CERTAIN RESERVED POWERS UNDER THE BY-LAWS.

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ON A PERIODIC BASIS. BOARD MEMBERS COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. THE COMPLETED FORMS ARE MAINTAINED BY THE ASSISTANT SECRETARY OF THE BOARD.

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ON A PERIODIC BASIS. BOARD MEMBERS COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. THE COMPLETED FORMS ARE MAINTAINED BY THE ASSISTANT SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

AN EMPLOYMENT CONTRACT DETERMINES THE COMPENSATION OF ELWYN'S PRESIDENT. THE BOARD OF DIRECTORS OF ELYWN OF PENNSYLVANIA AND DELAWARE, THE PARENT ORGANIZATION AT THE TIME, APPROVED THE PRESIDENT'S EMPLOYMENT CONTRACT AFTER THOROUGH CONSULTATION WITH COMPENSATION PROFESSIONALS AND REVIEW OF COMPENSATION PAID BY COMPARABLE NONPROFIT ORGANIZATIONS. THE CURRENT CONTRACT COVERS COMPENSATION BETWEEN MARCH 1, 2017, AND JUNE 30, 2022.

ANNUALLY, ELWYN OF PENNSYLVANIA AND DELAWARE'S PRESIDENT DETERMINES THE COMPENSATION PAID TO OTHER SENIOR EXECUTIVES. THE COMPENSATION INFORMATION FOR THESE EMPLOYEES IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE

Name of the organization	Employer identification number
ELWYN OF PENNSYLVANIA AND DELAWARE	23-1352117

OF THE BOARD OF DIRECTORS FOR INFORMATIONAL PURPOSES ONLY.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE THROUGH PUBLIC SOURCES AS A RESULT OF THE TAX-EXEMPT BOND FINANCING. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART VIII, LINES 11A & 11B

THE CORPORATE OVERHEAD ALLOCATION ON LINE 11A AND FUNDRAISING ALLOCATION ON LINE 11B ARE THE ALLOCATION OF COSTS FROM ELWYN OF PENNSYLVANIA AND DELAWARE TO OTHER RELATED ENTITIES FOR THEIR SHARE OF THESE COSTS. THE COSTS ARE SHOWN AS MANAGEMENT FEES AND FUNDRAISING COSTS ON THE STATEMENT OF FUNCTIONAL EXPENSES WITHIN EACH IMPACTED FORM 990.

FORM 990, PART XI, LINE 9

EQUITY TRANSFER TO THE ELWYN FOUNDATION: \$ (41,443,983)

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS (4,050,337)

OF THE ELWYN FOUNDATION:

OTHER COMPONENTS OF NET PERIODIC BENEFIT COST: (1,395,465)

CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY 593,390

IN UNRESTRICTED NET ASSETS:

TOTAL: \$ (46,296,395)

Name of the organization ELWYN OF PENNSYLVANIA AND DELAWARE	Employer identification number 23-1352117
ATTACHMENT 1	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DYNAMICARE LLC 25 FORD AVE. LAKEWOOD, NJ 08701	EARLY INTERVENTION	12,020,041.
STAFFING PLUS 551 WEST LANCASTER AVE. HAVERFORD, PA 19041	TEMPORARY STAFFING	6,601,411.
KIDS AND FAMILY, INC. 5 NORTHCREST PL LAKEWOOD, NJ 08701-2967	EARLY INTERVENTION	4,053,279.
THRIVE THERAPY LLC 6 GRANT AVE LAKEWOOD, NJ 08701	EARLY INTERVENTION	3,860,458.
EASTER SEALS OF SOUTHEASTERN PA 3975 CONSHOHOCKEN AVENUE PHILADELPHIA, PA 19131	EARLY INTERVENTION	3,244,084.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
EARLY CHILDHOOD	40,795,735.	40,795,735.	0.	0.
PROF FEES/PURCHASED PERSONNEL	19,292,642.	13,889,530.	5,335,645.	67,467.
OTHER FEES	1,822,305.	1,705,356.	93,130.	23,819.
TOTALS	<u>61,910,682.</u>	<u>56,390,621.</u>	<u>5,428,775.</u>	<u>91,286.</u>

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ 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 for instructions and the latest information

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Employer identification number

23-1352117

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

(1)	(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
(2)						
(3)						
(4)						
(5)						
(6)						

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.

(1)	(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?
(2)	ELWYN NEW JERSEY 228 WEST LANDIS AVENUE VINELAND, NJ 08360	HUMAN SVCS	NJ	501 (C) (3)	10	ELWYN FDN	X
(3)	PROVIDER ENHANCED MANAGEMENT SERVICE 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	501 (C) (3)	10	ELWYN PA DE	X
(4)	SLEIGHTON SCHOOL 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	501 (C) (3)	12A, TYPE I	ELWYN PA DE	X
(5)	ELWYN CALIFORNIA 3190 S BASCOM AVENUE SAN JOSE, CA 95124	HUMAN SVCS	CA	501 (C) (3)	7	ELWYN FDN	X
(6)	THE ELWYN FOUNDATION 111 ELWYN ROAD ELWYN, PA 19063	FUNDRAISING	PA	501 (C) (3)	7	N/A	X
(7)	FAMILY SUPPORT SERVICES 7200 CHESTNUT STREET, NO 103 UPPER DARBY, PA 19082	HUMAN SVCS	PA	501 (C) (3)	7	ELWYN PA DE	X
(8)	ELWYN INSTITUTES WORKERS COMP TRUST 111 ELWYN ROAD ELWYN, PA 19063	WORKERS COMP	PA	501 (C) (3)	12A, TYPE I	ELWYN PA DE	X

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

Schedule R (Form 990) 2019

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SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

ELWYN OF PENNSYLVANIA AND DELAWARE

Employer identification number

23-1352117

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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	ELWYN VIRGINIA 111 ELWYN ROAD ELWYN, PA 19063 47-4385994	INACTIVE	PA	501(C)(3)	7	ELWYN PA DE	X	
(2)	FELLOWSHIP HEALTH RESOURCES, INC 24 ALBION ROAD LINCOLN, RI 02865 05-0373414	HUMAN SVCS	RI	501(C)(3)	7	ELWYN PA DE	X	
(3)	FELLOWSHIP REALTY CORP, INC 24 ALBION ROAD LINCOLN, RI 02865 05-0158796	RENTAL PROP	RI	501(C)(2)	N/A	FHR, INC.		X
(4)	FELLOWSHIP REALTY CORP OF MASSACHUSETTS 24 ALBION ROAD LINCOLN, RI 02865 20-4650367	RENTAL PROP	RI	501(C)(3)	10	FHR, INC.		X
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

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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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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
(1)	GRACE PHARMACY 20-1744870 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	ELWYN PA DE	C CORP	0	0	100.0000	X	
(2)	EIB, INC 23-2511810 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	ELWYN PA DE	C CORP	0	0	100.0000	X	
(3)	BIE INDUSTRIES 23-2361332 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	ELWYN PA DE	C CORP	0	0	100.0000	X	
(4)	HABILITATION FACILITIES 23-2426839 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	ELWYN PA DE	C CORP	0	0	100.0000	X	
(5)	ELWYN HEALTH SERVICES OF PENNSYLVANIA PC 81-4397361 111 ELWYN ROAD ELWYN, PA 19063	INACTIVE	PA	ELWYN PA DE	C CORP	0	0	100.0000	X	
(6)										
(7)										

Schedule R (Form 990) 2019

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

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SLEIGHTON SCHOOL	D	21,283,095.	FMV
(2) FAMILY SUPPORT SERVICES	D	1,226,621.	FMV
(3) FELLOWSHIP HEALTH RESOURCES	D	52,892.	FMV
(4) ELWYN INSTITUTE WORKERS COMP TRUST	E	581,621.	FMV
(5) FELLOWSHIP HEALTH RESOURCES	L	29,516.	FMV
(6) ELWYN INSTITUTE WORKERS COMP TRUST	M	347,557.	FMV

Schedule R (Form 990) 2019

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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**1** 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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a**
- b** Gift, grant, or capital contribution to related organization(s). **1b**
- c** Gift, grant, or capital contribution from related organization(s). **1c**
- d** Loans or loan guarantees to or for related organization(s). **1d**
- e** Loans or loan guarantees by related organization(s). **1e**
- f** Dividends from related organization(s). **1f**
- g** Sale of assets to related organization(s). **1g**
- h** Purchase of assets from related organization(s). **1h**
- i** Exchange of assets with related organization(s). **1i**
- j** Lease of facilities, equipment, or other assets to related organization(s). **1j**
- k** Lease of facilities, equipment, or other assets from related organization(s). **1k**
- l** Performance of services or membership or fundraising solicitations for related organization(s). **1l**
- m** Performance of services or membership or fundraising solicitations by related organization(s). **1m**
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). **1n**
- o** Sharing of paid employees with related organization(s). **1o**
- p** Reimbursement paid to related organization(s) for expenses. **1p**
- q** Reimbursement paid by related organization(s) for expenses. **1q**
- r** Other transfer of cash or property to related organization(s). **1r**
- s** Other transfer of cash or property from related organization(s). **1s**

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)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) FELLOWSHIP HEALTH RESOURCES	M	128,488.	FMV
(2) FAMILY SUPPORT SERVICES	P	1,315,990.	FMV
(3) ELWYN INSTITUTE WORKERS COMP TRUST	P	525,000.	FMV
(4) SLEIGHTON SCHOOL	Q	1,095,702.	FMV
(5) FAMILY SUPPORT SERVICES	Q	663,666.	FMV
(6) FELLOWSHIP HEALTH RESOURCES	Q	152,231.	FMV

Schedule R (Form 990) 2019

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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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.