			EXTENDED TO MAY 17, 2021		
	0	00	Return of Organization Exempt From	Income Tax	MB No 15 5-0047
Forn		<b>YU</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		
•		uary 2020) of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
-		1		JUN 30, 2020	
<b>В</b> С а	heck if pplicab	le:	forganization	D Employer identifi	cation number
	Addre Chang	ре реця	WARE COMMUNITY FOUNDATION, INC		
	Name	ge Doing b	usiness as	22-28047	85
	Initial returr Final returr		and street (or P.O. box if mail is not delivered to street address) Room/su BOX 1636	ite E Telephone numbe 302-571-	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	94,260,452.
	Amer returr		INGTON, DE 19899	H(a) Is this a group r	
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: JOHN STUART COMSTOCK-GA	AY for subordinates	s? 🖸 Yes 🛛 No
	pend		AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
		empt status:		527 If "No," attach a	list. (see instructions)
			DELCF.ORG	H(c) Group exemption	
κF	orm o	f organization:	X Corporation Trust Association Other ► L Ye	ear of formation: 1986	<b>A</b> State of legal domicile: <b>DE</b>
Pa	rt I	Summary			
Governance	1	Briefly describ	e the organization's mission or most significant activities: OUR MISS. F THE PEOPLE OF DELAWARE BY EMPOWERING	ION IS TO IMP G AND GROWING	ROVE THE
rna	2	Check this bo			
Ne			ting members of the governing body (Part VI, line 1a)		37
ğ			lependent voting members of the governing body (Part VI, line 1b)		37
ŝ			of individuals employed in calendar year 2019 (Part V, line 2a)		20
Activities &	6		of volunteers (estimate if necessary)		105
ctiv			d business revenue from Part VIII, column (C), line 12		0.
Ā			business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	18,520,055.	23,527,838.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve		0	come (Part VIII, column (A), lines 3, 4, and 7d)	10,133,597.	7,248,017.
Ř			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	941,891.	832,204.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,595,543.	
			milar amounts paid (Part IX, column (A), lines 1-3)	13,135,252.	
	14		to or for members (Part IX, column (A), line 4)	0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,790,740.	1,949,456.
lse			undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses			ing expenses (Part IX, column (D), line 25) <b>970, 227.</b>		
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,371,225.	3,303,914.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,297,217.	28,267,148.
	19		expenses. Subtract line 18 from line 12	10,298,326.	3,340,911.
or				Beginning of Current Year	End of Year
ets lanc	20	Total assets (	Part X, line 16)	260,631,720.	260,412,728.
Ass Bai	21		(Part X, line 26)	36,713,880.	35,558,459.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	223,917,840.	224,854,269.
_	rt II			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,
		-	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	v knowledge and belief, it is
	-		. Declaration of preparer (other than officer) is based on all information of which prepa		
	22110	-, somploto			

Sign Here	Signature of officer         JOYCE DARLING, VP-FINANCE & ADMINISTRATION         Type or print name and title	Date						
Paid	Print/Type preparer's name     Preparer's signature     Date       KATHERINE L. SILICATO	Check PTIN if self-employed P00543107						
Preparer	Firm's name GUNNIP & COMPANY LLP	Firm's EIN ▶ 51-0076769						
Use Only	Firm's address 2751 CENTERVILLE RD., STE. 300							
	WILMINGTON, DE 19808	Phone no. 302 - 225 - 5000						
May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2019)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) DELAWARE COMMUNITY FOUNDATION, INC 22-2804785 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO IMPROVE THE LIVES OF THE PEOPLE OF DELAWARE BY
	EMPOWERING AND GROWING PHILANTHROPY THROUGH KNOWLEDGE AND RELATIONSHIPS, NOW AND IN THE FUTURE. WE ENVISION A DELAWARE WHERE
	GENEROSITY EXPANDS OPPORTUNITY FOR ALL AND ENHANCES THE COMMON GOOD.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 24,778,242. including grants of \$ 23,013,778.) (Revenue \$ 832,204.)
	IN THE FISCAL YEAR ENDED JUNE 30, 2020, THE DELAWARE COMMUNITY
	FOUNDATION INVESTED IN BUILDING OPPORTUNITY THROUGHOUT THE STATE BY
	AWARDING OVER \$23 MILLION IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND LOCAL STUDENTS. THE MAJORITY OF THAT AMOUNT WAS
	GRANTED FROM DONOR ADVISED FUNDS. THE DCF ALSO AWARDED \$306,800 IN
	SCHOLARSHIPS TO 165 STUDENTS AND \$4,592,672 IN DIRECT GRANTS TO DOZENS
	OF DELAWARE NONPROFIT ORGANIZATIONS THROUGH OUR COMMUNITY IMPACT GRANTS
	PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:         ) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 24,778,242.

Form	aan	(2019)
	330	(2013)

 Form 990 (2019)
 DELAWARE COMMUNITY FOUNDATION, INC

 Part IV
 Checklist of Required Schedules



If the arguments on required to complete Schedule B, Schedule of Contributor?       1       X         3       Def the arguments on required to complete Schedule B, Schedule of Contributor?       3       X         4       Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behall of or in opposition to candidates for organization matrix and schedule C, Part II       4       X         5       Is the organization matrix and schedule C, Part II       5       X         6       Did the organization matrix and voltable of any similar funds or accounts for thore or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Vires, "complete Schedule D, Part II       6       X         7       Did the organization matrix and voltable organization matrix and voltable organization matrix and voltable organization reproved provide advice and the distribution or investment of amounts in such funds or accounts for Vires, "complete Schedule D, Part II       7       X         8       Did the organization matrix on collectons of vorks of att, historical treasures, or other similar assets? If Yes, "complete Schedule D, Part II       8       X         9       Did the organization reprove anamout in Part X, line 21, for scrow or coundoital account lability, save as a cutodiain for amount in Part X, line 21, for scrow or coundoital matrix and the account anamout in Part X, line 21, for scrow or coundoital matrix anamouts and screw anamout for index schedule D, Part II       10       X         11				Yes	No
2         Is the organization required to complete Schedule 8, Schedule 40 Contributore         2         X           3         Did the organization regage in direct prilineat political campaign activities on behalf of or in opposition to candidates for public offective, if Yes, "complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization regage in lobbying activities, or have a section 501(f) election in effect during that symple Schedule C, Part I         4         X           5         Is the organization and solution site of the organization and values difuse or any similar funds or accounts for which donors have the right to provide activities as of the organization or investment of anomatis in such India or accounts for "Wes", complete Schedule D, Part I         6         X           6         Did the organization regort an amount in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts in such thorewest field. D, Part II         7         X           7         Did the organization regort an amount for lack the approximation enviree?         7         X           8         Did the organization regort an amount for lack the approximation enviree?         7         X           9         Did the organization regort an amount for lack the approximation enviree?         7         X           10         Did the organization regort an amount for lack approximation. India assets in donorrestricted endowments or in quasia indicable. Dreart W         10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
3         Ddf he organization engage in direct or indirect political campaign activities on behalf of or in opportion to candidates for public officit? If Yes," complete Schedule C, Part II         3         X           4         Section 501(b)3 organizations. Dd 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         4         X           5         Is the organization ascience for 001(b)3 organization frame and true of a complexe schedule C, Part II         5         X           6         Did the organization reserve in folding assemints to preserve open space.         6         X           7         ZX         Schedule D, Part II         7         X           8         Did the organization and true of bid a conservation and counding assemints to preserve open space.         7         X           9         Did the organization and true and true tax V, In 21, for account schule account fability, serve as a custodian travel and true and tr	-	If "Yes," complete Schedule A			
public office <i>IV</i> 'Yes, ' complete Schedule <i>C</i> , <i>Part I</i> 3         X           4         Section 501(6)30 organizations. Dt the organization engage in lobbying activities, or have a section 501(h) election in effect         4         X           5         Ib the organization action 501(c)(a), 501(c)(b), 501(c)(b) organization that receives membership dues, assessments, or binsi arrownic as defined in Revenue Proceedure 59197 'F 'ves, ' complete Schedule <i>D</i> , Part I'         6         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 for Which donors have the right to Schedule <i>D</i> , Part II         6         X           7         Did the organization receive or hold a conservation esaments, including assements to preserve open space, the environment, historic latin area, or historic at neurous not such the organization services?         7         X           8         Did the organization right and area, or historic at result or ganization, fund assets in donor-restricted endowmants or in quasi motomership the schedule <i>D</i> , <i>Part IV</i> 7         X           10         Did the organization right an amount for hine fund, suildings, and equipment in Part X, line 107 II' Yes, "complete Schedule <i>D</i> , <i>Part VI</i> 10         X           11         If the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in PAT X, line 161 I' Yes, "complete Schedule <i>D</i> , Part VI			2	Δ	
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(6) election in effect during the taxy year? If "Yes," complete Schedule C, Part II         4         X           5         Is the organization a section 501(c)(6), or 501(c)(6) or 501(c)(6) or 701(c)(6) or 201(c)(6)	3		•		v
during the tax yea? If 'Yes,' complete Schedule C, Part II         4         X           5         Is the organization a section Schedule C, Part II         5         X           6         Did the organization maintain any doner advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment and funds or accounts for the 'Schedule D, Part II         6         X         5         X           7         Did the organization receive or hold a conservation easements in building easements to preserve open space, the environment, historic fail meas, or historic at treasures, or other similar assets? II 'Yes,' complete Schedule D, Part II         6         X           8         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodiant for amounts not listed in Part X, or provide eradic uncessing, debt mangament, or debt negotation services?         9         X           9         Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasilendominents? II 'Yes,' complete Schedule D, Part V         10         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes,' complete Schedule D, Part V         10         X           11         If the organization report an amount for the assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 11/' 'Yes,' complete Schedule D, Part X         111         X			3		
6         Is the organization a section 501(c)(A), 501(c)(S) or 501(c)(B) or	4		4	x	
similar amounts as defined in Revolue Procedure 98-1971 // Yes,* complete Schedule 0, Part II       5       X         6       Did the organization maintain any donor adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide origin advices of hold a conservation assemment, including assements to preserve open space, the environment, hietoric line draves, or historic structures // W res,* complete Schedule D, Part III       7       X         8       Did the organization report an amount in Part X, ine 12, 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?       9       X         10       Did the organization report an amount for levels in donor-esticited endowments       10       X         11       If the organization report an amount for levels meters in the rest. X, line 107 // Yes,* complete Schedule D, Part V       10       X         11       X       Did the organization report an amount for levels meters - organization report an amount for investments - organization related in Part X, line 12, Mart 15% or more of its total assets reported in Pa	5		4	- 11	
6       Dd 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 for Which donors have the right to provide advice on the distribution or investment at a mount in such funds or accounts for Which donors have the right to provide advice on the distribution or investment at a mount in the such funds or accounts for Which donors have the right to provide advice on the distribution and mount in restments to preserve open space.       Image: Complete Schedule D, Part II         7       X         8       Did the organization method accelerotion of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       Image: Complete Schedule D, Part III         8       Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts and listed in Part X, or provide credit consensing, debt management, credit repair, or debt negotation services?       Image: X         9       Did the organization, report an amount for levels or the organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       Image: X         10       Did the organization report an amount for levels meths - order securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V       Image: X         11       Ut the organization report an amount for rohwas mests. Program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part X       Image: X	5		5		x
provide arbitice on the distribution or investment of amounts in such funds or accounts // Yes,* complete Schedule D, Part //         6         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 // Yes,* complete Schedule D, Part //         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cardial counseling, debt management, credit repair, or debt negotiation services?         8         X           9         Did the organization report an amount for lows and the organization, hold assets in donorestricted endowments or in quasi endowments?         10         X           10         Did the organization services?         9         X           11         If the organization report an amount for lows pressments - other securities in donorestricted endowments or in quasi endowments?         10         X           12         If the organization report an amount for investments - other securities in Part X, line 10? // Yes,* complete Schedule D, Part V         10         X           13         X         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 10? // Yes,* complete Schedule D, Part X         111         X           14         Did the organization report an amount for investme	6		5		
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       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other simila assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization, namount 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - roogram 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 X       114       X         13       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 X       114       X         14       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Ū		6	х	
the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of at, historical reasures, or other similar assets? If 'Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liabitity, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - other securities 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 VII       11       X         11       Did the organization report an amount for investments - other securities 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 VIII       11       X         11       Did the organization report an amount for investments - 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 X       11 <td>7</td> <td></td> <td></td> <td></td> <td></td>	7				
9         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III         8         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?         9         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         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V         11a         X           b         Did the organization report an amount for investments - there securities in Part X, line 13? If "Yes," complete Schedule D, Part VI         11a         X           b         Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part VI         11a         X           c         Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X         11b         X           c         Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X         11t         X           c         Did the organization sepoarata, independent audited financi			7		Х
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?       9       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       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities 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 VII       11a       X         14       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 VIII       11d       X         15       Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         16       Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       111d       X <td< td=""><td>8</td><td></td><td></td><td></td><td></td></td<>	8				
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         10         X           10 Did the organization, directly or through a related organization, hold assets in doon-restricted endowments? or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         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 VI         11b         X           c Did the organization report an amount for investments - other securities 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 VII         11c         X           c Did the organization report an amount for other absets 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 X         11c         X           d Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X         11d         X           d Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X         11t         X		Schedule D, Part III	8		Х
If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization generation as a supplicable.       10       X       10       X         as applicable.       as applicable.       10       X       11       11       X         b       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       11       X       11       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 VIII       11       X       11       X         c       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 X       11       11       X         c       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11       X         12       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11       X         13       Ithe or	9				
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       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable.       10       X         a)       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       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 VI       11b       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 XI       11c       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 "xe," complete Schedule D, Part X       11d       X         f)       Did the organization asparate, independent audited financial statements for the tax year induce a foothore that addresses the organization aschedules of the organization asset in Part X, line 13, that is 50,000 for grantmaking, tudraising, business, investment, and program service activities outside the United States; or aggregate foreign investments valued at 5100,000 or more? If "Yes," complete Schedule F, Parts II and IV       11		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quase endowments? If "Yes," complete Schedule D, Part V     10     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.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     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 167 If "Yes," complete Schedule D, Part VIII     11b     X       c Did the organization report an amount for investments - orgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X VIII     11d     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 167 If "Yes," complete Schedule D, Part X     11d     X       e Did the organization report an amount for other labilities in Part X, line 257 If "Yes," complete Schedule D, Part X     11te     X       f Did the organization is spearate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X     11te     X       11     X     11a     X     11a     X       12a     X and XII     11e     X     11te     X       11     X     11e     X     11te     X       11		If "Yes," complete Schedule D, Part IV	9		X
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VI, VII, VII, VI, V	10				
as applicable.       a) bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       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       11b       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       11c       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 X       11d       X         e) Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X       11e       X         f) Did the organization is baparate or consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X       11f       X         12a       Did the organization olucided in onsolidated, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X       11f       X         12a       Did the organization naiser evenues or expenses of more than \$10,000 form grantmaking, fundtaising, business, investment, and program service activities outside the United States?       12a       X         14a       Did the organization report on Part IX, column (A), line 3, more tha			10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       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 VI       11b       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       11c       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 VIII       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         12a Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13 Is the organization a school described in section 170(b)(1/A)(iii)? If "Yes," complete Schedule D, Part X and XII is optional       12b       X         14a       X       11d       X       14a       X	11				
Part VI       11a       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       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11c       X         d       Did the organization report an amount for other assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11d       X         e       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization answered "No" to ine 12a, then completing Schedule D, Part X and XII is optional       12a       X         13       Is the organization maintain an office, employees, orgaents outside of the United States?       14a       X         14a       Did the organization neport on Part X, column (A), line 3, more than \$5,000 of garpts or other assistance to or for any foreign organization report on Part X, column (A), line 3, more than \$5,000 of garpts or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professiona					
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       11b       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 VII       11c       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 VIII       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization assered "No" to line 12a, then completing Schedule D, Part X       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       13a       X         14a       Did the organization report on Part IX, column (A), line 3, more than	а		44-	x	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       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       11c       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 X       11d       X         e 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       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11t       X         13       Is the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional       13       X         14a       Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization report on Part IX, column (A), line	h		11a	<u>_</u>	
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? // "Yes," complete Schedule D, Part V/III       11c       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? // "Yes," complete Schedule D, Part IX       11d       X         e       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bilability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         13       Is the organization maintain an office, employees, or agenets outside of the United States?       14a       X         14b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17	b		11h	х	
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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 X       Ind       X         e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X       Inte       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization beam separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X       Inte       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X and XII       Inte       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Parts XI and XII       Inte       X         13 Is the organization achool described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E       Inte       X         14a Did the organization navitain an office, employees, or agents outside of the United States?       Inte       X         b 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 report an 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 G, Part I       Inte       X         13       Did the organization report on Part IX, column (A), line 3, more than	-		11c		х
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       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       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neoport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investment valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for profesional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       17       18       1	е		11e	Х	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       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 II       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	f				
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       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 II and IV       16       X         17       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 G, Part I       16       X         18       Did the organization report on than \$15,000 of expenses for professional fundraising services on Part IX, column (A			11f		X
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       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 G, Part I       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II       17       X         17 </td <td>12a</td> <td>· · · · · ·</td> <td></td> <td></td> <td>37</td>	12a	· · · · · ·			37
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       X         17       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 II and IV       16       X         17       Did the organization report 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       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X		Schedule D, Parts XI and XII	12a		<u> </u>
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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       14b       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 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 II and IV       15       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       16       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       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilititis? If "Yes," complete Sc	b			v	
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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       14a       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 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 II and IV       15       X         16       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       16       X         17       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization report more hospital facilities? If "Yes," complete Schedule H       20a       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	10			^	v
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       14b       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       15       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 any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report an 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       16       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20b       20a         19       X       20a       X         20a       X       20b       20a       X					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>			148		- 21
or more? If "Yes," complete Schedule F, Parts I and IV       14b       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       15       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       16       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       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20a       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20a       X	b				
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       15       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 II and IV       16       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       16       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         16       Y       20a       X         20a       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         16       Y       20a			14b		х
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       16       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       17       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       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       X       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization operate       20a       X         20a       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization operate       20a       X	15				
<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a X</li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       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       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       117       X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1 </td <td>17</td> <td></td> <td></td> <td></td> <td></td>	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       1       1			17		X
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       10	18	· · · · · · · · · · · · · · · · · · ·			v
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0       0	46		18		Ā
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0	20-	Complete Schedule G, Falt III			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					- 23
			200		
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form	990	(2019)	
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 Form 990 (2019)
 DELAWARE
 COMMUNITY
 FOUNDATION,
 INC

 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	22	Х					
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	23	Х					
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			x				
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b						
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240						
C	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	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							
b	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x				
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
u	"Yes," complete Schedule L, Part IV	28a		x				
b	• A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f							
	"Yes," complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v				
~~	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>				
94	Part V, line 1	34	х					
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x				
	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	35b						
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	36		X				
37								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v					
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	Х					
Fa								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>						
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 94		Yes	No				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
-	(gambling) winnings to prize winners?	1c	х					

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DELAWARE	COMMUNITY	FOUNDATION,	INC
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Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20					
	filed for the calendar year ending with or within the year covered by this return	2a			х			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by $f(t) = f(t)$			2b	^			
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			3a		х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		rity over a	30				
та	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х		
b	If "Yes," enter the name of the foreign country	10000		14				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. ,	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	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							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired					
	to file Form 8282?		I	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		х		
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f								
-								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	sponsoring organization have excess business holdings at any time during the year?							
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		х		
				9b		X		
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand			14a		X		
	a Did the organization receive any payments for indoor tanning services during the tax year?							
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>							
15								
	excess parachute payment(s) during the year?							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х		
10	If "Yes," complete Form 4720, Schedule O.			10				

Form **990** (2019)

#### DELAWARE COMMUNITY FOUNDATION, INC



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								
Sec	tion 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 37								
	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 37								
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		х					
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		х					
5									
6	Did the organization have members or stockholders?	5 6	Х						
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	Х						
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:								
а	The governing body?	8a	Х						
	Each committee with authority to act on behalf of the governing body?	8b	Х						
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					
Sec	tion 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					
	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	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	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		Х					
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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>								
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	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.	-							
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	JOYCE DARLING - 302-504-5251								
	P.O. BOX 1636, WILMINGTON, DE 19899								



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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trustee		/ee	mpen		(1033-10130)		and related
	below	Individual trustee or	Institutional 1	L_	Key employee	Highest compensated employee	5			organizations
	line)	Indivi	Institu	Officer	Keye	Highe	Former			0
(1) ANDY STATON	2.00									
BOARD MEMBER		X						0.	0.	0.
(2) ASHLEY R ALTSCHULER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) LOSSIE FREEMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CINDY L. SZABO, ESQ.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HON. GREGORY M. SLEET (RET.)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DAVID W. SINGLETON	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) DONALD W. NICHOLSON, JR., CFP A	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) HON. TAMIKA MONTGOMERY-REEVES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JAMES MAZARAKIS	2.00								_	
VICE-CHAIRPERSON		х		х				0.	0.	0.
(10) VITA PICKRUM, ED. D, CFRE	2.00									_
BOARD MEMBER		х						0.	0.	0.
(11) KATHLEEN FUREY MCDONOUGH, ESQ.	2.00									
BOARD MEMBER		х						0.	0.	0.
(12) KELLY FIRMENT	2.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(13) MICHELLE A. TAYLOR	2.00									•
BOARD MEMBER		х						0.	0.	0.
(14) THOMAS D. WREN	2.00									•
BOARD MEMBER		X						0.	0.	0.
(15) THOMAS L. SAGER, ESQ.	2.00									•
IMMEDIATE PAST CHAIRPERSON		X		X		<u> </u>	<u> </u>	0.	0.	0.
(16) WILLIAM C. DUGDALE	2.00								~	•
CORPORATE SECRETARY		X		X			<u> </u>	0.	0.	0.
(17) DAN CRUCE	2.00	.,,							^	•
BOARD MEMBER		Х						0.	0.	0.

	E COMMUN							-		478		Page <b>8</b>
Part VII Section A. Officers, Directors, Ti (A)	rustees, Key Em	ploy 	ees		<u>ан</u> С)	igne	st C	(D)	es (continued) (E)		(F)	
Name and title	Average hours per week	Position (do not check more t box, unless person is officer and a director			than is bot	n an	Reportable compensation from	Reportable compensation from related		Estima amoun othe	t of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o a	mpens from t rganiza nd rela ganiza	he ation ated
(18) CLAIRE DEMATTEIS BOARD MEMBER	2.00	x						0.	0			0.
(19) DREW N. FENNELL	2.00								0	-		<u> </u>
BOARD MEMBER		x						0.	0			0.
(20) LYNN A. KOKJOHN	2.00											
BOARD MEMBER	2 00	X			<u> </u>			0.	0	•		0.
(21) MARIA LOPEZ WAITE BOARD MEMBER	2.00	x						0.	0			0.
(22) JOHN STUART COMSTOCK-GAY	35.00											
PRESIDENT & CEO		-		X				287,065.	0	•	72,	321.
1b Subtotal	· · · · · · · · · · · · · · · · · · ·							287,065.	0		72,3	321.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.287,065.	0		72.3	0.321.
<ul> <li>2 Total number of individuals (including bu compensation from the organization</li> </ul>	it not limited to th							-	-	-		1
											Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	or such individual									. 3		x
4 For any individual listed on line 1a, is the and related organizations greater than \$	•		•						•	4	X	
5 Did any person listed on line 1a receive of	or accrue comper	nsat	ion f	from	n any	/ unr	elat	ted organization or indivi	dual for services			37
rendered to the organization? If "Yes," c Section B. Independent Contractors	omplete Schedul	e J 1	or si	uch	pers	son .				. 5		X
1 Complete this table for your five highest	compensated ind	depe	ende	ent c	cont	racto	rs t	that received more than	\$100,000 of compe	nsatior	n from	
the organization. Report compensation f	for the calendar y	ear	endi	ng v	with	or w	thir	n the organization's tax	/ear.			
(A) Name and busine	ess address							(B) Description of s	ervices		( <b>C)</b> ensati	on
SEI INVESTMENT PO BOX 945794, ATLANTA,	GA 30394	4						INVESTMENT S	ERVICES	8	65,6	534.
CHRISTINE CANNON 131 WYETH WAY, HOCKESSI	N, DE 197	70'	7					PROGRAM MANA	GEMENT	1	80,0	000.
PMG CONSULTING LLC 7431 TIMOTHY'S WAY, EAS	TON, MD 2	210	501	1				PROGRAM MANA	GEMENT	1	53,9	979.
		<u> </u>		_								

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

Form 990 (201	9) DELAWA	RE COMMUNIT	Y FOUNDATION,	INC
Part VIII	Statement of Revenue	9		



		Check if Schedule O co	ontains a response	or note to any lir				
					<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
its ts	1 a	a Federated campaigns	1a					
nun		<b>b</b> Membership dues						
S, G		c Fundraising events						
äift: ar /		d Related organizations						
s, G	· · · · · · · · · · · · · · · · · · ·			1,026,805.				
r Si		f All other contributions, gifts, gr						
but		similar amounts not included a		22,501,033.				
d Otri	c	g Noncash contributions included in lir		1,800,283.				
Contributions, Gifts, Grants and Other Similar Amounts		<b>h Total.</b> Add lines 1a-1f			23,527,838.			
				Business Code				
ø	2 8	а						
e rvid		b						
Program Service Revenue	c	c						
am	c	d						
ogr	e	e						
P	f	f All other program service re	evenue					
		g Total. Add lines 2a-2f		►				
	3	Investment income (includir						
		other similar amounts)	<b>.</b>		4,629,129.			4,629,129.
	4	Income from investment of						
	5	Royalties	· · · · ·					
		Γ	(i) Real	(ii) Personal				
	6 a	a Gross rents	6a 18,250.					
	k		6 <b>b</b> <sup>0</sup> .					
	c	c Rental income or (loss)	6c 18,250.					
	c	d Net rental income or (loss)		►	18,250.	18,250.		
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 65,271,281.					
	k	b Less: cost or other basis						
ne		and sales expenses	<b>7b</b> 62,652,393.					
Other Revenue	c	c Gain or (loss)	7c 2,618,888.					
Re		d Net gain or (loss)		►	2,618,888.			2,618,888.
Jer		a Gross income from fundraising						
đ		including \$	of					
		contributions reported on li	ne 1c). See					
		Part IV, line 18						
	k	<b>b</b> Less: direct expenses	8b					
	c	<b>c</b> Net income or (loss) from fu	Indraising events	►				
	9 a	a Gross income from gaming	activities. See					
		Part IV, line 19						
	k	<b>b</b> Less: direct expenses						
	c	<b>c</b> Net income or (loss) from ga	aming activities	►				
	10 a	a Gross sales of inventory, les						
		and allowances	<u>10a</u>					
	k	<b>b</b> Less: cost of goods sold						
	C	c Net income or (loss) from sa	ales of inventory	►				
s				Business Code				
eor	11 a	a PROGRAM INCOME		900099	269,050.	,		
lan	-	b ADMINISTRATIVE FEE RE	EVENUE	561000	245,341.	245,341.		
Miscellaneous Revenue		c EVENT INCOME		900099	220,364.	,		
Mis		d All other revenue		900099	79,199.	79,199.		
		e Total. Add lines 11a-11d		►	813,954.			
	12	Total revenue. See instructions	s	🕨	31,608,059.	832,204.	Ο.	7,248,017.

DELAWARE COMMUNITY FOUNDATION, INC



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

Do	Check if Schedule O contains a responent include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,706,978.	22,706,978.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	306,800.	306,800.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	283,270.	54,829.	118,117.	110,324
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,164,890.	225,472.	485,734.	453,684
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,611.	13,700.	40,788.	40,123
9	Other employee benefits	301,090.		147,057.	87,050
10	Payroll taxes	105,595.	27,266.	39,885.	38,444
11	Fees for services (nonemployees):				
	Management				
b	0				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,003,859.		1,003,859.	
g					
12	Advertising and promotion	147,138.	15,747.	114,377.	17,014
13	Office expenses	113,013.	22,597.	76,006.	14,410
14	Information technology	155,700.	16,279.	138,191.	1,230
15	Royalties				
16	Occupancy	107,300.	50,742.	56,558.	
17	Travel	53,072.	16,967.	15,078.	21,027
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings $\ldots$				
20	Interest				
21	Payments to affiliates	22 012		22 042	
22	Depreciation, depletion, and amortization	23,943. 13,670.	2,317.	23,943. 11,353.	
23 24	Insurance Other expenses, Itemize expenses not covered	13,070.	2,J11.	±±,555•	
24	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 0.)				
а	PROFESSIONAL FEES AND C	1,035,762.	773,940.	234,978.	26,844
b	OTHER	415,313.	242,481.	12,755.	160,077
c d	GIFT ANNUITY DISTRIBUTI	235,144.	235,144.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	28,267,148.	24,778,242.	2,518,679.	970,227
26	<b>Joint costs</b> . Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 🦳 if following SOP 98-2 (ASC 958-720)				

DELAWARE	COMMUNITY	FOUNDATION,	INC
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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			24,456,737.	2	30,951,943.
	3	Pledges and grants receivable, net			740,980.	3	448,855.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net			1,236,548.	7	2,094,551.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	490,961.			
	b	Less: accumulated depreciation	10b	357,313.	147,597.	10c	133,648.
	11	Investments - publicly traded securities			183,998,247.	11	191,493,490.
	12	Investments - other securities. See Part IV, line 1	1		35,561,888.	12	34,887,216.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14,489,723.	15	403,025.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	260,631,720.	16	260,412,728.
	17	Accounts payable and accrued expenses	191,285.	17	193,531.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
iab		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			36,522,595.		35,364,928.
	26	Total liabilities. Add lines 17 through 25			36,713,880.	26	35,558,459.
ŝ		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.			000 000 000		004 416 120
alaı	27	Net assets without donor restrictions			223,337,660.	27	224,416,130.
dB	28	Net assets with donor restrictions			580,180.	28	438,139.
un		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
orF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated in			223,917,840.	31	224 054 260
ž	32	Total net assets or fund balances				32	224,854,269.
	33	Total liabilities and net assets/fund balances			260,631,720.	33	260,412,728.

Form **990** (2019)



	~~~	(0010)	
orm	990	(2019)	

Part X Balance Sheet

1

Form 990 (2019)			FOUNDATION,	INC
Part XI Reconciliation	of Net Assets	6		

	Check if Schedule O contains a response or note to any line in this Part XI					
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1	28	,26	7,1	59. 48.
3	Revenue less expenses. Subtract line 2 from line 1	3				11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	223	,91	7,8	40.
5	Net unrealized gains (losses) on investments	5	-2	,40	4,4	82.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	224	,85	4,2	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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 Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0	it			
	Act and OMB Circular A-133?		·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	

Form **990** (2019)



SCHEDULE A	
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(	Form	990	or	990-E	Z
		000	<b>U</b> 1	000 5	_

### Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section



				40						
Depar	tment	of the Treasury		4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.						Open to Public
		enue Service		Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Name of the organization									Employer	identification number
			DELA	WARE COMMU	NITY FOUNDAT	ION,	INC		2	2-2804785
Pa	rt I	Reason			All organizations must co			ee instruction		
The	orgar				For lines 1 through 12, c					
1					on of churches described					
2	$\square$	-			Attach Schedule E (Forn			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	F				anization described in <b>s</b> e			ii)		
J ⊿	H				njunction with a hospital				Viii) Entor	the beenital's name
4				alion operated in co	rijunction with a nospita	i describet	J III SECIIO			the hospital's hame,
-		city, and stat								a al lia
5					llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
_				Complete Part II.)						
6			-	-	nental unit described in					
7	X				intial part of its support f	from a gov	ernmental	unit or from	the general	public described in
				omplete Part II.)						
8	Н	-			(1)(A)(vi). (Complete Par	-				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	, and state c	of the colleg	e or
		university:								
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50	<b>)9(a)(4)</b> .		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, an	d 12g.	
а		_			upervised, or controlled					giving
					gularly appoint or elect a	•				
			-	complete Part IV, Se						
b				-	l or controlled in connec	tion with it	ts support	ed organizati	on(s), bv ha	vina
				-	anization vested in the s			•		-
			•	t complete Part IV,						,p =
с					g organization operated	in connec	tion with	and functiona	ally integrate	ed with
Ŭ					b). You must complete I				iny integration	
d			-		porting organization oper				orted organi	zation(s)
u	L		-		zation generally must sat				-	
				0	nplete Part IV, Sections	•		•	u an allem	IVENESS
е		- ·		,	written determination fro					
e			•		nally integrated support			атурет, туре	н, туре ш	
÷	Ent									
f					d arganization(a)					
y		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see i	-	support (see instructions)
		-			above (see instructions))	163				

### Schedule A (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)



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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17606886.	12222176.	32629913.	18520055.	22862448.	103841478
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3	17606886.	12222176.	32629913.	18520055.	22862448.	103841478
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)						31086740.
6	Public support. Subtract line 5 from line 4.						72754738.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	17606886.	12222176.	32629913.	<u>18520055.</u>	22862448.	103841478
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	3142995.	3475926.	4000122.	4351772.	4629129.	19599944.
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						123441422
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
0	organization, check this box and <b>sto</b>						▶∟
	ction C. Computation of Pub						<u> </u>
	Public support percentage for 2019 (					14	58.94 %
	Public support percentage from 2018					15	55.76 %
16a	33 1/3% support test - 2019. If the						
-	stop here. The organization qualifies as a publicly supported organization						
b	<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
<i>.</i>							
1/a	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 "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						
40	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17	o, check this box a	and see instruction	IS 🏲 📖

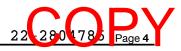
### Schedule A (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)



(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</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						
с	Add lines 10a and 10b						
	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.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orda	nization,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
-	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Invest					•	
	Investment income percentage for 20					17	%
	Investment income percentage from 2		- · · · · · · · · · · · ·			18	%
	33 1/3% support tests - 2019. If the						e 17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2018. If the						
-	line 18 is not more than 33 1/3%, che	•					·
20	Private foundation. If the organization						
	23 09-25-19		,	. ,			90 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC



Vee N-

### 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

- 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.)

	Yes	No
1		
2		
3a		
54		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
, v		
7		
8		
00		
9a		
9b		
0-		
9c		
10a		
106		
10b		0010

## Schedule A (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC Part IV Supporting Organizations (continued)



Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		
Sec	tion 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 yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b				
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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### Schedule A (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a neg functional	intogra	ated Type III supporting or	repizetion (eee

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

## 22 280 1785 Page 7

### Schedule A (Form 990 or 990 EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC

1 01	Type in Non-Functionally integrated 509	(a)(s) supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	ne organization is responsive	e	
	(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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	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			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
2	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

chedule A Part VI	(Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC 22 280 78 Page 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	Pc	olitical Campaign a	nd Lobbying	a Activities	(	ОНВ No. 1	D45 0047
(Form 990 or 990-EZ)				-		20.	10
		anizations Exempt From Income				20	IJ
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection							
		n Form 990, Part IV, line 3, or For			naign Acti		
-		nplete Parts I-A and B. Do not com			ipaigii Acu	villes), then	
		01(c)(3)) organizations: Complete F		Do not complete Pa	art I-B.		
<ul> <li>Section 527 organization</li> </ul>							
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	ne 47 (Lobbying Ac	tivities), th	en	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	have filed Form 5768 (election unc	der section 501(h)): Co	mplete Part II-A. Do	not compl	ete Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	have NOT filed Form 5768 (electio	n under section 501(h	)): Complete Part II-	B. Do not c	omplete Part	II-A.
-		n Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form	n 990-EZ,	Part V, line 3	5c (Proxy
Tax) (see separate inst							
	, or (6) organiza	tions: Complete Part III.			Frankassa	. i de utifi e eti e	
Name of organization		E COMMUNITY FOUND				identificatio	
Part I-A Comple	ote if the or	anization is exempt unde	r section 501(c)	or is a section <sup>1</sup>			00
					or or ga	Lation	
1 Provide a description	on of the organiz	ation's direct and indirect political	l campaign activities in	Part IV			
2 Political campaign a	•	•			▶\$		
		gn activities			·· ·		
		g					
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).			
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955	-	► \$		
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955		► \$		
		n 4955 tax, did it file Form 4720 fo				Yes	No No
4a Was a correction m	ade?					Yes	No No
b If "Yes," describe in	Part IV.				<b>E04</b> (-)/0		
-		panization is exempt unde	• • •		. , .	5).	
	<b>,</b> ,	d by the filing organization for sect	•		▶\$		
		ization's funds contributed to othe	-				
		. Add lines 1 and 2. Enter here an			▶\$		
	•		,		▶\$		
		<b>1120-POL</b> for this year?			• •	Yes	No
00		nployer identification number (EIN)	) of all section 527 poli	itical organizations t	o which th		
		tion listed, enter the amount paid		-			
		omptly and directly delivered to a					
political action com	mittee (PAC). If	additional space is needed, provic	le information in Part I	V.			
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid		e) Amount of	
				filing organizatio		ntributions rec promptly and	
				funds. If none, ent		lelivered to a s	
political organization.							
If none, enter -0							
			1	1			

22	-280	1785	D Page <b>2</b>	/
Form 5768	(elect	ion un	der	

Schedule C (Form 990 or 990-EZ) 2019	DELAWARE CO	MMUNITY FOU	NDATION, IN		2801785 Page 2	
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 organiza	tion belongs to an affil	iated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,	
· · · ·	e of excess lobbying e	· ,				
B Check ► if the filing organiza	tion checked box A ar	nd "limited control" pro	ovisions apply.		1	
Limit (The term "expend	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a Total lobbying expenditures to influ	ience public opinion (	grassroots lobbying)				
<b>b</b> Total lobbying expenditures to influ	ence a legislative boo	ly (direct lobbying)				
c Total lobbying expenditures (add li	nes 1a and 1b)					
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add lines 1c and 1d	)				
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bot	th columns.			
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:			
Not over \$500,000	20% of	the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
g Grassroots nontaxable amount (en						
<b>h</b> Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero			-			
j If there is an amount other than ze		, <b>G</b>				
reporting section 4911 tax for this					Yes No	
<b>()</b>		raging Period Under	.,			
(Some organizations th	See the separa	ate instructions for li	nes 2a through 2f.)	of the five columns l	below.	
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						

Schedule C (Form 990 or 990-EZ) 2019

c Total lobbying expenditures

**d** Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

# 22 280 785 Page 3

### Schedule C (Form 990 or 990-EZ) 2019 DELAWARE COMMUNITY FOUNDATION, INC

### 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		(a)		(b)	
of the lobbying activity.		Yes	No	Amo	ount
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?			<u>X</u>		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through			X		
c Media advertisements?			Х		
<b>d</b> Mailings to members, legislators, or the public?			Х		
e Publications, or published or broadcast statements?			Х		
f Grants to other organizations for lobbying purposes?			Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
i Other activities?		Х			7,500.
j Total. Add lines 1c through 1i					7,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		
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	2				
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)					
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?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditur					
Part III-B Complete if the organization is exempt under section 501(c)(4 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."					e 3, is
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e	e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of the exces	s			
does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying and poli	tical			
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 (affilia	ted group lis	t); Part II	A, lines 1	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					

### MISCELLANEOUS LOBBYING EXPENSES.

SCHEDULE D

(Form 990)

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.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization DELAWARE COMMUNITY	ΓΟΙΙΝΠΑΤΤΟΝ ΤΝΟ	Employer identification number $22 - 2804785$						
Pa									
1 4	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						
4	Total number at end of year	221	815						
2	Aggregate value of contributions to (during year)	3,197,012.	19,304,021.						
3	Aggregate value of grants from (during year)	7,864,688.	23,835,742.						
4	Aggregate value at end of year		136,889,467.						
5		l							
Ũ	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? X Yes No								
6	Did the organization inform all grantees, donors, and donor								
Ū	for charitable purposes and not for the benefit of the donor								
			<b>v</b>						
Pa									
1	Purpose(s) of conservation easements held by the organization	÷							
	Preservation of land for public use (for example, recre		historically important land area						
	Protection of natural habitat		certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qual	ified 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						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax						
	year ►								
4	Number of states where property subject to conservation ea	asement is located							
5	Does the organization have a written policy regarding the pe	eriodic 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 conse	rvation easements during the year						
	▶								
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on easements during the year						
-	► \$								
8	Does each conservation easement reported on line 2(d) abo	• • •							
•									
9	In Part XIII, describe how the organization reports conservat								
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	its that describes the						
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	ner Similar Assets						
1 4	Complete if the organization answered "Yes" on Forr								
10	If the organization elected, as permitted under FASB ASC 9		d balance sheet works						
iu									
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public								
b	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. <b>b</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								
			<b>N</b> 4						
2	If the organization received or held works of art, historical tre								
-	the following amounts required to be reported under FASB								
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$						
	Assets included in Form 990, Part X								
шл	For Paperwork Poduction Act Natica, soo the Instruction		Schodulo D (Form 990) 2019						

				011 T.14			2200	0170		
		E COMMUNITY				Cimi	22-28	0178		age <b>2</b>
									nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make sig	gnificant	t use of its			
	collection items (check all that apply):		<b>—</b> ].							
а	Public exhibition	d	Loan or excl	nange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organizatio	on's exem	ipt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o							_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	TERET RESCROW AND Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "	Yes" on F	orm 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				-			
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
	rt V Endowment Funds. Complete i									
	· · · ·	(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	vears	back
1a	Beginning of year balance	1,639,673.	1,651,621.	1,650	`		554,921.			455.
	Contributions	_,,	_,,	-,	,	-,	,•		, ,	500.
0		64,801.	62,931.	104	,943.		184,150.		_47	,999.
ں م	Net investment earnings, gains, and losses	01,001.	02,991.	101	, , , , , , , , , , , , , , , , , , , ,		104,130.			, , , , , , , , , , , , , , , , , , , ,
	Grants or scholarships									
е	Other expenditures for facilities	100 004	74 970	103	010		00 574		70	0.2 E
	and programs	198,804.	74,879.	103	,819.		88,574.		19	,035.
t	Administrative expenses	4 5 4 5 4 5 4	1 (20 (72)	4 654						0.01
g	End of year balance	1,505,670.	, ,		,621.	1,0	650,497.	1	,554,	,921.
2	Provide the estimated percentage of the curr			l)) held as:						
	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment  .00	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	red for the	e organi	ization	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI   Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot basis (investm	her (b) Cost	or other	(c) Acc	cumulat eciatior		( <b>d)</b> Boo	k valu	е
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		49	0,961.	3	57,3	13.	13	3.6	48.
Ь						1 -	1		- , -	
	Other									

hedule D (Form 990) 2019 DELAWARE CON art VIII Investments - Other Securities.	MUNITY FOUND	11101() 11(0		a de la de la de la de la
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	-of-year market value
Financial derivatives				
Closely held equity interests				
Other				
(A) SEI - FLAGSHIP - (B) MULTI-STRATEGY HEDGE FUND	25,113,616.	END-OF-YEAR	Μλρκών	νατιτε
(B) MOLTI-STRATEGY HEDGE FUND (C) ENERGY DEBT LP	3,624,904.	END-OF-YEAR		
(D) REIT - CORE PROPERTY	5,870,492.	END-OF-YEAR		
(E) ANNUITY CONTRACTS	90,502.	END-OF-YEAR		
(F) GLOBAL PRIVATE ASSETS, LP	187,702.	END-OF-YEAR	MARKET	VALUE
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	34,887,216.			
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				of yoor market yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation	n. Cost or end	-or-year market value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets. Complete if the organization answered "Yes" of	on Form 000 Dart IV line 1	1d Soo Form 000 Dort V	lino 15	
-	Description	Tu. See Form 990, Part A,		(b) Book value
(1)				( )
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<b>(9)</b> a <b>I.</b> (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b></b>	
art X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, I	Part X, line 25	
(a) Description of liability				(b) Book value
(1) Federal income taxes				
(2) CHARITABLE GIFT ANNUITY				355,457
(3) NON PROFIT ENDOWMENTS				35,009,471
(4)				
(5)				
(6)				
(7) (8)				
1711				
(9)				

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... Schedule D (Form 990) 2019

$\cap$	
22-28017	85 Page <b>4</b>

990) 2019	DELAWARE	COMMUNITY	FOUNDATION,	INC

Sche	dule D (Form 990) 2019 DELAWARE COMMUNITY FOUN	-	22-2801785 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	=	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	

Part XIII Supplemental Information.

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

### PART V, LINE4

DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS: THE FOUNDATION'S ENDOWMENT

CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED TO HELP SUPPORT THE

FOUNDATION'S FUTURE OPERATIONS.

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	<b>s in the Ŭn</b> i on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization DELAWARE	COMMUNITY	FOUNDATION					Employer identification number 22-2804785
Part I General Information on Grants a			-,				
<ol> <li>Does the organization maintain records a criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?		· · · · · · · · · · · · · · · · · · ·				
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	ional space is need	ded.			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
21ST CENTURY FUND FOR DELAWARE'S CHILDREN - PO BOX 368 - HOCKESSIN, DE 19707	20-2869892	501(C)(3)	12,000.	0.			RESTRICTED SUPPORT FOR FURTHER GRANTS TO DELAWARE CHILDREN PRIMARILY IN FOSTER CARE,
4TH DIMENSION LEADERS 1007 N. ORANGE STREET, 4TH FLOOR WILMINGTON, DE 19801	84-1826701	501(C)(3)	147,050.	0.			TO SUPPORT OF PAYROLL AND EXPENSES AND OTHER UNRESTRICTED SUPPORT
ACLU FOUNDATION OF DELAWARE 100 WEST 10TH ST., STE 706 WILMINGTON, DE 19801	51-0220856	501(C)(3)	15,000.	0.			TO SUPPORT CIVIL RIGHTS
ACTS MISSION & PUMH FOUNDATIONS PO BOX 90 WEST POINT, PA 19486	91-2161987	501(C)(3)	7,492.	0.			TO SUPPORT SERVING THE NEEDS AND GENERAL WELFARE OF THE RESIDENTS OF COKESBURY VILLAGE, A
AMERICAN CANCER SOCIETY INC. P. O. BOX 472 NEW CASTLE, DE 19720	13-1788491	501(C)(3)	57,000.	0.			TO SUPPORT HPV CANCER FREE CAMPAIGN, THE 2020 SOUTHERN DELAWARE STEM/GO RED FOR WOMEN, AND OTHER
AMERICAN HEART ASSOCIATION 131 CONTINENTAL DR., SUITE 407 NEWARK, DE 19713	13-5613797	501(C)(3)	32,047.	0.			TO SUPPORT WILMINGTON HB OYH AND TO SUPPORT THE MISSION OF THE AMERICAN HEART ASSOCIATION TO
2 Enter total number of section 501(c)(3) a	Ind government o	rganizations listed in th	ne line 1 table				▶347.
3 Enter total number of other organization: LHA For Paperwork Reduction Act Notice							► <u>4</u> . Schedule I (Form 990) (2019)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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		FOUNDATION	-				2-2004705 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC NETWORK OF GLOBAL							
AWAKENING INC - 1451 CLARK STREET							
- MECHANICSBURG, PA 17055	20-3938700	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
ARTS CONSORTIUM OF DELAWARE, INC.							
818 N MARKET ST; FLOOR 2R							
WILMINGTON, DE 19801	51-0351748	501(C)(3)	20,170.	0.			UNRESTRICTED SUPPORT
·							
ASBURY UNITED METHODIST CHURCH							
20 W. MOUNT VERNON STREET							
SMYRNA, DE 19977	74-6084206	501(C)(3)	31,727.	0.			UNRESTRICTED SUPPORT
ATLANTIC SALMON FEDERATION							
PO BOX 807							
CALAIS, ME 04619	13-2618801	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
ATTACHMENT AND BIOBEHAVIORAL							
CATCH-UP (ABC) DISSEMINATION - 850							
LIBRARY AVE, STE 200 - NEWARK, DE							
19711	51-6000297	501(C)(3)	11,144.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT OPIOID:
ATTACK ADDICTION FOUNDATION							NALOXONE DIST. & SUSSEX
75 CARAVEL DR							COUNTY RECOVERY HOUSE AN
BEAR, DE 19701	32-0404094	501(C)(3)	205,000.	0.			OTHER UNRESTRICTED
							TO SUPPORT THE AUTISM
AUTISM DELAWARE							CARE TEAM (ACT) PROGRAM
924 OLD HARMONY ROAD, SUITE 201							EXPANSION AND OTHER
NEWARK, DE 19713	20-2110190	501(C)(3)	152,750.	0.			UNRESTRICTED SUPPORT
BAYHEALTH FOUNDATION							TO SUPPORT PALLIATIVE
640 SOUTH STATE STREET							CARE EXPANSION AND OTHER
DOVER, DE 19901	22-2559843	501(C)(3)	62,606.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT THE MILLVILLE
BEEBE MEDICAL FOUNDATION							CANCER/EMERGENCY CENTER,
902 SAVANNAH ROAD							THE DEAN ORNISH CARDIAC
LEWES, DE 19958	51-0319455	501(C)(3)	249,314.	0.			DISEASE PROGRAM, THE

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Schedule I (Form 990) DELAWARE	COMMUNITI	FOUNDATION	N, INC			2	2-2004703 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEDICTINE SISTERS OF DELAWARE							
ST. GERTRUDE MONASTERY, 25 GENDER 1							
		501(C)(3)	10 720	0.			
NEWARK, DE 19713	52-0787257	501(C)(3)	19,738.	0.			UNRESTRICTED SUPPORT
BETHLEHEM UNITED METHODIST CHURCH							
4 WESTTOWN ROAD							
THORNTON, PA 19373	58-2424339	501(C)(3)	43,400.	٥.			UNRESTRICTED SUPPORT
,			,				
BETTER TOMORROWS							
2400 N. BROOM STREET							TO PROVIDE FOOD FOR
WILMINGTON, DE 19802	45-3199958	501(C)(3)	13,000.	0.			FAMILIES IN WILMINGTON
BIG BROTHERS BIG SISTERS OF							TO SUPPORT E-MENTORING
DELAWARE INC 413 LARCH CIRCLE -							STATEWIDE AND OTHER
WILMINGTON, DE 19804	51-6018399	501(C)(3)	28,795.	٥.			UNRESTRICTED SUPPORT
							TO SUPPORT THE MILLENNIAI
BLOOD BANK OF DELMARVA							BLOOD DRIVE AND TO
100 HYGEIA DRIVE							SUPPORT THE PRE-CLINICAL
NEWARK, DE 19713	51-0078596	501(C)(3)	45,000.	0.			TESTING OF A COVID-19
							TO SUPPORT OPIOID: TRIPLE
BOYS AND GIRLS CLUBS OF DELAWARE,							PLAY, MENTORING PROGRAMS
INC 669 SOUTH UNION ST							THE ELIASON EDUCATION &
WILMINGTON, DE 19805	51-0068712	501(C)(3)	509,147.	٥.			GREENING FUND,
DENDWITHE CONCERNANCY & WICEWY OF							
BRANDYWINE CONSERVANCY & MUSEUM OF							TO SUPPORT BENNETTS RUN
ART - P.O. BOX 141 - CHADDS FORD,	54 6000000		15 500				WATERSHED PLAN AND OTHER
PA 19317	51-6020908	501(C)(3)	15,500.	0.			UNRESTRICTED SUPPORT
BRANDYWINE COUNSELING & COMMUNITY							RESTRICTED SUPPORT TO
SERVICES, INC 2500 W. 4TH ST	51 0278050	501(0)(2)	25 000	0.			MEET INCREASED DEMAND FOR
WILMINGTON, DE 19805	51-0278050	501(C)(3)	25,000.	0.			RECOVERY SERVICES
DRANDWITHE VALLEY CDCA							TO SUPPORT VETERINARY
BRANDYWINE VALLEY SPCA							CARE FOR PETS AND
600 SOUTH STREET	22 1201020	E01(0)(2)	14 500	_			FAMILIES IN NEED IN KENT
NEW CASTLE, DE 19720	23-1381030		14,500.	0.			COUNTY AND A STATEWIDE

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Schedule I (Form 990) DELIAWARE	COMMUNIT	FOUNDATION				2	22-2004705 Page
Part II Continuation of Grants and Other	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREASTCANCER.ORG							
120 E LANCASTER AVE, STE 201							
,	23-3082851	501(C)(3)	10 000	0.			UNRESTRICTED SUPPORT
ARDMORE, PA 19003	23-3002031	501(0)(3)	10,000.	0.			RESTRICTED SUPPORT FOR
CAB CALLOWAY SCHOOL FUND							SCHOLARSHIPS TO SENIORS,
							,
PO BOX 4642	20.0501572	F01(a)(2)	10 450	0			TO SUPPORT THE HEALING
WILMINGTON, DE 19807	20-0581573	501(C)(3)	18,458.	0.			ARTS PROGRAM, AND OTHER
							TO SUPPORT STRUCTURE,
CAMP REHOBOTH							SAFETY, SUSTAINABILITY,
37 BALTIMORE AVE.							GROWTH, PROGRAMS FOR
REHOBOTH BEACH, DE 19971	51-0331962	501(C)(3)	42,066.	0.			LGBTQ SENIORS, AND OTHER
							TO SUPPORT HEALTH
CANCER SUPPORT COMMUNITY OF							COACHING FOR CANCER
DELAWARE - 4810 LANCASTER PIKE -							SURVIVORS AND OTHER
WILMINGTON, DE 19807	51-0351863	501(C)(3)	18,405.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT TEAM TRAINING
CANINE PARTNERS FOR LIFE							FOR FUTURE PARTNERSHIP
P.O. BOX 170							PROGRAMS AND OTHER
COCHRANVILLE, PA 19330	23-2580658	501(C)(3)	10,921.	0.			UNRESTRICTED SUPPORT
CAREY'S UNITED METHODIST CHURCH							
22750 CAREY'S CAMP ROAD							
MILLSBORO, DE 19966	51-0273581	501(C)(3)	9,150.	0.			UNRESTRICTED SUPPORT
	51 0275501	501(0)(3)	5,150.				
CARLISLE FIRE COMPANY							
615 NW FRONT STREET							
LINCOLN, DE 19960	51-0063613	501(C)(3)	6,461.	0.			UNRESTRICTED SUPPORT
	51 0003013	501(0)(3)	0,101.	•.			
CARSON SCHOLARS FUND, USA							
305 W CHESAPEAKE AVE, STE 310							RESTRICTED SUPPORT FOR
-	52-1851346	501(C)(3)	13 250	0.			
TOWSON, MD 21204	52-1051540	501(0)(3)	13,250.	<u> </u>			2020 SCHOLARSHIP AWARDS
							TO SUPPORT OUTPATIENT
CATHOLIC CHARITIES, INC.							MENTAL HEALTH TREATMENT,
2601 W. 4TH STREET	E1 0005505	501 ( 0) ( 0)	100.05-	_			HOMELESSNESS BY PROVIDING
WILMINGTON, DE 19805	51-0065685	DUT(C)(3)	128,875.	0.			FINANCIAL ASSISTANCE TO

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Schedule I (Form 990) DELIAWARE	COMMUNITI	FOUNDATION	I, INC			2	22-2004700 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF WILMINGTON							
P.O. BOX 2030							
WILMINGTON, DE 19899	51-0095439	501(C)(3)	18,591.	0.			UNRESTRICTED SUPPORT
			,				TO SUPPORT THE EXCELLENCE
CENDEL FOUNDATION							IN EDUCATION PROGRAM AND
101 W LOOCKERMAN ST, STE 2C							OTHER UNRESTRICTED
, DOVER, DE 19904	26-3590221	501(C)(3)	189,421.	0.			SUPPORT
CENTER FOR HEALTHY MINDS -							RESTRICTED TO SUPPORT THE
UNIVERSITY OF WISCONSIN - MADISON							CENTER FOR HEALTHY MINDS
- 625 W. WASHINGTON AVE, -							MISSION TO CULTIVATE
MADISON, WI 53703	39-0743975	501(C)(3)	50,000.	0.			WELL-BEING AND RELIEVE
							TO SUPPORT THE PURCHASE
CENTRAL BAPTIST COMMUNITY							OF PRODUCE AND PROVIDE
DEVELOPMENT CORPORATION - 839 PINE							DELIVERY TO VULNERABLE
STREET - WILMINGTON, DE 19801	27-3011150	501(C)(3)	11,500.	0.			HOUSEHOLDS DURING
			,				TO HELP SUSTAIN AND
CENTRAL DELAWARE HABITAT FOR							EXPEDITE CONSTRUCTION,
HUMANITY - 2311 SOUTH DUPONT							PREPARE FOR RE-OPENING,
HIGHWAY - DOVER, DE 19901	51-0376650	501(C)(3)	47,598.	0.			PROVIDE MORTGAGE
CENTREVILLE LAYTON SCHOOL							
6201 KENNETT PIKE	51 0000050	501(2)(2)					
CENTREVILLE, DE 19807	51-0232858	501(C)(3)	5,500.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT HOYA LIFT, ART
CERTS, INC.							THERAPY FOR THE SEVERELY
1501 CASHO MILL ROAD, SUITE 1							DISABLED, AND OTHER
NEWARK, DE 19711	01-0592853	501(C)(3)	31,200.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT HOME DELIVERED
CHEER, INC.							MEALS WE CARE PROJECT,
546 SOUTH BEDFORD STREET				_			RESTRICTED SUPPORT FOR
GEORGETOWN, DE 19947	51-0112599	501(C)(3)	177,000.	0.			DELIVERING ADDITIONAL
							RESTRICTED SUPPORT FOR
CHESAPEAKE BAY FOUNDATION							OYSTER REPLENISHMENT, TO
6 HERNDON AVENUE		F01 ( d) ( 2 )		_			SUPPORT CONSERVATION, AND
ANNAPOLIS, MD 21403	52-6065757	DU1(C)(3)	7,000.	0.			OTHER UNRESTRICTED

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Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	urt II.)	1
<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						RESTRICTED SUPPORT TO
						PROVIDE HOUSING FOR
						BATTERED WOMEN AND THEIR
51-0101188	501(C)(3)	36,500.	Ο.			CHILDREN, MEETING
						TO SUPPORT FOR TECHNOLOGY
						TO CONTINUE PROVIDING
						TELEHEALTH AND
51-0065731	501(C)(3)	70,610.	Ο.			STATE-MANDATED
						TO SUPPORT CAPITAL GRANT
						COLLABORATIVE FUNDING,
						ESSENTIAL NEEDS OF
51-0070966	501(C)(3)	14,644.	Ο.			ECONOMICALLY
						TO SUPPORT VIRTUAL
						PROGRAMMING AND
						OPERATIONS OF THE
51-0269361	501(C)(3)	8,000.	Ο.			FACILITY IN HOCKESSIN
						TO SUPPORT THE SUMMER
						CAMP PROGRAM IN
						WILMINGTON, PROVIDE
20-5486245	501(C)(3)	72,670.	0.			VIRTUAL AFTER-SCHOOL
00 0501706	F01/(0)/(0)	0.000	0			
20-8521736	501(C)(3)	9,000.	· ·			UNRESTRICTED SUPPORT
94-2742504	501(C)(3)	17,500.	Ο.			UNRESTRICTED SUPPORT
		, ,				RESTRICTED SUPPORT FOR
						CAREGIVER RELIEF FUND:
						RESTRICTED TO FAMILIES OF
51-0103684	501(C)(3)	44,610.	Ο.			CCFS' LATINO CAREGIVERS
	,					TO HELP SUSTAIN CCAC
						ON-LINE CLASSES, DELIVER
						CARE PACKAGES WITH
	Assistance to Go (b) EIN 51-0101188 51-0065731 51-0070966 51-0269361 20-5486245 20-8521736	Assistance to Governments and Orga           (b) EIN         (c) IRC section if applicable           51-0101188         501(C)(3)           51-0065731         501(C)(3)           51-0070966         501(C)(3)           51-0269361         501(C)(3)           20-5486245         501(C)(3)           20-8521736         501(C)(3)           94-2742504         501(C)(3)	Assistance to Governments and Organizations in the U           (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant           51-0101188         501(C)(3)         36,500.           51-0065731         501(C)(3)         70,610.           51-0070966         501(C)(3)         14,644.           51-0269361         501(C)(3)         8,000.           20-5486245         501(C)(3)         72,670.           20-8521736         501(C)(3)         9,000.           94-2742504         501(C)(3)         17,500.	Assistance to Governments and Organizations in the United States (Schering if applicable         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of non-cash assistance           51-0101188         501(C)(3)         36,500.         0.           51-0065731         501(C)(3)         70,610.         0.           51-0065731         501(C)(3)         70,610.         0.           51-0070966         501(C)(3)         14,644.         0.           51-0269361         501(C)(3)         8,000.         0.           20-5486245         501(C)(3)         72,670.         0.           20-8521736         501(C)(3)         9,000.         0.           94-2742504         501(C)(3)         17,500.         0.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of non-cash assistance         (f) Method of valuation (book, FMV, appraisal, other)           51-0101188         501(C) (3)         36, 500.         0.           51-0065731         501(C) (3)         70, 610.         0.           51-0070966         501(C) (3)         14, 644.         0.           51-0269361         501(C) (3)         8,000.         0.           20-5486245         501(C) (3)         72,670.         0.           20-8521736         501(C) (3)         9,000.         0.           94-2742504         501(C) (3)         17,500.         0.	Assistance to Governments and Organizations in the United States (Schedule 1 (Form 990), Part II.)         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of non-cash assistance         (f) Method of valuation on cosh assistance         (g) Description of non-cash assistance           51-0101188         501(c) (3)         36,500.         0.         (e) Amount of assistance         (f) Method of valuation on-cash assistance         (g) Description of non-cash assistance           51-0101188         501(c) (3)         36,500.         0.         (f) Method of solution of non-cash assistance         (g) Description of non-cash assistance           51-0101188         501(c) (3)         36,500.         0.         (g) Description of non-cash assistance           51-0065731         501(c) (3)         70,610.         0.         (g) Description of non-cash assistance           51-0070966         501(c) (3)         14,644.         0.         (g) Description of non-cash assistance           51-0269361         501(c) (3)         8,000.         0.         (g) Description of non-cash assistance           20-5486245         501(c) (3)         72,670.         0.         (g) Description of non-cash assistance           94-2742504         501(c) (3)         17,500.         0.         (g) Description of non-cash assistance

Schedule I (Form 990) DELIAWARE	COMMUNIT	FOUNDATION				2	2-2004/00 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							RESTRICTED SUPPORT TO
CITY OF NEWARK DELAWARE, MR. DAVID							ACQUIRE K9 OFFICERS AND
DEL GRANDE - 220 SOUTH MAIN STREET							TO CONSTRUCT RESTROOMS AT
- NEWARK, DE 19711	51-6000194	GOVERNMENT ORG	42,483.	٥.			PRESTON'S PLAYGROUND
							TO SUPPORT VIRTUAL SUMMER
CITYFEST, INC.							PROGRAMMING IN WILMINGTON
800 N. FRENCH STREET							AND THE 2020 SUMMER CAMP
WILMINGTON, DE 19801	51-0255083	501(C)(3)	14,383.	٥.			OF WILMINGTON CHILDREN'S
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB - 669 S. UNION ST							
WILMINGTON, DE 19805	51-0068712	501(C)(3)	21,072.	0.			UNRESTRICTED SUPPORT
CLAUDE E. PHILLIPS HERBARIUM, DELAWARE STATE UNIVERSITY - 1200 N	51 0205002	501 (0) (0)	E 000				
DUPONT HWY - DOVER, DE 19901	51-0305893	501(C)(3)	5,902.	0.			UNRESTRICTED SUPPORT
CLEAR SPACE THEATRE COMPANY 20 BALTIMORE AVENUE							TO SUPPORT OPERATIONS AND
REHOBOTH BEACH, DE 19971	20-1712916	501(C)(3)	12,000.	٥.			NEW BUILDING
			, -				TO PROVIDE SHELTER AND
CODE PURPLE KENT COUNTY							FOOD FOR HOMELESS PEOPLE
412 N. GOVERNORS AVENUE							IN KENT COUNTY AND OTHER
DOVER, DE 19904	47-4195022	501(C)(3)	12,500.	0.			UNRESTRICTED SUPPORT
,			,				TO IDENTIFY NEEDS AND
COMMUNITIES IN SCHOOLS OF DELAWARE							ASSES AVAILABLE RESOURCES
101 W LOOCKERMAN ST, STE 2A							IN KENT COUNTY SCHOOL, TO
DOVER, DE 19904	51-0343981	501(C)(3)	40,500.	٥.			, MAINTAIN OPERATIONS, KEEF
,							RESTRICTED SUPPORT FOR
COMMUNITY EDUCATION BUILDING							CAPITAL IMPROVEMENTS,
1200 NORTH FRENCH STREET							RESTRICTED SUPPORT FOR
WILMINGTON, DE 19801	45-4797267	501(C)(3)	1,937,150.	0.			SUMMER EDUCATION PORTAL
	15 1,5,207		1,557,150.				TO SUPPORT DOVER OFFICE
COMMUNITY LEGAL AID SOCIETY, INC.							HEATING AND COOLING, TO
100 W. 10TH ST., SUITE 801							PURCHASE EQUIPMENT AND
WILMINGTON, DE 19801	51-6000158	501(C)(3)	33,500.	0.			PROGRAMS TO ALLOW STAFF
MITHINGION' DE 13001	21-0000120	P01(C)(3)	33,300.	۰ <sup>0</sup>			FROGRAMS TO ALLOW STAFF

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Part II Continuation of Grants and Other A	Assistance to Go	overnments and Orga	inizations in the U	nited States (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							RESTRICTED SUPPORT FOR
COMMUNITY PARTNERS							CHANGEIST PROJECT OF
1000 N ALAMEDA ST, STE 240							EXPANDING SERVICES WITHIN
LOS ANGELES, CA 90012	95-4302067	501(C)(3)	50,000.	0.			LOS ANGELES AND ACROSS
							RESTRICTED SUPPORT FOR
COMMUNITY RESOURCE CENTER							COVID-19 EMERGENCY
37510 OYSTER HOUSE ROAD							RESPONSES, TO SUPPORT
REHOBOTH BEACH, DE 19971	46-2948959	501(C)(3)	29,000.	0.			RENT AND UTILITIES FOR
							TO SUPPORT THE TNG 2019
COMPASSIONATE HEARTS							GRANT CYCLE ADDICTION ANI
8848 SEPTEMBER WAY							RESTRICTED SUPPORT FOR
LINCOLN, DE 19960	46-2162584	501(C)(3)	11,000.	0.			MENTAL HEALTH SERVICES
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BOULEVARD							
WILMINGTON, DE 19803	51-6001225	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT THE CRISIS
CONTACTLIFELINE, INC.							HELPLINE, TO INCREASE
P. O. BOX 9525							STAFFING TO MEETING
WILMINGTON, DE 19809	51-0206092	501(C)(3)	17,000.	Ο.			INCREASING DEMAND FOR THE
			, -				RESTRICTED SUPPORT TO THE
CORNERSTONE WEST COMMUNITY							WILMINGTON STRONG SMALL
DEVELOPMENT CORPORATION - 710 N.							BUSINESS FUND TO SUPPORT
LINCOLN ST WILMINGTON, DE 19805	51-0387484	501(C)(3)	102,500.	0.			SMALL BUSINESS FOR THE
DE DIVISION OF PARKS & RECREATION			, ,				RESTRICTED SUPPORT TO
89 KINGS HIGHWAY, SW, OFFICE OF							STATE PARKS/RESERVES, TO
FISCAL MANAGEMENT - DOVER, DE							SUPPORT FLINT WOODS
, ,	51-6000279	GOVERNMENT ORG	86,777.	0.			NATURALIST SALARY,
			, -				,
DELAWARE ALLIANCE FOR NONPROFIT							TO SUPPORT VISION GRANT
ADVANCEMENT - 100 W 10TH STREET.							CONSULTING AND OTHER
STE 1012 - WILMINGTON, DE 19801	22-2792474	501(C)(3)	56,000.	Ο.			UNRESTRICTED SUPPORT
							TO PROVIDE EDUCATION ART
DELAWARE ART MUSEUM							KITS FOR CHILDREN IN
		1	1				[
2301 KENTMERE PARKWAY							WILMINGTON AND OTHER

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(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO SUPPORT EMERGENCY
DELAWARE BREAST CANCER COALITION							FINANCIAL ASSISTANCE TO
100 W. 10TH STREET, SUITE 209							KENT COUNTY RESIDENTS
WILMINGTON, DE 19801	52-2045298	501(C)(3)	110,801.	0.			UNDERGOING TREATMENT FOR
							RESTRICTED SUPPORT TO
DELAWARE CAN							EXPAND JUNTOS DELAWARE -
1313 N MARKET STREET, STE 140A							ADVOCACY FELLOWS PROGRAM
WILMINGTON, DE 19801	27-3069592	501(C)(3)	55,000.	٥.			THROUGHOUT DELAWARE -
,							RESTRICTED SUPPORT FOR
DELAWARE CENTER FOR HORTICULTURE							THE ELIASON EDUCATION &
1810 NORTH DUPONT STREET							GREENING FUND GRANT, TO
WILMINGTON, DE 19806	51-0252857	501(C)(3)	92,796.	0.			MOBILIZE HOME GARDENERS
/			,				TO SERVE INDIVIDUALS
DELAWARE CENTER FOR JUSTICE							STATEWIDE RE-ENTERING THE
100 W. 10TH ST., SUITE 905							COMMUNITY AFTER
WILMINGTON, DE 19801	51-0064323	501(C)(3)	25,000.	0.			INCARCERATION
DELAWARE CENTER FOR THE			, -	-			TO PROVIDE SALARIES TO
CONTEMPORARY ARTS INC 200 SOUTH							MAINTAIN PROGRAM STAFF TO
MADISON STREET - WILMINGTON, DE							PLAN VIRTUAL OUTREACH
19801	51-0242942	501(C)(3)	21,500.	0.			SERVICES, EXHIBITIONS,
							TO SUPPORT OPERATING
DELAWARE CHILDREN'S MUSEUM							EXPENSE AND STAFF
550 JUSTISON STREET							SALARIES, EARLY CHILDHOOD
WILMINGTON, DE 19801	51-0305812	501(C)(3)	47,500.	0.			DEVELOPMENT INITIATIVES
DELAWARE COALITION AGAINST	51 0000012	501(0)(0)	17,500.	••			
DOMESTIC VIOLENCE - 100 W 10TH							
STREET, STE 903 - WILMINGTON, DE							TO SUPPORT THE COMMUNITY
19801	51-0354794	501(C)(3)	75,250.	Ο.			HEALTH WORKER PROJECT
19801	51-0354794	501(0)(3)	75,250.	· · ·			TO SUPPORT TECHNOLOGY FOR
DELAWARE COLLEGE SCHOLARS, INC.							HIGH-ACHIEVING PUBLIC SCHOOL STUDENTS FROM
4 E 8TH STREET, STE 200		F01(a)(2)	25 500	0			
WILMINGTON, DE 19801	82-4608572	501(C)(3)	25,500.	0.			LOW-INCOME FAMILIES
DELAWARE DIVISION OF THE ARTS							
820 N FRENCH STREET, CARVEL STATE (							

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		FOUNDATION	-	nited Ctates (Cab			2-2004705 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Schi	edule I (Form 990), Pa	art II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO SUPPORT INFRASTRUCTURE
DELAWARE FIRST MEDIA							AND TECHNOLOGY FOR
222 S. CHAPEL ST., SUITE 102							INCREASED NEWS COVERAGE
NEWARK, DE 19716	27-0552599	501(C)(3)	16,000.	0.			OF COVID-19
DELAWARE HEATLH SCIENCE ALLIANCE 4765 OGLETOWN-STANDTON RD, STE L10							TO SUPPORT THE DIMER
NEWARK, DE 19711	47-3447709	501(C)(3)	10,000.	٥.			OBJECTIVES
DELAWARE HISTORICAL SOCIETY 505 N. MARKET STREET							TO SUPPORT THE COXE HOUSE, VIDEO EDITING EQUIPMENT TO FACILITATE
WILMINGTON, DE 19801	51-0066731	501(C)(3)	28,150.	٥.			VIRTUAL PROGRAMMING, AND
DELAWARE HOSPICE, INC. 16 POLLY DRUMMOND CENTER, 2ND FLOOP NEWARK, DE 19711		501(C)(3)	143,866.	0.			TO SUPPORT SUSSEX AND KENT COUNTY SERVICES AND OTHER UNRESTRICTED SUPPORT
,			,				RESTRICTED SUPPORT TO
DELAWARE HUMANE ASSOCIATION 701 A STREET							DAILY OPERATIONS FOR THE ANIMALS AND OTHER
WILMINGTON, DE 19801	51-0082499	501(C)(3)	142,075.	0.			UNRESTRICTED SUPPORT
DELAWARE INSTITUTE FOR ARTS IN EDUCATION - P.O. BOX 3015 - WILMINGTON, DE 19805	22-2444690	501(C)(3)	10,000.	0.			TO SUPPORT DE WOLF TRAP, ONLINE WORKSHOPS FOR YOUNG CHILDREN TO PROMOTE LITERACY AND STEAM
DELAWARE ITALIAN AMERICAN FOUNDATION, INC 301 OLD DUPONT ROAD, STE C - NEWPORT, DE 19804	83-4042355	501(C)(3)	64,000.	0.			UNRESTRICTED SUPPORT
DELAWARE MAGIC SOFTBALL PO BOX 7024							
NEWARK, DE 19714	56-2430762	501(C)(3)	6,811.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT EDUCATIONAL
DELAWARE MUSUEM OF NATURAL HISTORY							ONLINE CONTACT FOCUSING
4940 KENNETT PIKE, PO BOX 3937							ON NATURE AND SCIENCE FOR
WILMINGTON, DE 19807	51-0083535	501(C)(3)	12,016.	٥.			THE PUBLIC AND OTHER

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Schedule I (Form 990) DELAWARE	COMMONIT	FOUNDAILOR	N, INC			Z	2-2004/05 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE OVARIAN CANCER FOUNDATION							
701 SWEETLEAF DRIVE							
	27-1158450	501(C)(3)	114 306	0.			
WILMINGTON, DE 19808	27-1158450	501(C)(3)	114,306.	0.			UNRESTRICTED SUPPORT TO ADDRESS THE DEMANDS O
DELAWARE PUBLIC MEDIA							LOCAL NEW COVERAGE DURIN
PO BOX 455, 1200 N DUPONT HIGHWAY	27 0552500	E01/(0)/(2)	10 500	0.			THIS TIME AND IMPROVE TH
DOVER, DE 19903	27-0552599	501(C)(3)	12,500.	0.			QUALITY OF REMOTE TO SUPPORT PERFORMANCE O
DELAWARE SHAKESPEARE FESTIVAL,							ROMEO AND JULIET IN KENT
INC 4 S. POPLAR STREET -	26 4525628	F01 ( g) ( ))	10 500				COUNTY, THE 2020
WILMINGTON, DE 19801	36-4535637	501(C)(3)	12,500.	0.			COMMUNITY TOUR, AND
							RESTRICTED SUPPORT FOR
DELAWARE STATE UNIVERSITY							COVID-19 STUDENT
FOUNDATION, INC 1200 N. DUPONT							EMERGENCY RELIEF FUND, T
HIGHWAY - DOVER, DE 19901	20-1372435	501(C)(3)	22,235.	0.			SUPPORT THE CEP, AND
							TO SUPPORT VIDEO EDITING
DELAWARE SYMPHONY ASSOCATION							EQUIPMENT TO FACILITATE
100 W. 10TH ST, SUITE 1003							VIRTUAL PROGRAMMING, THE
WILMINGTON, DE 19801	51-6017449	501(C)(3)	189,672.	0.			LAUNCH LINKUP PROGRAM
							TO SUPPORT THE NEW
DELAWARE TECHNICAL COMMUNITY							VETERANS RESOURCE CENTER
COLLEGE EDUCATION - P.O. BOX 897 -							AT DTCC IN WILMINGTON,
DOVER, DE 19903	51-0246178	501(C)(3)	22,405.	0.			RESTRICTED SUPPORT FOR
							TO ALLOW DE THEATRE
DELAWARE THEATRE COMPANY							COMPANY TO MAINTAIN FULL
200 WATER ST							TIME STAFF THROUGHOUT
WILMINGTON, DE 19801	51-0229918	501(C)(3)	238,309.	0.			SUMMER 2020, TO SUPPORT
DELAWARE VOLUNTEER LEGAL SERVICES,							TO SUPPORT TECHNOLOGY TO
INC P.O. BOX 7306 - WILMINGTON,							PROVIDE LEGAL SERVICES T
DE 19803	51-0265470	501(C)(3)	15,443.	0.			CLIENTS STATEWIDE
DELAWARE WILD LANDS, INC.							
PO BOX 505	E1 0101070	E01(0)(2)	10 500	_			
ODESSA, DE 19730	51-0101678	DOT(C)(3)	12,500.	0.			UNRESTRICTED SUPPORT

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Schedule I (Form 990) DELAWARE	COMMUNIT	FOUNDATION				2	2-2004703 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE ZOOLOGICAL SOCIETY, BRANDYWINE ZOO - 1001 NORTH PARK							TO SUPPORT ZOO OPERATIONS
DRIVE - WILMINGTON, DE 19802	51-0234751	501(C)(3)	10,000.	0.			AND VIRTUAL PROGRAMMING
	51 0254751	501(0)(3)	10,000.				TO SUPPORT CHILDREN'S
DELMAR PUBLIC LIBRARY							BOOKS IN MEMORY OF SALLY
101 N. BI-STATE BOULEVARD							LAMBERT AND OTHER
DELMAR, DE 19940	51-0103344	501(C)(3)	38,233.	٥.			UNRESTRICTED SUPPORT
			, -				
DELMAR SCHOOL DISTRICT							
200 NORTH EIGHTH STREET							
DELMAR, DE 19940	51-6000279	GOVERNMENT ORG	35,361.	٥.			UNRESTRICTED SUPPORT
							TO SUPPORT THE TRIP TO
DELMARVA ACES BASEBALL & SOFTBALL,							COOPERSTOWN DREAMS PARK
INC 11046 GRAYS CORNER ROAD,							AND OTHER UNRESTRICTED
BLDGS 1 AND 2 - BERLIN, MD 21811	47-1605254	501(C)(3)	28,750.	٥.			SUPPORT
							RESTRICTED SUPPORT FOR
DELMARVA ADULT & TEEN CHALLENGE							THE WOMEN'S HOME OF HOPE
611 2RD STREET, PO BOX 1271							AND TO PROVIDE HOUSING
SEAFORD, DE 19973	51-0342428	501(C)(3)	30,000.	٥.			AND SERVICES FOR
DELMARVA CHRISTIAN HIGH SCHOOL							
21777 SUSSEX PINES ROAD							
GEORGETOWN, DE 19947	51-0392535	501(C)(3)	31,307.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT TECHNOLOGY TO
DELMARVA COMMUNITY SERVICES							SERVE RESIDENTS OF GROUP
PO BOX 637							HOME FOR DEVELOPMENTALLY
CAMBRIDGE, MD 21613	52-1000521	501(C)(3)	5,700.	0.			DELAYED INDIVIDUALS IN
DEL-MAR-VA COUNCIL, BOY SCOUTS OF							TO SUPPORT VICTORY
AMERICA - 100 W 10TH STREET, STE	F1 00055300	E01/(0)/(0)	00.050	_			GARDENS AND OTHER
915 - WILMINGTON, DE 19801	51-0065733	DUT(C)(3)	20,250.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT ENERGY
DELMARVA SUSTAINABLE ENERGY							EFFICIENCY PROJECTS IN
UTILITY INC - 500 W LOOCKERMAN							THE DELMARVA POWER
STREET, STE 400 - DOVER, DE 19904	26-3963904	501(C)(3)	100,000.	0.			SERVICE TERRITORY

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Schedule I (Form 990) DELAWARE	COMMUNITI	FOUNDATION				2	Z-2004705 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO SUPPORT THE
DEPARTMENT OF STATE AND HISTORICAL							RESTORATION AND
& CULTURAL AFFAIRS - 21 THE GREEN,							MAINTENANCE OF THE
STE B - DOVER, DE 19901	51-6000279	GOVERNMENT ORG	73,646.	0.			PROPERTY AT COOCH'S
DESIGN THINKING ACADEMY							
179 STANTON CHRITIANA ROAD	46 2002026	501 ( 2) ( 2)	01 500				
NEWARK, DE 19702	46-3003036	501(C)(3)	21,780.	0.			UNRESTRICTED SUPPORT
DIVINE PROVIDENCE VILLAGE							
686 OLD MARPLE RD.							TO SUPPORT DIRECT
SPRINGFIELD, PA 19064	23-2313873	501(C)(3)	16,000.	0.			SERVICES TO RESIDENTS
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST, 16TH FLOOR							
NEW YORK, NY 10006	13-3433452	501(C)(3)	10,930.	0.			UNRESTRICTED SUPPORT
	10 0100101	551(5)(5)	10,550.				TO SUPPORT COMMUNITY
DOVER INTERFAITH MISSION FOR							HEALTH WORKER, THE
HOUSING, INC PO BOX 1148 -							ONGOING NEEDS OF HOMELESS
DOVER, DE 19903	41-2280212	501(C)(3)	37,550.	0.			INDIVIDUALS IN SUSSEX
							TO PROVIDE SAFETY
DOWNTOWN VISIONS WDBID MANAGEMENT							SERVICES AND TRASH
COMPANY - 409 N. ORANGE STREET -							REMOVAL IN DOWNTOWN
WILMINGTON, DE 19801	51-0362299	501(C)(3)	10,000.	٥.			WILMINGTON
			,				TO SUPPORT EDUCATION IN
EAST SIDE COMMUNITY LEARNING							LOW INCOME AREA SCHOOLS
CENTER FOUNDATION - 3000 N							AND THE RIVERVIEW WORKS
CLAYMONT ST - WILMINGTON, DE 19802	20-4215109	501(C)(3)	5,500.	0.			FUND
			, <u>,</u>				TO SUPPORT APPLIED
EASTER SEALS DE & MD'S EASTERN							BEHAVIOR ANALYSIS
SHORE, INC 61 CORPORATE CIRCLE							THERAPEUTIC INTERVENTION
- NEW CASTLE, DE 19720	51-0066728	501(C)(3)	128,600.	0.			THERMAL SCANNERS FOR
· ·			, ,				TO SUPPORT TECHNOLOGY TO
EDGE FOR TOMORROW							PROVIDE UNDERSERVED
503 DUNCAN ROAD							CHILDREN IN EDGEMOOR WITH
	81-3023239	F01/01/21	9,000.	٥.			TUTORING AND MENTORING

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE OPIOID:
EDGEMOOR COMMUNITY CENTER INC							YOUTH EMPOWERMENT
BELLEVUE COMMUNITY CENTER, 510 DUNG							BUILDING, TO PROVIDE
WILMINGTON, DE 19809	51-0230538	501(C)(3)	135,275.	0.			FRESH PRODUCE TO
							TO SUPPORT THE
ELEUTHERIAN MILLS-HAGLEY							ELEUTHERIAN MILLS
FOUNDATION, INC PO BOX 3630 -				_			RESIDENCE COMMITTEE, THE
WILMINGTON, DE 19807	51-0070531	501(C)(3)	32,500.	0.			ORAL HISTORY PROGRAM, AND
							TO MAINTAIN AND INCREASE
ELIZABETH W. MURPHEY SCHOOL							STAFF AND INCREASE THE
42 KINGS HIGHWAY EAST							NUMBER OF FOSTER CHILDREN
DOVER, DE 19901	51-0064321	501(C)(3)	16,600.	0.			THEY CAN SERVE, AND OTHER
EMMANUEL ORTHODOX PRESBYTERIAN							
CHURCH - 1006 WILSON ROAD -							
WILMINGTON, DE 19803	23-7001990	501(C)(3)	35,000.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT TO THE
ESF DREAM CAMP FOUNDATION							DREAM MEALS FOOD PROGRAM
750 E. HAVERFORD ROAD				_			FOR ESF DREAM CAMPERS AND
BRYN MAWR, PA 19010	23-3045020	501(C)(3)	20,000.	0.			TO SUPPORT
							TO SUPPORT CLEANING AND
EXCEPTIONAL CARE OF CHILDREN, INC.							RESPIRATORY THERAPY
11 INDEPENDENCE WAY				_			SUPPLIES FOR MEDICALLY
NEWARK, DE 19713	80-0748765	501(C)(3)	10,388.	0.			FRAGILE CHILDREN
							TO SUPPORT
FAITHFUL FRIENDS, INC.							GROUNDBREAKING, THE
12 GERMAY DRIVE							CAPITAL CAMPAIGN, THE
WILMINGTON, DE 19804	51-0410508	501(C)(3)	289,239.	0.			OPERATION OF COMMUNITY
							RESTRICTED SUPPORT TO
FAMILY COUNSELING CENTER OF ST							MEET INCREASED DEMAND FOR
PAUL'S - 301 N. VAN BUREN ST -							FAMILY COUNSELING
WILMINGTON, DE 19805	27-3361236	501(C)(3)	64,000.	0.			SERVICES, TO SUPPORT
							TO SHELTER HOMELESS
FAMILY PROMISE OF NORTHERN NEW							FAMILIES AND PROVIDE
CASTLE COUNTY - 2104 ST. JAMES							DIRECT CLIENT SERVICES
CHURCH ROAD - WILMINGTON, DE 19808	26-2373936	501(C)(3)	25,000.	0.			FOR 15 ADDITIONAL

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FELLOWSHIP HEALTH RESOURCES, INC. - DELAWARE REGION - 12649 N.							TO SUPPORT TECHNOLOGY TO PROVIDE TELEHEALTH SERVICES FOR INDIVIDUALS
DUPONT BLVD ELLENDALE, DE 19941	05-0373414	501(C)(3)	6,500.	0.			IN RECOVERY IN SUSSEX
FIND-'M FRIENDS, INC. P. O. BOX 1712							
CRYSTAL RIVER, FL 34423	46-5514778	501(C)(3)	150,000.	0.			UNRESTRICTED SUPPORT
FIRST BOOK, INC, ATTN: ACCOUNTING DEPARTMENT - 1319 F. STREET NW, SUITE 900 - WASHINGTON, DC 20004	52-1779606	501(C)(3)	25,000.	0.			TO SUPPORT THE BASIC NEEDS CLOSET
FIRST PARISH FEDERATED CHURCH 150 MAIN STREET							
SOUTH BERWICK, ME 03908	01-6013734	501(C)(3)	64,649.	0.			UNRESTRICTED SUPPORT
FIRST PRESBYTERIAN CHURCH OF NEWARK - 292 W. MAIN STREET -							
NEWARK, DE 19711	23-6393377	501(C)(3)	12,339.	0.			UNRESTRICTED SUPPORT
FIRST STATE COMMUNITY ACTION AGENCY - 308 N RAILROAD AVE, PO BOX 877 - GEORGETOWN, DE 19947	51-0104704	501(C)(3)	222,357.	0.			RESTRICTED SUPPORT FOR THE SUSSEX COUNTY IMMIGRANT RELIEF PROGRAM, YOUTH LEADERSHIP AWARDS,
FOOD BANK OF DELAWARE, INC. 222 LAKE DRIVE							RESTRICTED SUPPORT FOR INCREASED NEED DURING THE COVID-19 PANDEMIC, FOR
NEWARK, DE 19702	51-0258984	501(C)(3)	196,429.	0.			THE MILFORD FOOD BANK,
FOR ALL SEASONS, INC. 300 TALBOT STREET							RESTRICTED SUPPORT FOR WORKING CAPITAL AND THE
EASTON, MD 21601	52-1496434	501(C)(3)	19,000.	0.			ANNUAL FUND RAISER
FORGOTTEN CATS, INC. 4023 KENNETT PIKE, SUITE 422							TO SUPPORT ADOPTION
GREENVILLE, DE 19807	20-0691180	501(C)(3)	7,000.	0.			PREPARATION FOR CATS

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Schedule I (Form 990) DELAWARE	COMMUNITI	FOUNDATION	I, INC			2	2-2004/00 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO PURCHASE, PREPARE, AND
FREDERICA SENIOR CENTER, INC.							DELIVER MEALS, FOOD, AND
PO BOX 165, 216 S. MARKET STREET							PERSONAL HYGIENE ITEMS TO
FREDERICA, DE 19946	51-0208779	501(C)(3)	22,500.	0.			THE ELDERLY, VETERANS,
							RESTRICTED SUPPORT FOR
FRESH START SCHOLARSHIP							THE ELIASON EDUCATION AND
FOUNDATION, INC P.O. BOX 7784 -							GREENING FUND GRANTS, AND
WILMINGTON, DE 19803	51-0378642	501(C)(3)	20,701.	0.			TO SUPPORT TUITION
EDIENDO OF ANIMALO							
FRIENDS OF ANIMALS							
777 POST ROAD, STE 205	12 6010540	501(0)(2)	E 100				
DARIEN, CT 06820	13-6018549	501(C)(3)	7,183.	0.			UNRESTRICTED SUPPORT
EDIENDO OF DEL MADE MEEDANO MONT							TO SUPPORT THE DENTAL
FRIENDS OF DELAWARE VETERANS HOME,							SUITE AT DELAWARE
INC 401 FEDERAL STREET - DOVER,	00 000554	501(0)(2)	0.01 0.00				VETERANS HOME AND OTHER
DE 19901	20-3369554	501(C)(3)	201,000.	0.			UNRESTRICTED SUPPORT
FRIENDS OF GOODSTAY GARDENS -							
UNIVERSITY OF DELAWARE - 2700							TO SUPPORT ANNUAL
PENNSYLVANIA AVENUE - WILMINGTON,	51 600000	501(0)(2)	20.000				MAINTENANCE AND CARING OF
DE 19806	51-6000297	501(C)(3)	30,000.	0.			THE GARDENS
FRIENDS OF THE NEWARK FREE							
LIBRARY, INC 750 LIBRARY AVENUE							
- NEWARK, DE 19711		501(C)(3)	6,388.	0.			UNRESTRICTED SUPPORT
			.,				RESTRICTED SUPPORT FOR
FRIENDSHIP HOUSE, INC.							COVID-19 EMERGENCY
P.O. BOX 1517							RESPONSES, TO SUPPORT THE
WILMINGTON, DE 19899	51-0306759	501(C)(3)	221,799.	0.			OPIOID: TRANSITIONAL
			,				
GEORGETOWN PUBLIC LIBRARY							TO SUPPORT FOR SANITIZING
123 WEST PINE STREET							EQUIPMENT AND SNEEZE
GEORGETOWN, DE 19947	51-6000279	GOVERNMENT ORG	16,000.	0.			GUARDS
· · · · · ·							
GIRL SCOUTS OF THE CHESAPEAKE BAY							RESTRICTED SUPPORT FOR
COUNCIL - 225 OLD BALTIMORE PIKE -							TEACHING GIRLS LIFE
NEWARK, DE 19702	51-0064337	501(C)(3)	50,000.	٥.			LESSONS

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Schoor	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN DELAWARE INC.							
615 W. 18TH ST.							UNRESTRICTED SUPPORT AND
WILMINGTON, DE 19802	20-2751642	501(C)(3)	7,500.	0.			THE RIVERVIEW WORKS FUND
	20 2751042	501(0)(3)	7,500.	0.			TO COLLECT, STORE, AND
GLEANERS FOOD BANK OF INDIANA							DISTRIBUTE FOOD AND
3737 WALDEMERE AVE.							SHELTER THOSE IN NEED IN
	35-1483868	501(C)(3)	10,000.	0.			THE LOCAL AREA
INDIANAPOLIS, IN 46241	33-1403000	501(0)(3)	10,000.	0.			THE DOCAL AREA
GLOBAL CELEBRATION							
PO BOX 535337							
	91-1341558	501(C)(3)	9,000.	0.			UNRESTRICTED SUPPORT
GRAND PRAIRIE, TX 75053	91-1341558	501(C)(3)	9,000.	υ.			UNRESIRICIED SUPPORT
COOD OF BOY FOUNDATION INC.							
GOOD OLE BOY FOUNDATION, INC. 36111 PEAR TREE ROAD							
	46-1526864	501(C)(3)	6,200.	0.			UNRESTRICTED SUPPORT
MILLSBORO, DE 19966	40-1520004	501(C)(3)	0,200.	υ.			
CRACE FOR DOMER							TO REPLENISH THE
GRACE FOR DOVER							MATERIALS AND EQUIPMENT
PO BOX 862	0.5. 4004450	F01(a)())	11 (50				LENDING LIBRARY AND OTHER
DOVER, DE 19903	27-4804452	501(C)(3)	11,650.	0.			UNRESTRICTED SUPPORT
							TO PURCHASE A TOUCHLESS
GRAND OPERA HOUSE							TICKETING SYSTEM, TO
818 NORTH MARKET STREET							FACILITATE SAFE CULTURAL
WILMINGTON, DE 19801	51-0116569	501(C)(3)	1,171,558.	0.			ARTS ACTIVITIES, TO
							TO SUPPORT THE WORKSHOP
GREEN BERET PROJECT							PROJECT, THE NEXT
140 MAFFITT STREET							GENERATION SOUTH 2019
ELKTON, MD 21921	82-1215032	501(C)(3)	41,825.	0.			CYCLE ADDICTION,
GUSTAVUS ADOLPHUS COLLEGE							
800 WEST COLLEGE AVENUE							
ST. PETER, MN 56082	41-0695524	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
							TO COVER MONTHLY EXPENSE:
HABITAT FOR HUMANITY OF NEW CASTLE							AND TO ASSIST WITH FUNDS
COUNTY - 1920 HUTTON STREET -							THAT WERE EXPECTED TO BE
WILMINGTON, DE 19802	51-0294138	501(C)(3)	115,750.	0.			RAISED, TO SUPPORT

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Schedule I (Form 990) DELAWARE	COMMONIT	FOUNDATION	I, INC			2	22-2004/05 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	-
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PURCHASE A COMMERCIAL
HARRINGTON SENIOR CENTER							FREEZER AND REFRIGERATOR
102 FLEMING STREET							TO MEET INCREASED
HARRINGTON, DE 19952	51-0106409	501(C)(3)	7,300.	0.			CURBSIDE MEALS FOR
							TO ADDRESS THE HUNGER
HARRY K FOUNDATION							NEEDS OF VULNERABLE
313 SOUTH BOARDWALK							CHILDREN AND THEIR
REHOBOTH BEACH, DE 19971	46-2934019	501(C)(3)	45,000.	0.			FAMILIES BY ESTABLISHING
HEALTHY FOOD FOR HEALTHY KIDS							RESTRICTED SUPPORT -
PO BOX 847							ELIASON EDUCATION AND
HOCKESSIN, DE 19707	30-0444914	501(C)(3)	15,201.	0.			GREENING FUND
	50 0111911	501(0)(3)	15,201.				
HENRY FRANCIS DU PONT WINTERTHUR							
MUSEUM - 5105 KENNETT PIKE -							
WINTERTHUR, DE 19735	51-0066038	501(C)(3)	14,101.	٥.			UNRESTRICTED SUPPORT
			,				
HISTORIC CHARLESTON FOUNDATION							
40 EAST BAY STREET							
CHARLESTON, SC 29401	57-6000599	501(C)(3)	15,000.	0.			UNRESTRICTED SUPPORT
HOLY ROSARY OUTREACH							
3200 PHILADELPHIA PIKE							TO PROVIDE FOOD TO
CLAYMONT, DE 19703	51-0064621	501(C)(3)	20,000.	0.			FAMILIES IN CLAYMONT
							TO SUPPORT UTILITIES AND
HOME OF THE BRAVE FOUNDATION, INC.							GROCERIES FOR VETERANS
6632 SHARPS ROAD							LIVING AT HOME OF THE
MILFORD, DE 19963	51-0338521	501(C)(3)	10,100.	0.			BRAVE AND FOR PPE FOR
HODDY'S HODE TO END WINTENGTON'S							
HOPPY'S HOPE TO END HUNTINGTON'S							UNRESTRICTED SUPPORT IN
DISEASE - 7 MARTIN ROAD - NEWTOWN	27 0700705	E01((3)(2)	F0 000				MEMORY OF ROBERT M.
SQUARE, PA 19073	27-0708797	501(C)(3)	50,000.	0.			SILLIMAN
NONGE OF DETER							TO PROVIDE FUND TO OFFSET
HOUSE OF PRIDE							THE LOSS OF REVENUE FROM
45 S. NEW STREET	F1 0250001	F01(d)(2)	0.000				RENTERS WHO HAVE FACED
DOVER, DE 19904	51-0376801	put(C)(3)	9,000.	0.			LAYOFFS

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Schedule I (Form 990) DELAWARE	COMMONITI	FOUNDATION	N, INC			2	22-2004700 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	35-1186290	501(C)(3)	10,000.	0.			TO SUPPORT THE STUDENT MATINEE PROGRAM
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST., SUITE 600 INDIANAPOLIS, IN 46060	35-0998627	501(C)(3)	12,000.	0.			TO SUPPORT THE 2019-2020 DISCOVERY CONCERT SERIES
INGLESIDE HOMES, INC. 1005 N. FRANKLIN STREET WILMINGTON, DE 19806	51-0113243	501(C)(3)	79,000.	0.			RESTRICTED SUPPORT TO PAY FOR PPE, CLEANING SUPPLIES, AND TO DELIVER MEALS TO RESIDENTS
INNER CITY CULTURAL LEAGUE, INC. 39 S. WEST ST. DOVER, DE 19904	43-2106496	501(C)(3)	16,000.	0.			TO BUILD A STORAGE SHED AND TO RECRUIT, EDUCATE, AND INSTRUCT STUDENTS WHILE PROVIDING
INTERNATIONAL LITERACY ASSOCATION PO BOX 8139 NEWARK, DE 19714	82-4909645	501(C)(3)	113,684.	0.			RESTRICTED SUPPORT FOR CHILDREN'S LITERACY
INWARD BOUND MINDFULNESS EDUCATION INC P. O. BOX 516 - CONCORD, MA 01742	27-3029390	501(C)(3)	10,000.	0.			TO SUPPORT THE TEEN SCHOLARSHIP FUND IN THE NORTHEAST (US)
ISLAMIC SOCIETY OF DELAWARE 28 SALEM CHURCH ROAD NEWARK, DE 19713	51-0202776	501(C)(3)	10,000.	0.			TO SUPPORT AND IMPROVE ITS SCHOOL AND EDUCATION ACTIVITIES FOR YOUTH AND OTHER UNRESTRICTED
ITNSOUTHERNDELAWARE 24855 BROADKILL ROAD MILTON, DE 19968	46-4801700	501(C)(3)	30,000.	0.			TO SUPPORT SUSSEX COUNTY TRANSPORTATION
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	163,750.	0.			RESTRICTED SUPPORT TO PROVIDE REMOTE COUNSELING AND SUPPORT SERVICES STATEWIDE, TO SUPPORT THE

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Schedule I (Form 990) DELAWARE	COMMUNIT	FOUNDATION				2	2-2004705 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOBS FOR DELAWARE GRADUATES							
381 W. NORTH STREET							
	51-0234401	501(C)(3)	15,250.	0.			UNRESTRICTED SUPPORT
DOVER, DE 19904	51-0254401	501(0)(3)	15,250.	0.			UNRESTRICTED SOFFORT
JOHNS HOPKINS SIDNEY KIMMEL							TO SUPPORT THE SIDNEY
COMPREHENSIVE CANCER CENTER - 401							KIMMEL COMPREHENSIVE
N. BROADWAY - BALTIMORE, MD 21287	52-0595110	501(C)(3)	6,000.	٥.			CANCER CENTER
	52 0555110	501(0)(0)					
JOSHUA M. FREEMAN FOUNDATION							TO SUPPORT VIRTUAL
31556 WINTERBERRY PARKWAY							PROGRAMMING AND OTHER
SELBYVILLE, DE 19975	20-8592383	501(C)(3)	20,000.	٥.			UNRESTRICTED SUPPORT
,,							
JUNIOR ACHIEVEMENT OF DELAWARE,							TO SUPPORT DELAWARE
INC 522 SOUTH WALNUT STREET -							PATHWAYS AND OTHER
WILMINGTON, DE 19801	51-0078199	501(C)(3)	136,000.	٥.			UNRESTRICTED SUPPORT
							TO SUPPORT THE
JUNIOR ACHIEVEMENT OF GREATER							ORGANIZATION'S MISSION
WASHINGTON - 919 18TH ST. NW,							AND OTHER UNRESTRICTED
SUITE 901 - WASHINGTON, DC 20006	54-0788947	501(C)(3)	5,648.	0.			SUPPORT
JUSST SOOUP MINISTRY, INC.							
18483 COOL SPRING RD.							
MILTON, DE 19968	59-3820809	501(C)(3)	27,686.	٥.			UNRESTRICTED SUPPORT
			,				
JUSTIN W JENNINGS FOUNDATION, INC.							
29L ATLANTIC AVE, BOX 120							
OCEAN VIEW, DE 19970	51-0401803	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT TO
KENNETT AREA COMMUNITY SERVICE							PROVIDE FOOD, HOUSING,
136 WEST CEDAR STREET							AND CRISIS SERVICES AS
KENNETT SQUARE, PA 19348	23-2215441	501(C)(3)	101,000.	0.			THE NEEDS SURGE DURING
			· · ·				TO MODIFY AND RESTART
KENT-SUSSEX INDUSTRIES, INC.							PROGRAMS SUPPORTING THE
301 N REHOBOTH BLVD							DEVELOPMENTALLY DISABLED
MILFORD, DE 19963	51-0097856	501(C)(3)	32,476.	٥.			AND RESTRICTED SUPPORT

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Schoor	edule I (Form 990), Pa I	urt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO IMPROVE ACCESS TO
KEYSTONE HUMAN SERVICES							HEALTH CARE FOR THE
4391 STURBRIDGE DRIVE							UNINSURED/UNDERSERVED AND
HARRISBURG, PA 17710	25-1847902	501(C)(3)	14,000.	0.			REDUCE HEALTH DISPARITIES
							TO SUPPORT THE BACK TO
KIDS R FIRST							SCHOOL BACKPACK DRIVE AND
PO BOX 3242							PROVIDE SCHOOL SUPPLIES
RESTON, VA 20195	54-1905551	501(C)(3)	7,500.	0.			TO THOSE IN NEED AT
KIMMEL CENTER FOR THE ARTS							
1500 WALNUT STREET, FLOOR 17							TO SUPPORT EDUCATION
PHILADELPHIA, PA 19102	23-2865855	501(C)(3)	100,000.	0.			PROGRAMS
							RESTRICTED SUPPORT TO
KIND TO KIDS FOUNDATION							HELP FOSTER CHILDREN AND
100 W. 10TH ST., SUITE 606							OTHER UNRESTRICTED
WILMINGTON, DE 19801	80-0641000	501(C)(3)	29,000.	٥.			SUPPORT
							RESTRICTED SUPPORT TO
LA ESPERANZA INC.							SUPPORT THE EXPANSION OF
216 N. RACE STREET							THE LA
GEORGETOWN, DE 19947	31-1606956	501(C)(3)	148,628.	٥.			COLLECTIVE-INSPIRED
			,				TO SUPPORT THE MILFORD
LA RED HEALTH CENTER							SITE RELOCATION AND
21444 CARMEAN WAY							EXPANSION OF SERVICES
GEORGETOWN, DE 19948	14-1850828	501(C)(3)	184,175.	٥.			PROJECT, TO OFFSET THE
							TO FULFILL EMERGENCY
LATIN AMERICAN COMMUNITY CENTER							FUNDING REQUESTS, TO
403 NORTH VAN BUREN STREET							SUPPORT BUILDING
	23-7047048	501(C)(3)	132,750.	0.			RENOVATIONS, TO SUPPORT
WILMINGTON, DE 19805	23-7047040	501(0)(3)	132,730.	0.			TO PURCHASE A UV
LAUREL PUBLIC LIBRARY							
							SANITATION MACHINE FOR
101 E. 4TH ST.	0.0 0.0 0.0 0.0 0.0 0.0	501(0)(0)	F 400				BOOKS AND MATERIALS, AND
LAUREL, DE 19956	23-7397230	501(C)(3)	5,400.	0.			OTHER UNRESTRICTED
LAWYERS COMMITTEE FOR CIVIL RIGHTS							
UNDER LAW - 1500 K STREET NW, STE							
900 - WASHINGTON, DC 20005	52-0799246	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
	52 0755240	P = 1 ( C / ( S /	10,000.	۰ <b>۰</b>			

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.) T	1
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							TO SUPPORT ANNUAL
LEADERSHIP DELAWARE, INC.							OPERATIONS, THE RIVERVIEW
1207 DELAWARE AVENUE							WORKS FUND, AND OTHER
WILMINGTON, DE 19806	26-3527196	501(C)(3)	8,000.	0.			UNRESTRICTED SUPPORT
LEADERSHIP WILKES-BARRE							TO SUPPORT THE LEADERSHIP
4 PUBLIC SQUARE							WILKES-BARRE ORGANIZATION
WILKES-BARRE, PA 18701	23-2205981	501(C)(3)	7,000.	0.			WITH THEIR PROGRAMS
LEGAL SERVICES CORPORATION OF			, -				
DELAWARE, INC 100 W 10TH							RESTRICTED SUPPORT FOR
STREET, STE 203 - WILMINGTON, DE							THE 2019-2020 PRO SE
19801	51-0372955	501(C)(3)	22,500.	٥.			INITIATIVE
							TO SUPPORT LOCAL
LEUKEMIA & LYMPHOMA SOCIETY, DE							CHAPTER'S FUNDRAISING, TO
CHAPTER - 1300 N GRANT AVENUE -							SUPPORT PATIENTS AND
WILMINGTON, DE 19806	13-5644916	501(C)(3)	19,000.	٥.			RESEARCH, RESTRICTED
							TO PURCHASE EQUIPMENT TO
LEWES PUBLIC LIBRARY, INC.							SUPPORT VIRTUAL
111 ADAMS AVENUE							PROGRAMMING AND OTHER
LEWES, DE 19958	51-0350650	501(C)(3)	15,000.	0.			UNRESTRICTED SUPPORT
LEWES SENIOR ACTIVITY CENTER, INC.							
32083 JANICE ROAD							
LEWES, DE 19958	51-0105685	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT TECHNOLOGY AND
LIFE CENTER COMPLEX, INC.							STAFF TO PROVIDE
5 BRANDYWINE BOULEVARD							BEHAVIORAL TELEHEALTH
WILMINGTON, DE 19809	86-1127196	501(C)(3)	15,000.	0.			SERVICES IN NEW CASTLE
	00 112/190	501(0)(3)	15,000.				
LIMEN HOUSE, INC.							
P.O. BOX 1306							UNRESTRICTED SUPPORT AND
WILMINGTON, DE 19899	23-7029073	501(C)(3)	9,500.	٥.			THE RIVERVIEW WORKS FUND
·							RESTRICTED SUPPORT TO
LITERACY DELAWARE INC.							STRENGTHEN INFRASTRUCTURE
P.O. BOX 2083							IN SOUTHERN DELAWARE BY
WILMINGTON, DE 19899	51-0410054	501(C)(3)	47,790.	0.			HIRING A PROGRAM

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							RESTRICTED SUPPORT TO
LITTLE SISTERS OF THE POOR							FUND PPE, CLEANING, AND
185 SALEM CHURCH ROAD							ADDITIONAL STAFF TO
NEWARK, DE 19713	51-0095986	501(C)(3)	67,469.	0.			CONTROL THE VIRUS AND
LORIS HANDS 100 DISCOVERY BLVD, 4TH FLOOR NEWARK, DE 19713	45-3984559	501(C)(3)	7,500.	0.			TO SUPPORT IMPACT AND OUTCOMES EVALUATION
	45 5504555	501(0)(3)	7,500.	•.			TO SUPPORT THE
LOVE, INC. OF MID-DELMARVA PO BOX 542							ORGANIZATION'S WORK WITH THE MOST VULNERABLE
SEAFORD, DE 19973	51-0583444	501(C)(3)	54,200.	0.			POPULATIONS, RESTRICTED
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD	25-6114180	501(C)(3)	7 750	0.			RESTRICTED SUPPORT TO THE ESL PROGRAM AND OTHER UNRESTRICTED SUPPORT
REHOBOTH BEACH, DE 19971	25-0114100	501(C)(3)	7,750.	0.			RESTRICTED SUPPORT TO
LUTHERAN COMMUNITY SERVICES							ASSIST DR. MALEH IN
2809 BAYNARD BOULEVARD							PROVIDING FOOD AND OTHER
WILMINGTON, DE 19802	51-0102403	501(C)(3)	5,474.	Ο.			UNRESTRICTED SUPPORT
			-,				RESTRICTED SUPPORT TO
LUZERNE COUNTY HEAD START							PREPARE CHILDREN FOR AN
23 BEEKMAN STREET							EASY TRANSITION TO
WILKES-BARRE, PA 18702	23-2038753	501(C)(3)	9,000.	0.			KINDERGARTEN AND TO
LYME DISEASE ASSOCATION OF DELMARVA, INC PO BOX 5360 -							
SALISBURY, MD 21802	74-3102097	501(C)(3)	22,500.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT REQUESTS FROM
MAKE-A-WISH FOUNDATION OF DELAWARE							SUSSEX COUNTY, TO SUPPORT
100 W. 10TH ST., SUITE 106							WISHES TRANSFORMING LIVES
WILMINGTON, DE 19801	22-2755963	501(C)(3)	30,500.	٥.			IN DE, AND OTHER
							TO PURCHASE PPE IN THE
MARY CAMPBELL CENTER							EVENT OF AN OUTBREAK AT
4641 WELDIN ROAD							THE CENTER AND OTHER
WILMINGTON, DE 19803	23-7089122	501(C)(3)	11,000.	٥.			UNRESTRICTED SUPPORT

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Schoor	edule I (Form 990), Pa I	rt II.) T	1
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MARYMOUNT UNIVERSITY							
OFFICE OF ADVANCEMENT, 2807 N GLEBI							
ARLINGTON, VA 22207	54-0573801	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
			-,				
MEALS ON WHEELS DELAWARE							TO SUPPORT FOOD AND
100 WEST 10TH ST., SUITE 207							NUTRITION, AND OTHER
WILMINGTON, DE 19801	51-0355145	501(C)(3)	19,126.	0.			UNRESTRICTED SUPPORT
MEALS ON WHEELS OF REHOBOTH AND							RESTRICTED SUPPORT TO
LEWES, INC 32409 LEWES							LEWES AND REHOBOTH AND
GEORGETOWN HIGHWAY - LEWES, DE							OTHER UNRESTRICTED
19958	51-0188109	501(C)(3)	6,500.	٥.			SUPPORT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW							
YORK, NY 10065	13-1624182	501(C)(3)	7,500.	0.			TO SUPPORT RESEARCH
							RESTRICTED SUPPORT TO
MENTAL HEATLH ASSOCIATION IN							SUICIDE PREVENTION
DELAWARE INC 100 W 10TH STREET,							TRAINING, TO SUPPORT
STE 600 - WILMINGTON, DE 19801	51-0069000	501(C)(3)	12,343.	٥.			TECHNOLOGY TO PROVIDE
							TO PURCHASE EQUIPMENT TO
MERAKEY ALLOS							PROVIDE SERVICES FOR
620 GERMANTOWN PIKE							INDIVIDUALS WITH
LAFAYETTE HILL, PA 19444	23-3005583	501(C)(3)	6,500.	٥.			INTELLECTUAL DISABILITIES
							TO SUPPORT CAPITAL GRANT
MILFORD 2ND STREET PLAYERS, INC.							COLLABORATIVE FUNDING ANI
P.O. BOX 470							OTHER UNRESTRICTED
MILFORD, DE 19963	22-2787140	501(C)(3)	6,000.	٥.			SUPPORT
							TO SUPPORT EMERGENCY HOME
MILFORD HOUSING DEVELOPMENT							REPAIRS OF LOW INCOME
CORPORATION - 977 E. MASTEN CIRCLE							HOMEOWNERS TO PREVENT
- MILFORD, DE 19963	51-0218904	501(C)(3)	38,500.	0.			HOMELESSNESS AND THREATS
MILFORD LIONS CLUB							RESTRICTED SUPPORT FOR
P. O. BOX 25							THE NEEDY POOR IN THE
MILFORD, DE 19963	51-0365044	501(C)(3)	7,476.	0.			CITY OF MILFORD

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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MILFORD NEW FRONTIER CLUB							RESTRICTED SUPPORT FOR
204 NORTH REHOBOTH BLVD.							THE NEEDY POOR IN THE
MILFORD, DE 19964	53-0204696	501(C)(3)	7,476.	٥.			CITY OF MILFORD
MILFORD ROTARY CLUB EDUCATIONAL							RESTRICTED SUPPORT FOR
FOUNDATION ATTN: HIRSCH - P. O.							THE NEEDY POOR IN THE
BOX 10 - MILFORD, DE 19965	52-6896762	501(C)(4)	7,476.	٥.			CITY OF MILFORD
MILFORD SCHOOL DISTRICT 906 LAKEVIEW AVENUE							
MILFORD, DE 19966	51-6000279	GOVERNMENT ORG	5,294.	٥.			UNRESTRICTED SUPPORT
i							
MILFORD VETERANS OF FOREIGN WARS							RESTRICTED SUPPORT FOR
77 VETERANS DRIVE							THE NEEDY POOR IN THE
MILFORD, DE 19965	23-7193708	501(C)(4)	7,476.	0.			CITY OF MILFORD
MILTON HISTORICAL SOCIETY							
PO BOX 112, 210 UNION STREET							
MILTON, DE 19968	23-7158119	501(C)(3)	12,837.	٥.			UNRESTRICTED SUPPORT
							TO SUPPORT CAPITAL
MINISTRY OF CARING							IMPROVEMENTS TO ALLOW FOR
115 E. 14TH STREET							SAFELY RELAUNCHING DENTAL
WILMINGTON, DE 19801	51-0209843	501(C)(3)	51,874.	٥.			SERVICES IN WILMINGTON,
MINORITY CORPORATE COUNSEL							
ASSOCIATION INC - 1111							
PENNSYLVANIA AVE NW - WASHINGTON,							
DC 20004	13-3920905	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT TO
MODERN MATURITY CENTER, INC.							DELIVER ADDITIONAL MEALS
1121 FORREST AVENUE							TO SENIORS AT THEIR HOMES
DOVER, DE 19904	51-0108568	501(C)(3)	100,000.	0.			AND TO HELP MAINTAIN
MOM'S HOUSE, INC. OF DOVER							
P.O. BOX 1138							
DOVER, DE 19903	51-0367119	501(C)(3)	5,900.	٥.			UNRESTRICTED SUPPORT

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Schedule I (Form 990) DELIAWARE	COMMUNIT	FOUNDATION	N, INC			2	2-2004705 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
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MOVE 2 INCLUDE INC.							
139 WEST FLAGSTONE DRIVE							
NEWARK, DE 19702	84-1825631	501(C)(3)	9,490.	0.			UNRESTRICTED SUPPORT
<u></u>			,				
MULTIPLYING GOOD INC.							TO SUPPORT YOUTH
100 W. 10TH ST., SUITE 215							DEVELOPMENT AND OTHER
WILMINGTON, DE 19801	52-0959336	501(C)(3)	27,250.	0.			UNRESTRICTED SUPPORT
							TO PURCHASE TECHNOLOGY TO
MUSIC SCHOOL OF DELAWARE							PROVIDE DISTANCE LEARNING
4101 WASHINGTON STREET EXT.							TO STUDENTS THROUGHOUT
WILMINGTON, DE 19802	51-0066934	501(C)(3)	277,291.	٥.			DELAWARE AND OTHER
							RESTRICTED SUPPORT TO
NAMI-DE							MAINTAIN THEIR BILINGUAL
2400 W. 4TH ST.							HISPANIC SERVICES
WILMINGTON, DE 19805	22-2490797	501(C)(3)	19,448.	٥.			INITIATIVE BY FUNDING THE
							RESTRICTED SUPPORT TO
NANTICOKE SENIOR CENTER							PURCHASE, PACKAGE, AND
1001 W LOCUS STREET, PO BOX 406							DELIVER FOOD TO SENIORS
SEAFORD, DE 19973	23-7202136	501(C)(3)	34,900.	٥.			IN THE SEAFORD AREA, TO
							TO GUDDODE DOGEON DODG ON
NANTUCKET COTTAGE HOSPITAL							TO SUPPORT BOSTON POPS OF
FOUNDATION - 57 PROSPECT STREET -		F01(a)())	10.000				NANTUCKET AND OTHER
NANTUCKET, MA 02554	04-2103823	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
NATIONAL OSTEOPOROSIS FOUNDATION							
251 18TH ST. S., SUITE 630							
ARLINGTON, VA 22202	36-3350532	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
	50 5550552	501(0)(3)					
NATIONAL WILDLIFE FEDERATION							
P.O. BOX 1691							
MERRIFIELD, VA 22116	53-0204616	501(C)(3)	10,039.	0.			UNRESTRICTED SUPPORT
		,					RESTRICTED SUPPORT TO THE
NATIVITY PREPARATORY SCHOOL OF							HISPANIC SERVICES
WILMINGTON, INC 1515 LINDEN							PROGRAM, RESTRICTED
STREET - WILMINGTON, DE 19805	22-3884703	501(C)(3)	46,800.	0.			SUPPORT FOR EDUCATIONAL
SIRBEL - WILMINGION, DE 19003	22-3004/03		40,000.	۰ <b>۰</b>			POITORI FOR EDUCATIONAL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT TECHNOLOGY AND
NCALL RESEARCH							TRAINING TO ENABLE STAFF
363 SAULSBURY ROAD							TO SERVE CLIENTS REMOTELY
DOVER, DE 19904	52-6054476	501(C)(3)	152,500.	0.			IN KENT COUNTY, TO
							TO SUPPORT SCHOOL AGED
NEIGHBORHOOD HOUSE, INC.							DAY PROGRAM FOR FAMILIES
1218 B STREET							OF ESSENTIAL EMPLOYEES
WILMINGTON, DE 19801	51-0065747	501(C)(3)	16,327.	Ο.			AND FUND THE DEPLETED
NEMOURS FUND FOR CHILDREN'S HEALTH SHANDS HOUSE, 1600 ROCKLAND RD							
WILMINGTON, DE 19803	59-0634433	501(C)(3)	20,000.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT THE PROGRAM AT
NEMOURS/ALFRED I. DUPONT HOSPITAL							BAYHEALTH IN MILFORD, TO
FOR CHILDREN - SHANDS HOUSE, 1600							SUPPORT CHILDHOOD CANCER
ROCKLAND RD - WILMINGTON, DE 19804	59-0634434	501(C)(3)	233,376.	٥.			RESEARCH, AND OTHER
							RESTRICTED SUPPORT TO
NETWORK DELAWARE, INC.							ADMINISTRATION OF
719 N SHIPLEY ST							DELAWARE IMMIGRANT FUND,
WILMINGTON, DE 19801	61-1813844	501(C)(3)	37,500.	0.			TO SUPPORT EMERGENCY
NEW CASTLE COUNTY DEPARTMENT OF							TO SUPPORT THE ROCKWOOD
COMMUNITY SERVICES - 77 READS WAY	F1 C0001C0		00.000	0			MUSEUM PROGRAMS AND OTHER
- NEW CASTLE, DE 19720	51-6000160	GOVERNMENT ORG	88,000.	0.			UNRESTRICTED SUPPORT
NEW CASTLE COUNTY HEAD START							
256 CHAPMAN RD, STE 103							RESTRICTED SUPPORT FOR
NEWARK, DE 19702	51-0191916	501(C)(3)	12,290.	0.			CHILDREN'S LITERACY
NEWARK SENIOR CENTER							TO SUPPORT MEALS ON
200 WHITE CHAPEL DRIVE							WHEELS AND OTHER
NEWARK, DE 19713	51-0104695	501(C)(3)	18,554.	0.			UNRESTRICTED SUPPORT
NORTHEASTERN VERMONT REGIONAL HOSPITAL INC 1315 HOSPITAL							
DRIVE - ST JOHNSBURY, VT 05819	03-6013761	501(C)(3)	137,000.	0.			UNRESTRICTED SUPPORT

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DDYSSEY CHARTER SCHOOL							TO IMPROVE ACCESS TO
4319 LANCASTER PIKE							HEALTH CARE FOR THE
WILMINGTON, DE 19805	20-1787299	501(C)(3)	12,000.	0.			UNINSURED AND UNSERVED
	20 1101255	501(0)(3)	12,000.	•.			
CHRISTIANA CARE, MS. LAURA MACKLER							TO SUPPORT HELEN F.
4000 NEXUS DRIVE, STE W3-300							GRAHAM CANCER CENTER
, WILMINGTON, DE 19803	51-0103684	501(C)(3)	7,500.	٥.			SPECIAL NEEDS FUND
,							
OLD BRANDYWINE VILLAGE, INC.							
1907 N. MARKET ST							
WILMINGTON, DE 19802	51-6018256	501(C)(3)	5,519.	٥.			UNRESTRICTED SUPPORT
OLD SWEDES FOUNDATION							
606 CHURCH STREET							
WILMINGTON, DE 19801	51-6022778	501(C)(3)	19,567.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT FOR
ONE VILLAGE ALLIANCE							FISCAL SPONSORSHIP OF
PO BOX 363							PREKINDERGARTEN READING
WILMINGTON, DE 19899	35-2367946	501(C)(3)	25,995.	0.			ENCOURAGEMENT AND TO
OPERADELAWARE							
4 SOUTH POPLAR STREET							
WILMINGTON, DE 19801	51-6018055	501(C)(3)	172,575.	0.			UNRESTRICTED SUPPORT
PADUA ACADEMY							
905 NORTH BROOM STREET	51-0095439	501(C)(3)	7,000.	0.			UNRESTRICTED SUPPORT
WILMINGTON, DE 19806	51-0095439	501(C)(3)	7,000.	<u> </u>			TO SUPPORT SOCIAL
PARTNERS FOR JUSTICE							SERVICES AND LEGAL
360 CABRINI BOULEVARD #8K							
	82-1202125	501(0)(3)	15 000	0.			SERVICES TO LOW-INCOME
NEW YORK, NY 10040	82-1202125	501(C)(3)	15,000.	U.			PEOPLE IN NEW CASTLE
PATHWAYS TO SUCCESS, INC.							
31 THE CIRCLE, SUITES A AND B							
GEORGETOWN, DE 19947	76-0811283	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
SLOKSLIGHT, DE 1994/	1 10 0011205		L 0,000.	· ·			PREDUITION DOLLONI

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							RESTRICTED SUPPORT FOR
PAWS FOR PEOPLE							CHILDREN'S LITERACY, TO
PO BOX 9955							SUPPORT VIRTUAL PET
NEWARK, DE 19714	76-0780197	501(C)(3)	28,518.	0.			THERAPY AND READING
PEACE DRUMS USA, INC. 2200 ARCH ST., SUITE 915							
PHILADELPHIA, PA 19103	81-3007724	501(C)(3)	6,069.	0.			UNRESTRICTED SUPPORT
PEOPLE'S PLACE II, INC. 1129 AIRPORT ROAD							TO SUPPORT ITS EDUCATION AND JOB TRAINING PROGRAM OPPORTUNITIES BENEFITTING
MILFORD, DE 19963	51-0113062	501(C)(3)	23,478.	٥.			KENT COUNTY HOMELESS, AND
PHILANTHROPY DELAWARE INC. 100 W. 10TH STREET, STE 500 WILMINGTON, DE 19801	27-2529635	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT TO PROVIDE HOUSING VOUCHERS FOR COVID-19 EMERGENCY RESPONSES
			,				
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE							RESTRICTED SUPPORT FOR WORKING CAPITAL
EASTON, MD 21601	13-1624102	501(C)(3)	5,500.	0.			SUPPLEMENT
PILOT SCHOOL, INC. 208 WOODLAWN ROAD							
WILMINGTON, DE 19803	51-0080692	501(C)(3)	30,000.	٥.			UNRESTRICTED SUPPORT
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET							RESTRICTED SUPPORT TO FUND PPE AND STAFFING TO PROVIDE REPRODUCTIVE
WILMINGTON, DE 19801	51-0066725	501(C)(3)	49,697.	0.			HEALTH SERVICES
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET							
- PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	10,500.	0.			UNRESTRICTED SUPPORT
PRESTON'S MARCH FOR ENERGY, INC. 1208 FAUN ROAD							TO SUPPORT ADAPTIVE BIKES
WILMINGTON, DE 19803	45-3613509	501(C)(3)	7,500.	0.			FOR BETTER LIVES

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Schedule I (Form 990) DELAWARE	COMMUNITI	FOUNDATION	I, INC				2-2004/05 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMEROS PASOS							
P.O. BOX 1636, 20648 SAVANNAH ROAD							
GEORGETOWN, DE 19947	51-0375288	501(C)(3)	10,500.	0.			UNRESTRICTED SUPPORT
GEORGETOWN, DE 19947	51 0575200	501(0/(3/	10,500.	0.			TO SUPPORT TECHNOLOGY FO
PROGRESSIVE LIFE CENTER, INC.							STAFF AND FOSTER PARENTS
262 CHAPMAN RD., STE 103							FOR VISITS
NEWARK, DE 19702	52-1326357	501(C)(3)	15,000.	0.			COMMUNICATIONS WITH BIRT
	52 1520557	501(0/(3/	15,000.	0.			RESTRICTED SUPPORT TO
PROJECT NEW START, INC.							PROVIDE REMOTE CASE
3301 GREEN STREET							MANAGEMENT TO INDIVIDUAL
CLAYMONT, DE 19703	47-2300080	501(C)(3)	37,500.	0.			REENTERING THE COMMUNITY
CLAIMONI, DE 19705	47-2500000	501(0)(3)	57,500.	0.			REENTERING THE COMMONITI
PROXIMATE NETWORK INC.							
16683 SAND HILL ROAD							
MILTON, DE 19968	83-3465157	501(C)(3)	15,516.	0.			UNRESTRICTED SUPPORT
	05 5405157	501(0/(3/	15,510.	0.			RESTRICTED SUPPORT TO TH
REACH RIVERSIDE							RIVERSIDE RELIEF FUND TO
2300 BOWERS ST							ADDRESS THE NEEDS OF THE
WILMINGTON, DE 19802	82-1401986	501(C)(3)	130,000.	0.			LOW-INCOME FAMILIES WHO
WIEMINGION, DE 19002	02 1401900	501(0/(3/	130,000.	0.			RESTRICTED SUPPORT FOR
READ ALOUD DELAWARE							CHILDREN'S LITERACY,
100 WEST 10TH STREET, STE 309							SUPPORT TO SUSSEX COUNTY
WILMINGTON, DE 19801	51-0280486	501(C)(3)	31,162.	0.			AND OTHER UNRESTRICTED
	51 0200100	501(0)(0)					RESTRICTED SUPPORT FOR
READING ASSIST INSTITUTE							TRAINING AND SUPERVISION
100 W. 10TH ST., SUITE 910							OF TUTORS, CHILDREN'S
WILMINGTON, DE 19801	51-0317415	501(C)(3)	47,790.	0.			LITERACY, TO SUPPORT
	51 051/415	501(0)(3)	±1,150.	•.			
READING IS FUNDAMENTAL							TO SUPPORT SIX READING I
750 FIRST STREET, NE, STE 920							FUNDAMENTAL PROGRAMS IN
WASHINGTON, DC 20002	52-0976257	501(C)(3)	26,325.	0.			FONDAMENIAL FROGRAMS IN FOUR NAVIENT COMMUNITIES
montholon, be 20002	52 0570257	501(0)(3)	20,323.	0.			CON MAVIENT COMMONITIES
RED CLAY CONSOLIDATED SCHOOL							
DISTRICT - 1502 SPURCE AVENUE -							TO SUPPORT PATIENT CARE
WILMINGTON, DE 19805	51-6000279	GOVERNMENT ORG	19,000.	٥.			ASSISTANT PATHWAY PROGRA

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	2-2004703 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO ENSURE BASIC
REHOBOTH ART LEAGUE, INC.							OPERATIONS CONTINUE
12 DODDS LANE							INCLUDING BUILDING
REHOBOTH BEACH, DE 19971	51-0097839	501(C)(3)	75,090.	0.			UPKEEP, ADMINISTRATIVE
REHOBOTH BEACH VOLUNTEER FIRE CO.,							
INC PO BOX 327 - REHOBOTH							
BEACH, DE 19972	23-7004483	501(C)(3)	5,250.	0.			UNRESTRICTED SUPPORT
RODEL CHARITABLE FOUNDATION							
PO BOX 1636							TO CUDDODE THE DIVEDUTEW
	01 1044595	E01(0)(2)	10 000	0			TO SUPPORT THE RIVERVIEW
WILMINGTON, DE 19899	91-1944585	501(C)(3)	10,000.	0.			WORKS FUND
RODNEY STREET TENNIS & TUTORING							
ASSOCATION - 101 GARDEN OF EDEN							
ROAD, STE 102 - WILMINGTON, DE							UNRESTRICTED SUPPORT AND
19803	01-0652445	501(C)(3)	15,250.	0.			THE RIVERVIEW WORKS FUND
							TO FUND FLOORING UPDATES
RONALD MCDONALD HOUSE OF DELAWARE							VAN CONVERSION, AND A NE
1901 ROCKLAND ROAD							GMS, RESTRICTED SUPPORT
WILMINGTON, DE 19803	51-0295320	501(C)(3)	71,500.	0.			TO PROVIDE HOUSING FOR
							RESTRICTED SUPPORT TO
ROSA HEALTH CENTER							CONTINUE TO PROVIDE
10 NORTH FRONT STREET							COMPREHENSIVE CARE TO
GEORGETOWN, DE 19947	46-5736043	501(C)(3)	28,500.	0.			SUSSEX COUNTY'S IMMIGRANT
							RESTRICTED SUPPORT TO
SALESIANUM SCHOOL							AFRICAN AMERICAN
1801 N. BROOM STREET							SCHOLARSHIP FUND AND
WILMINGTON, DE 19802	51-0066743	501(C)(3)	10,224.	0.			OTHER UNRESTRICTED
							RESTRICTED SUPPORT -
SALVATION ARMY							ELIASON EDUCATION AND
400 N ORANGE ST, PO BOX 308							GREENING FUND, TO SUPPORT
WILMINGTON, DE 19899	13-5562351	501(C)(3)	70,057.	0.			CODE PURPLE, AND OTHER
SAMARITAN'S PURSE							
PO BOX 3000							
	58-1437002	501(C)(3)	6 000	0.			
BOONE, NC 28607	58-1437002	hor(c)(3)	6,000.	U.			UNRESTRICTED SUPPORT

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							RESTRICTED SUPPORT FOR
SEAFORD DISTRICT LIBRARY							THE SUMMER READING
600 N. MARKET STREET							PROGRAM, PRINT MEDIA,
SEAFORD, DE 19973	51-0101879	501(C)(3)	12,179.	0.			CHILDREN'S BOOKS AND
SEAFORD HISTORICAL SOCIETY, INC.							RESTRICTED SUPPORT TO THE
203 HIGH STREET							ENDOWMENT AND FOR THE
SEAFORD, DE 19973	51-0200225	501(C)(3)	42,955.	Ο.			CAPITAL FUND
,			,				TO SUPPORT THE
SECOND HELPINGS							PREPARATION OF NUTRITIOUS
1121 SOUTHEASTERN AVENUE							MEALS FOR LOCAL SOCIAL
INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	8,900.	Ο.			SERVICE AGENCIES
							RESTRICTED SUPPORT TO THE
SERVIAM GIRLS ACADEMY, INC.							AFRICAN AMERICAN
14 HALCYON DRIVE							SCHOLARSHIP FUND, TO
NEW CASTLE, DE 19720	26-0792594	501(C)(3)	20,300.	٥.			SUPPORT EDUCATION, AND
							TO PURCHASE EQUIPMENT TO
SIEGEL JEWISH COMMUNITY CENTER							FACILITATE SAFELY
101 GARDEN OF EDEN ROAD							REOPENING THE FACILITY IN
WILMINGTON, DE 19803	51-0075823	501(C)(3)	16,360.	Ο.			WILMINGTON
SMITHSONIAN INSTITUTION NATIONAL							
MUSSUM OF AFRICAN AMER - MRC 509							TO SUPPORT THE MUSEUM AND
P.O. BOX 37012 - WASHINGTON, DC							THE NATIONAL PORTRAIT
20013	53-0206027	501(C)(3)	5,500.	0.			GALLERY
SOJOURNERS PLACE							TO SUPPORT ROOF REPAIRS
2901 NORTHEAST BOULEVARD							AND OTHER UNRESTRICTED
WILMINGTON, DE 19802	51-0324770	501(C)(3)	25,250.	0.			SUPPORT
	51 0524770	501(0/(5/	25,250.	••			TO COVER THE EXPENSE OF
SOUTHEAST RURAL COMMUNITY							SEPTIC TANK PUMPING FOR
ASSISTANCE PROJECT - 347 CAMPBELL							FAMILIES WHO OTHERWISE
AVE S.W ROANOKE, VA 24016	54-1055050	501(C)(3)	25,000.	0.			CANNOT AFFORD IT
,,,				<b>```</b>			TO SUPPORT THE PURCHASE
SOUTHERN DELAWARE THERAPEUTIC							OF 55 GALLON DRUMS AND
HORSEBACK RIDING - P.O. BOX 219 -							OTHER UNRESTRICTED
NASSAU_ DE 19969	52-2047294	501(C)(3)	25,023.	0.			SUPPORT

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Schedule I (Form 990) DELIAWARE	COMMUNIT	FOUNDATION				2	22-2004/03 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	<b>I</b>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN SUSSEX ROTARY CLUB							
P.O. BOX 92							
SELBYVILLE, DE 19975	81-1591715	501(C)(4)	12,030.	0.			UNRESTRICTED SUPPORT
	01 1351/13	501(0)(4)	12,030.	•.			TO SUPPORT UTILITIES,
SQUARE ONE DE, INC							MORTGAGES, LEASES,
14786 COOPER ROAD							SERVICES, AND CREDIT
	81-3120327	501(C)(3)	17,000.	0.			CARDS FOR MAY AND JUNE
LAUREL, DE 19956	01-5120527	501(0)(3)	17,000.	· · ·			RESTRICTED SUPPORT FOR
ST. ELIZABETH HIGH SCHOOL							
							TUITION ASSISTANCE, TO SUPPORT THE PRODUCTION OF
1500 CEDAR STREET	53-0196617	E01(0)(2)	12 626	0.			
WILMINGTON, DE 19805	22-0130011	501(C)(3)	13,636.	0.			A MUSICAL, AND OTHER
							TO GUDDODE EUE CONTD 10
ST. FRANCIS HEALTHCARE							TO SUPPORT THE COVID-19
PO BOX 2500, 7TH AND CLAYTON STS.	E1 0064226	E01(0)(2)	10 000	0			RESPONSE WITH FOOD GIFT
WILMINGTON, DE 19805	51-0064326	501(C)(3)	10,000.	0.			CARDS
							RESTRICTED SUPPORT TO THE
ST. JOHN'S UNITED METHODIST CHURCH							SEAFORD COMMUNITY FOOD
300 N PINE STREET	00 5050400	F01 ( g) ( 2 )	05 400				CLOSET AND OTHER
SEAFORD, DE 19973	23-7259492	501(C)(3)	25,400.	0.			UNRESTRICTED SUPPORT
							TO PURCHASE CLEANING
ST. MICHAEL'S SCHOOL & NURSERY,							SUPPLIES AND PPE TO
INC 700 NORTH WALNUT STREET -							SAFELY REOPEN THE
WILMINGTON, DE 19801	51-0066741	501(C)(3)	53,000.	0.			WILMINGTON PRESCHOOL, TO
							TO SET UP OUTDOOR
ST. PATRICK'S CENTER, INC.							DISTRIBUTION OF FOOD AND
107 EAST 14TH STREET							HYGIENE KITS FOR
WILMINGTON, DE 19801	51-0120169	501(C)(3)	54,250.	٥.			VULNERABLE POPULATIONS IN
							RESTRICTED SUPPORT TO
ST. THOMAS MORE ACADEMY							FUND STUDENT AID AND
133 THOMAS MORE DRIVE							OTHER UNRESTRICTED
MAGNOLIA, DE 19962	51-0095439	501(C)(3)	47,600.	0.			SUPPORT
STATE OF DELAWARE, DEPARTMENT OF							TO SUPPORT LANDSCAPING
TRANSPORTATION - PO BOX 778 -							MAINTENANCE OF THE EDEN
DOVER, DE 19903	51-6000297	GOVERNMENT ORG	10,565.	0.			HILL PRESERVATION

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Schedule I (Form 990) DELIAWARE	COMMUNITI	FOUNDATION				2	2-2004/00 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO SUPPORT THE BEHAVIORAL
SUMMER LEARNING COLLABORATIVE							HEALTH PROGRAM, TYLER'S
1313 N MARKET STREET, STE 1150 NW							CAMP EXPANSION, AND OTHER
WILMINGTON, DE 19801	47-5494358	501(C)(3)	76,300.	٥.			UNRESTRICTED SUPPORT
							TO SUPPORT THE RESPONDING
SUNDAY BREAKFAST MISSION							TO ANOTHER TOUGH SUMMER
110 N. POPLAR STREET							CAMPAIGN AND OTHER
WILMINGTON, DE 19801	51-0073080	501(C)(3)	67,071.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT THE COST OF
SURVIVORS OF ABUSE IN RECOVERY							KEEPING OFFICES OPEN, TO
(SOAR) - 405 FOULK ROAD -							REIMBURSE CLINICIANS FOR
WILMINGTON, DE 19803	51-0345109	501(C)(3)	40,825.	0.			TELEHEALTH SESSIONS, TO
							TO SUPPORT ONGOING
SUSSEX COMMUNITY CRISIS HOUSING							SERVICES AND TO FUND
SERVICES, INC 204 E NORTH							BASIC OPERATING COSTS AND
STREET - GEORGETOWN, DE 19947	51-0257434	501(C)(3)	16,200.	٥.			OTHER UNRESTRICTED
							TO HIRE CONTRACTORS TO
SUSSEX COUNTY HABITAT FOR HUMANITY							COMPLETE HOME
P.O. BOX 759							CONSTRUCTION, OFFER
GEORGETOWN, DE 19948	51-0334057	501(C)(3)	81,250.	٥.			FINANCIAL LITERACY
SUSSEX LAND FOUNDATION INC.							
P. O. BOX 372							
LEWES, DE 19958	04-3611220	501(C)(3)	12,279.	0.			UNRESTRICTED SUPPORT
,			,	- •			
SUSSEX TECH ADULT DIVISION							
17099 COUNTY SEAT HWY							
GEORGETOWN, DE 19948	51-6000279	501(C)(3)	12,750.	0.			UNRESTRICTED SUPPORT
,			,				TO SUPPORT CONSULTING
TECH IMPACT - DELAWARE							WORK TO PREPARE A PLAN TO
POST OFFICE BOX 825375							ADDRESS DIGITAL INCLUSION
PHILADELPHIA, PA 19182	74-3062511	501(C)(3)	26,520.	0.			IN DELAWARE
,,		, ,		.			TO SUPPORT THE DE GOES TO
TEENSHARP, INC.							COLLEGE ACADEMY IN SUSSEX
1200 N. FRENCH ST.							COUNTY, THE RIVERVIEW
WILMINGTON, DE 19801	27-2246880	501(C)(3)	26,750.	0.			WORKS FUND, AND OTHER
	27 2240000		20,750.	· ·			TOTALS FORD, AND OTHER

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Part II Continuation of Grants and Other	Assistance to do	l		filled States (Sch	edule I (Folili 990), Fa	u ( 11.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							RESTRICTED SUPPORT TO
TERGAR INTERNATIONAL							PROVIDE TEACHING AND
1621 E HENNEPIN AVE, STE 210							RESOURCES TO THOSE IN
MINNEAPOLIS, MN 55414	26-4735078	501(C)(3)	50,000.	Ο.			NEED AMOUNT THE TERGAR
THE BEAU BIDEN FOUNDATION FOR THE							TO SUPPORT VIRTUAL
PROTECTION OF CHILDREN - 4601							TRAINING TO PROTECT
CONCORD PIKE - WILMINGTON, DE							DELAWARE CHILDREN AND
19803	47-4507397	501(C)(3)	63,600.	0.			KEEP THEM SAFE FROM
THE CAPITAL GOOD FUND							RESTRICTED SUPPORT FOR
22 A ST.							NEMOURS DELAWARE HEAL
	80-0348382	501(C)(3)	10 000	0.			
PROVIDENCE, RI 02907	80-0348382	501(C)(3)	10,000.	0.			LOAN PROGRAM
THE CHALLENGE DECORAN							TO SUPPORT VOCATIONAL
THE CHALLENGE PROGRAM							TRAINING FOR DELAWARE'S
1124 EAST 7TH STREET	51 0206260	F01 ( g) ( ))	16.000	<u> </u>			AT-RISK YOUTH TO EMPOWER
WILMINGTON, DE 19801	51-0386369	501(C)(3)	46,000.	0.			THEM WITH THE CONFIDENCE,
THE CONSERVATION FUND A NONPROFIT							TO SUPPORT THE FINAL
CORPORATION - 1655 N FORT MYER							PAYMENT TOWARDS
DRIVE, STE 1300 - ARLINGTON, VA				_			ACQUISITION AND OTHER
22209	52-1388917	501(C)(3)	1,167,266.	0.			UNRESTRICTED SUPPORT
							TO SUPPORT THE CENTER'S
THE JULIAN CENTER, INC.							MISSION OF EMPOWERING
2011 N MERIDIAN STREET							SURVIVORS OF DOMESTIC ANI
INDIANAPOLIS, IN 46202	35-1346514	501(C)(3)	7,600.	0.			SEXUAL VIOLENCE THROUGH
							RESTRICTED SUPPORT FOR
THE NERDIT FOUNDATION							THE COVID-19 RESPONSE ANI
1614 W. NEWPORT PIKE							TO PURCHASE COMPUTERS FOR
WILMINGTON, DE 19804	83-2957814	501(C)(3)	75,000.	٥.			THE 2020 CENSUS
							RESTRICTED SUPPORT TO THE
THE PETE DU PONT FREEDOM							LAUNCH OF THE EQUITABLE
FOUNDATION - P. O. BOX 221 -							ENTREPRENEURIAL ECOSYSTEM
MONTCHANIN, DE 19710	82-1237132	501(C)(3)	101,500.	0.			(E3) PROGRAM ACROSS 3
THE TEEN WAREHOUSE, INC.							TO SUPPORT THE RIVERSIDE
6 YORK WAY							PARTNER AND OTHER
HOCKESSIN, DE 19707	82-3855379	501(C)(3)	437,250.	0.			UNRESTRICTED SUPPORT

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Schedule I (Form 990) DELIAWARE	COMMONIT	FOUNDATION	N, INC				2-2004/00 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE URBAN GARDEN INITITATIVE							
104 JASMINE RUN							
NEWARK, DE 19702	84-2296578	501(C)(3)	5,145.	Ο.			UNRESTRICTED SUPPORT
<u> </u>							TO SUPPORT MEDICAL
THOMAS JEFFERSON UNIVERSITY							RESEARCH AT PANCREAS,
HOSPITALS INC 111 SOUTH 11TH							BILIARY, AND RELATED
STREET - PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	25,000.	0.			CANCER CENTER IN MEMORY
,,,							
TIDALHEALTH FOUNDATION							
100 E. CARROLL ST.							
SALISBURY, MD 21801	52-1851935	501(C)(3)	10,000.	٥.			UNRESTRICTED SUPPORT
,			,				
TOWER HILL SCHOOL							TO SUPPORT THE RIVERVIEW
2813 WEST 17TH STREET							WORKS FUND AND OTHER
WILMINGTON, DE 19806	51-0065745	501(C)(3)	73,169.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT TO
TRIAD ADDICTION RECOVERY SERVICES							PROVIDE REMOTE COUNSELIN
1104 N. ADAMS STREET							TO INDIVIDUALS IN
WILMINGTON, DE 19801	46-3520183	501(C)(3)	118,250.	٥.			RECOVERY IN GREATER
							RESTRICTED SUPPORT FOR
TRINITY EPISCOPAL CHURCH							COUNSELING AND REFERRAL
1108 NORTH ADAMS STREET							SERVICES OF A BILINGUAL
WILMINGTON, DE 19801	13-1776448	501(C)(3)	40,000.	٥.			LICENSED SOCIAL WORKER
							TO SUPPORT INJURED AND
TRI-STATE BIRD RESCUE & RESEARCH,							ORPHANED BABY BIRDS AND
INC 170 POSSUM HOLLOW ROAD -							OTHER UNRESTRICTED
NEWARK, DE 19711	51-0265807	501(C)(3)	108,561.	Ο.			SUPPORT
							RESTRICTED SUPPORT FOR
UNITED WAY OF DELAWARE							THE COVID-19 RAPID
625 NORTH ORANGE STREET							RESPONSE FUND, RESTRICTE
WILMINGTON, DE 19801	51-0073399	501(C)(3)	338,750.	0.			SUPPORT FOR THE COVID-19
							RESTRICTED SUPPORT TO
UNITED WAY OF MIDLAND COUNTY							HELP VICTIMS OF FLOODING
115 JEROME STREET							IN MIDLAND WHERE CORTEVA
MIDLAND, MI 48640	38-1434224	501(C)(3)	28,000.	٥.			HAS SIGNIFICANT PRESENCE

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		FOUNDATION	-				Z-2004/05 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	i
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SOUTHERN CHESTER							
COUNTY - 106 WEST STATE STREET -							
KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	11,350.	0.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT FOR
UNITED WAY OF WYOMING VALLEY							COVID-19 INITIATIVE,
100 N. PENNSYLVANIA AVE., 2ND FLOOP	R						SPECIFICALLY TO PROVIDE
WILKES BARRE, PA 18701		501(C)(3)	27,000.	0.			HANOVER AREA SCHOOL
	21 0001190	501(0)(0)	27,000.				RESTRICTED SUPPORT FOR
UNIVERSITY OF DELAWARE							THE DELAWARE FIRST
104 HULLIHEN HALL, 162 THE GREEN							CAMPAIGN, RESTRICTED
NEWARK, DE 19716	51-6000297	501(C)(3)	384,575.	0.			SUPPORT TO THE COLLEGE OF
UNIVERSITY OF DELAWARE COLLEGE OF	51 0000257	501(0)(3)	504,575.	•.			RESTRICTED SUPPORT -
EDUCATION AND HUMAN DEVELOPMENT -							ELIASON EDUCATION AND
106 ALISON HALL WEST - NEWARK, DE							GREEN FUND AND OTHER
19716	51-6000297	501(C)(3)	60,858.	0.			UNRESTRICTED SUPPORT
	51-0000257	501(0)(3)	00,030.	0.			TO SUPPORT THE
URBANPROMISE MINISTRIES WILMINGTON							RENOVATIONS OF DONATED
							PROPERTY AND TO SUPPORT
2401 THATCHER ST.	20-8156160	501(C)(3)	22,500.	0.			TEEN JOB TRAINING
WILMINGTON, DE 19802	20-0130100	501(0)(3)	22,300.	0.			TO SUPPORT THE KEITH
VANDERBILT UNIVERSITY							
							MUMFORD MEMORIAL TENNIS
PMB 407727, 2301 VANDERBILT PLACE	62 0476922	501(C)(3)	30.000	0.			SCHOLARSHIP AND TO
NASHVILLE, TN 37240	62-0476822	501(C)(3)	30,000.	0.			SUPPORT THE DEEG SEZNA
WIGTON TO LEADN							TO SUPPORT FUNDING FOR
VISION TO LEARN							EYEGLASSES FOR LOW-INCOME
100 W. 10TH ST., SUITE 106	45 9455959						CHILDREN IN NEW CASTLE
WILMINGTON, DE 19801	45-3457853	501(C)(3)	20,000.	0.			COUNTY
							RESTRICTED SUPPORT TO THE
WAKE FOREST UNIVERSITY							THOMAS L. SAGER
1834 WAKE FOREST ROAD							SCHOLARSHIP AND
WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	30,000.	0.			RESTRICTED SUPPORT FOR
							RESTRICTED SUPPORT TO
WARRIORS HELPING WARRIORS							PROVIDE CASE MANAGEMENT
104 SOUTH BROAD ST							TO VETERANS IN GREATER
MIDDLETOWN, DE 19709	47-1091705	501(C)(3)	10,000.	0.			MIDDLETOWN

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Part II Continuation of Grants and Other	Assistance to Go	Vernments and Orga		lilled States (Sch	edule I (Form 990), Pa	I	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							TO SUPPORT SCHOLARSHIPS
WASHINGTON COLLEGE							IN THE RELIGION,
300 WASHINGTON AVENUE							POLITICS, AND CULTURE
CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	15,000.	0.			PROGRAM
WEBB INSTITUTE OF NAVAL							
ARCHITECTURE - 298 CRESCENT BEACH							RESTRICTED SUPPORT FOR
ROAD - GLEN COVE, NY 11542	11-1630912	501(C)(3)	10,000.	0.			EDUCATION
WESLEY UNITED METHODIST CHURCH -							
DOVER - 209 SOUTH STATE STREET -							
DOVER, DE 19901	13-5562279	501(C)(3)	6,000.	0.			UNRESTRICTED SUPPORT
			-,				RESTRICTED SUPPORT TO
WEST END NEIGHBORHOOD HOUSE INC.							PROVIDE FINANCIAL SUPPOR
710 N. LINCOLN STREET							TO THE WEST END
WILMINGTON, DE 19805	51-0064301	501(C)(3)	77,982.	٥.			NEIGHBORHOOD HOUSE FOR
WESTMINSTER PRESBYTERIAN CHURCH							
1502 WEST 13TH STREET							
WILMINGTON, DE 19806	51-0066745	501(C)(3)	6,760.	٥.			UNRESTRICTED SUPPORT
							RESTRICTED SUPPORT FOR
WESTMINSTER THEOLOGICAL SEMINARY							THE MATCHING GIFT
2960 CHURCH RD							CAMPAIGN AND TO SUPPORT
GLENSIDE, PA 19038	23-1352689	501(C)(3)	15,000.	٥.			THE BUILDING FUND
							RESTRICTED SUPPORT FOR
WESTSIDE FAMILY HEALTHCARE, INC.							TELEHEALTH EQUIPMENT TO
300 WATER STREET, SUITE 200							PROVIDE CARE FOR PARENTAI
WILMINGTON, DE 19801	22-2488654	501(C)(3)	51,500.	0.			AND CHRONICALLY ILL
WHAT IS YOUR VOICE, INC.							TO SUPPORT TECHNOLOGY TO
30428 E. BARRIER REEF BLVD							SERVE VICTIMS OF VIOLENCE
	47 2276605	E01/(0)/(2)	8 000	0			
LEWES, DE 19958	47-2276605	501(C)(3)	8,000.	0.			IN SUSSEX COUNTY
WHYY, INCORPORATED							
150 NORTH SIXTH STREET							
PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	10,250.	0.			UNRESTRICTED SUPPORT

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Schedule I (Form 990) DELIAWARE	COMMUNIT	FOUNDATION	I, INC			2	2-2004705 Page1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							RESTRICTED SUPPORT TO
WILMINGTON ALLIANCE							WILMINGTON IS WORKING
100 W 10TH STREET, STE 206							TECHNOLOGY EQUITY FUND TO
WILLIAMSTOWN, MA 01267	51-0347680	501(C)(3)	801,335.	0.			SUPPORT THE PROCUREMENT,
WILMINGTON COUNTRY CLUB							
4825 KENNETT PIKE	E1 0054440	E01(G)(7)	E2 02E	0			
WILMINGTON, DE 19807	51-0054440	501(C)(7)	52,835.	0.			UNRESTRICTED SUPPORT
WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD							
WILMINGTON, DE 19803	51-0064310	501(C)(3)	5,250.	0.			UNRESTRICTED SUPPORT
WILMINGTON HEAD START							RESTRICTED SUPPORT FOR
100 W. 10TH ST., SUITE 1016							CHILDREN'S LITERACY AND
WILMINGTON, DE 19801	51-0276298	501(C)(3)	32,290.	Ο.			TO SUPPORT ROOF REPAIRS
			,				
WILMINGTON LIBRARY							
P.O. BOX 2303							RESTRICTED SUPPORT FOR
WILMINGTON, DE 19899	51-0064340	501(C)(3)	135,192.	0.			CHILDREN'S LITERACY
							TO SUPPORT DELIVERING
WILMINGTON SENIOR CENTER, INC.							FOOD TO SENIORS IN
1901 MARKET STREET							WILMINGTON AND OTHER
WILMINGTON, DE 19802	51-0078398	501(C)(3)	20,000.	0.			UNRESTRICTED SUPPORT
WOODLAWN LIBRARY							
2020 W. 9TH STREET							
WILMINGTON, DE 19805	51-6000160	501(C)(3)	6,642.	Ο.			UNRESTRICTED SUPPORT
WYOMING COUNTY COMMUNITY ACTION,							TO SUPPORT THE COMMUNITY
INC 6470 ROUTE 20A, SUITE 1 -							ACTION ANGELS PROGRAM AND
PERRY, NY 14530	16-1488538	501(C)(3)	7,500.	0.			THE SERVICES THEY PROVIDE
							TO SUPPORT THE STUDENT
YEAR UP, INC.							SERVICE MANAGER
45 MILK STREET, 2ND FLOOR							EXPANSION, RESTRICTED
BOSTON, MA 02109	04-3534407	501(C)(3)	76,000.	0.			SUPPORT FOR WILMINGTON

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100 WILMINGTON, DE 19801	51-0065748	501(C)(3)	237,000.	0.			RESTRICTED SUPPORT FOR CHILDCARE FOR ESSENTIAL WORKERS STATEWIDE, TO SUPPORT DIABETES
YOUTH MENTORING INITIATIVE PO BOX 743 FISHERS, IN 46038	26-2543447	501(C)(3)	10,000.	0.			TO SUPPORT THE YOUTH MENTORING INITIATIVE
YWCA DELAWARE 100 W. 10TH STREET, SUITE 515 WILMINGTON, DE 19801	51-0064344	501(C)(3)	217,918.	0.			RESTRICTED SUPPORT TO PROVIDE ISOLATION FOR INFECTED FAMILIES AT ITS HOME-LIFE MANAGEMENT

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	165	306,800.	0.		

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

PART I, LINE 2:

SCHOLAR SUPPORT SERVICES

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

21ST CENTURY FUND FOR DELAWARE'S CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR FURTHER

GRANTS TO DELAWARE CHILDREN PRIMARILY IN FOSTER CARE, TO SUPPORT

#### INDIVIDUAL CHILDREN'S NEEDS, AND OTHER UNRESTRICTED SUPPORT FOR CHILDREN



NAME OF ORGANIZATION OR GOVERNMENT: ACTS MISSION & PUMH FOUNDATIONS (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SERVING THE NEEDS AND GENERAL WELFARE OF THE RESIDENTS OF COKESBURY VILLAGE, A SEMI-ANNUAL DISTRIBUTION, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HPV CANCER FREE CAMPAIGN,

THE 2020 SOUTHERN DELAWARE STEM/GO RED FOR WOMEN, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WILMINGTON HB OYH AND TO SUPPORT THE MISSION OF THE AMERICAN HEART ASSOCIATION TO IMPROVE, EXTEND, AND SAVE LIVES OF DELAWAREANS THROUGH RESEARCH AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: ATTACK ADDICTION FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPIOID: NALOXONE DIST. & SUSSEX COUNTY RECOVERY HOUSE AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BEEBE MEDICAL FOUNDATION

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

CANCER/EMERGENCY CENTER, THE DEAN ORNISH CARDIAC DISEASE PROGRAM, THE

BUILDING FUND, THE BEEBE COVID-19 RELIEF FUND, THE ""1916"" FUND, THE

BEEBE CAMPAIGN, THE CAPITAL CAMPAIGN, THE EMERGENCY DEPARTMENT, AND THE

WALK TO REMEMBER

#### NAME OF ORGANIZATION OR GOVERNMENT: BLOOD BANK OF DELMARVA

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

DRIVE AND TO SUPPORT THE PRE-CLINICAL TESTING OF A COVID-19 VACCINE

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPIOID: TRIPLE PLAY,

MENTORING PROGRAMS, THE ELIASON EDUCATION & GREENING FUND, ADMINISTRATIVE

EXPENSES, PROVIDE FOOD TO FAMILIES IN WILMINGTON, THE DAGSBORO CLUB,

YOUTH DEVELOPMENT, THE ANNUAL FUND FOR KIDS CAMPAIGN, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BRANDYWINE VALLEY SPCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VETERINARY CARE FOR PETS

AND FAMILIES IN NEED IN KENT COUNTY AND A STATEWIDE HUMANE EDUCATION

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CAB CALLOWAY SCHOOL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR SCHOLARSHIPS

TO SENIORS, TO SUPPORT THE HEALING ARTS PROGRAM, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CAMP REHOBOTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STRUCTURE, SAFETY,

SUSTAINABILITY, GROWTH, PROGRAMS FOR LGBTQ SENIORS, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OUTPATIENT MENTAL HEALTH

 Schedule (Form 990)
 DELAWARE COMMUNITY FOUNDATION, INC
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 Part IV
 Supplemental Information

 TREATMENT, HOMELESSNESS BY PROVIDING FINANCIAL ASSISTANCE TO LOW INCOME

 HOUSEHOLDS AT RISK, EMPLOYEE RETENTION AND CROSS-TRAINING FOR ESSENTIAL &

 NONESSENTIAL STAFF, TO KEEP EMPLOYEES ON PAYROLL AND MITIGATE THE RISK OF

 FURLOUGHS OR JOB ELIMINATIONS, ADDITIONAL CASE MANAGEMENT HOURS TO

 DIRECTLY ASSIST CLIENTS, THE BAYARD HOUSE: PROGRAM/HOME FOR PREGNANT/NEW

 TEEN MOMS AND CHILDREN, LIFE SKILLS WORKSHOPS AND SELF-SUFFICIENCY, AND

 OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEALTHY MINDS - UNIVERSITY OF WISCONSIN - MADISON

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE CENTER FOR

HEALTHY MINDS MISSION TO CULTIVATE WELL-BEING AND RELIEVE SUFFERING

THROUGH A SCIENTIFIC UNDERSTANDING OF THE MIND, AS WELL AS TO SUPPORT

THEIR COVID-19 RELATED INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL BAPTIST COMMUNITY DEVELOPMENT CORPORATION

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

AND PROVIDE DELIVERY TO VULNERABLE HOUSEHOLDS DURING COVID-19, AND THE

COMMUNITY EQUITY PROJECT: COMMUNITY WORK

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL DELAWARE HABITAT FOR HUMANITY (H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUSTAIN AND EXPEDITE CONSTRUCTION, PREPARE FOR RE-OPENING, PROVIDE MORTGAGE ASSISTANCE, AND CONSTRUCTION SUSTAINABILITY

# NAME OF ORGANIZATION OR GOVERNMENT: CHEER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HOME DELIVERED MEALS WE

 Schedule | (Form 990)
 DELAWARE COMMUNITY FOUNDATION, INC
 22.280.785
 Page

 Part IV
 Supplemental Information
 CARE PROJECT, RESTRICTED SUPPORT FOR DELIVERING ADDITIONAL MEALS TO

 SENIORS AT THEIR HOMES, TO SUPPORT LEWES CHEER PROGRAMS, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHESAPEAKE BAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR OYSTER

REPLENISHMENT, TO SUPPORT CONSERVATION, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE

HOUSING FOR BATTERED WOMEN AND THEIR CHILDREN, MEETING INCREASED DEMAND

BECAUSE OF SOCIAL DISTANCING REQUIREMENTS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN & FAMILIES FIRST (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOR TECHNOLOGY TO CONTINUE PROVIDING TELEHEALTH AND STATE-MANDATED MONITORING, THE 2019 GUIDING PATHWAYS PROGRAM, RESTRICTED SUPPORT TO SCHOOL BASED TRAUMA THERAPY ENGAGEMENT, FAMILIES IN SUSSEX COUNTY, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S BEACH HOUSE (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CAPITAL GRANT COLLABORATIVE FUNDING, ESSENTIAL NEEDS OF ECONOMICALLY DISADVANTAGED KENT COUNTY FAMILIES WHOSE CHILD PARTICIPATES IN THE CASE MANAGEMENT OF ITS YOUTH DEVELOPMENT PROGRAMS, THE ENDOWMENT, HELPING CHILDREN WITH DISABILITIES, AND OTHER UNRESTRICTED SUPPORT

#### NAME OF ORGANIZATION OR GOVERNMENT: CHOIR SCHOOL OF DELAWARE

WILMINGTON, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIANA CARE HEALTH SYSTEMS, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CAREGIVER RELIEF FUND: RESTRICTED TO FAMILIES OF CCFS' LATINO CAREGIVERS, RESTRICTED SUPPORT FOR BLOOD PRESSURE AMBASSADORS PROGRAM, RESTRICTED SUPPORT TO THE CAREGIVERS RELIEF FUND, TO SUPPORT HEALTH CARE, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIANA CULTURAL ARTS CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUSTAIN CCAC ON-LINE CLASSES, DELIVER CARE PACKAGES WITH PPE/ACTIVITIES, OFFER COUNSELING, TO SUPPORT COMPUTER LEARNING, CEP: INTEGRATING ARTS WITH SOCIAL EMOTIONAL LEARNING, VISUAL ART SUPPLIES AND EDUCATION CLASSES FOR DISADVANTAGED CHILDREN, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CITYFEST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VIRTUAL SUMMER

PROGRAMMING IN WILMINGTON AND THE 2020 SUMMER CAMP OF WILMINGTON

CHILDREN'S CHORUS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IDENTIFY NEEDS AND ASSES

AVAILABLE RESOURCES IN KENT COUNTY SCHOOL, TO MAINTAIN OPERATIONS, KEEP

STAFF EMPLOYED, PROVIDE VIRTUAL WORK PLATFORMS, AND MEET PERFORMANCE



NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY EDUCATION BUILDING (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CAPITAL IMPROVEMENTS, RESTRICTED SUPPORT FOR SUMMER EDUCATION PORTAL AND PROGRAM TO SUPPORT COVID-19 PROGRAMMING, TO SUPPORT FUNDING FOR NEW PLAYGROUND, LAUNDRY SERVICES, FOOD PANTRY NEEDS, AND GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY LEGAL AID SOCIETY, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DOVER OFFICE HEATING AND COOLING, TO PURCHASE EQUIPMENT AND PROGRAMS TO ALLOW STAFF TO WORK FROM HOME AND SERVE VICTIMS OF DOMESTIC VIOLENCE CONFIDENTIALLY, AND RESTRICTED SUPPORT FOR THE ROXANA C. ARSHT FELLOWSHIP 2020

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CHANGEIST
PROJECT OF EXPANDING SERVICES WITHIN LOS ANGELES AND ACROSS CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR COVID-19

EMERGENCY RESPONSES, TO SUPPORT RENT AND UTILITIES FOR INDIVIDUALS, THE

COMMUNITY RESOURCE CENTER, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSIONATE HEARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TNG 2019 GRANT CYCLE

ADDICTION AND RESTRICTED SUPPORT FOR MENTAL HEALTH SERVICES FOR

KEN/SUSSEX YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: CONTACTLIFELINE, INC.



(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CRISIS HELPLINE, TO

INCREASE STAFFING TO MEETING INCREASING DEMAND FOR THE STATEWIDE CRISIS

INTERVENTION HOTLINE

NAME OF ORGANIZATION OR GOVERNMENT:

CORNERSTONE WEST COMMUNITY DEVELOPMENT CORPORATION

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

STRONG SMALL BUSINESS FUND TO SUPPORT SMALL BUSINESS FOR THE RECOVERY

FROM THE IMPACT OF COVID-19, AND TO SUPPORT THE 4TH STREET VISIONARIES

COMMUNITY MURAL

NAME OF ORGANIZATION OR GOVERNMENT: DE DIVISION OF PARKS & RECREATION (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO STATE PARKS/RESERVES, TO SUPPORT FLINT WOODS NATURALIST SALARY, EDUCATION, RESTORATION, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE BREAST CANCER COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EMERGENCY FINANCIAL ASSISTANCE TO KENT COUNTY RESIDENTS UNDERGOING TREATMENT FOR BREAST CANCER, SOCIAL PLATFORMS AND COMMUNICATIONS TOOLS TO PROVIDE SURVIVORS WITH MENTAL HEALTH SERVICES, RESTRICTED SUPPORT FOR MONSTER MILE FOR A CURE, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE CAN

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO EXPAND JUNTOS DELAWARE - ADVOCACY FELLOWS PROGRAM THROUGHOUT DELAWARE - WITH OUTCOMES OF INCREASING PARENT ENGAGEMENT, INCREASED EDUCATIONAL EQUITY THROUGH POLICY DEVELOPMENT AND ADVOCACY FOR STUDENT SUCCESS IN KINDERGARTEN Schedule I (Form 990)



THROUGH 12, AND TO SUPPORT DAF: RIVERVIEW WORKS FUND

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE CENTER FOR HORTICULTURE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE ELIASON EDUCATION & GREENING FUND GRANT, TO MOBILIZE HOME GARDENERS TO GROW AND DONATE PRODUCE STATEWIDE, TO SUPPORT THE GRAVITY FESTIVAL, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE CENTER FOR THE CONTEMPORARY ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SALARIES TO MAINTAIN PROGRAM STAFF TO PLAN VIRTUAL OUTREACH SERVICES, EXHIBITIONS, AND EXECUTE SAFE ART ACCESS, RESTRICTED SUPPORT TO SUPPORT BUILDING A CREATIVE FUTURE PROGRAM, TO SUPPORT WOMEN'S RIGHTS, TO SUPPORT CREATIVE ARTS PROGRAM, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE CHILDREN'S MUSEUM (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATING EXPENSE AND STAFF SALARIES, EARLY CHILDHOOD DEVELOPMENT INITIATIVES FOCUSED ON HEALTH, AND THE BREAKING BARRIERS PROGRAM FOR LOW INCOME FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE COLLEGE SCHOLARS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY FOR

HIGH-ACHIEVING PUBLIC SCHOOL STUDENTS FROM LOW-INCOME FAMILIES STATEWIDE,

THE RIVERVIEW WORKS FUND, AND THE COLLEGE PERSISTENCE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COXE HOUSE, VIDEO



EDITING EQUIPMENT TO FACILITATE VIRTUAL PROGRAMMING, AND OTHER

#### UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE INSTITUTE FOR ARTS IN EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DE WOLF TRAP, ONLINE

WORKSHOPS FOR YOUNG CHILDREN TO PROMOTE LITERACY AND STEAM DEVELOPMENT,

K12 ART KITS, AND PROFESSIONAL DEVELOPMENT FOR TEACHERS

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE MUSUEM OF NATURAL HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL ONLINE

CONTACT FOCUSING ON NATURE AND SCIENCE FOR THE PUBLIC AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE PUBLIC MEDIA (H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE DEMANDS OF LOCAL NEW COVERAGE DURING THIS TIME AND IMPROVE THE QUALITY OF REMOTE JOURNALISM

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE SHAKESPEARE FESTIVAL, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PERFORMANCE OF ROMEO AND JULIET IN KENT COUNTY, THE 2020 COMMUNITY TOUR, AND PRESERVE ESSENTIAL STAFF AND ENABLE NEW VIRTUAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR COVID-19

STUDENT EMERGENCY RELIEF FUND, TO SUPPORT THE CEP, AND OTHER UNRESTRICTED

#### SUPPORT



NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE SYMPHONY ASSOCATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VIDEO EDITING EQUIPMENT TO FACILITATE VIRTUAL PROGRAMMING, THE LAUNCH LINKUP PROGRAM PROVIDING STUDENTS OPPORTUNITY TO PERFORM IN ALL AREAS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEW VETERANS RESOURCE

CENTER AT DTCC IN WILMINGTON, RESTRICTED SUPPORT FOR BIOSCIENCE RESEARCH

FELLOWSHIPS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE THEATRE COMPANY (H) PURPOSE OF GRANT OR ASSISTANCE: TO ALLOW DE THEATRE COMPANY TO MAINTAIN FULL TIME STAFF THROUGHOUT SUMMER 2020, TO SUPPORT THE RIVERVIEW WORKS FUND, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELMARVA ADULT & TEEN CHALLENGE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE WOMEN'S HOME OF HOPE AND TO PROVIDE HOUSING AND SERVICES FOR INDIVIDUALS RECOVERING FROM ADDITION IN SUSSEX COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: DELMARVA COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY TO SERVE

RESIDENTS OF GROUP HOME FOR DEVELOPMENTALLY DELAYED INDIVIDUALS IN SUSSEX

COUNTY



NAME OF ORGANIZATION OR GOVERNMENT:

DEPARTMENT OF STATE AND HISTORICAL & CULTURAL AFFAIRS

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

MAINTENANCE OF THE PROPERTY AT COOCH'S BRIDGE

NAME OF ORGANIZATION OR GOVERNMENT:

DOVER INTERFAITH MISSION FOR HOUSING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY HEALTH WORKER,

THE ONGOING NEEDS OF HOMELESS INDIVIDUALS IN SUSSEX COUNTY, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

EASTER SEALS DE & MD'S EASTERN SHORE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT APPLIED BEHAVIOR ANALYSIS

THERAPEUTIC INTERVENTION, THERMAL SCANNERS FOR DELAWARE LOCATIONS

STATEWIDE, RESTRICTED SUPPORT FOR TELEHEALTH EQUIPMENT TO PROVIDE CHILD

INNERVATION SERVICES, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: EDGEMOOR COMMUNITY CENTER INC

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

EMPOWERMENT BUILDING, TO PROVIDE FRESH PRODUCE TO UNDERSERVED FAMILIES IN

WILMINGTON, AND TO SUPPORT THE READING MENTOR PILOT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

ELEUTHERIAN MILLS-HAGLEY FOUNDATION, INC.

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

RESIDENCE COMMITTEE, THE ORAL HISTORY PROGRAM, AND OTHER UNRESTRICTED

#### SUPPORT



NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETH W. MURPHEY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN AND INCREASE STAFF AND

INCREASE THE NUMBER OF FOSTER CHILDREN THEY CAN SERVE, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ESF DREAM CAMP FOUNDATION

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

MEALS FOOD PROGRAM FOR ESF DREAM CAMPERS AND TO SUPPORT UNDERPRIVILEGED

CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: FAITHFUL FRIENDS, INC.

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

CAPITAL CAMPAIGN, THE OPERATION OF COMMUNITY PET FOOD BANKS, RESTRICTED

SUPPORT FOR A NEW ENHANCED FACILITY FOR ANIMAL WELFARE AND DAILY

OPERATIONS, THE RIVERVIEW FUND, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY COUNSELING CENTER OF ST PAUL'S

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO MEET INCREASED

DEMAND FOR FAMILY COUNSELING SERVICES, TO SUPPORT TELEHEALTH SERVICES,

MAXIMIZING STAFF ROLES, AND OTHER UNRESTRICTED SUPPORT

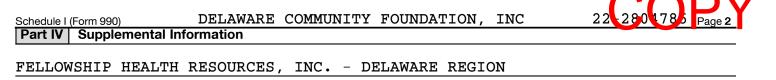
NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SHELTER HOMELESS FAMILIES AND

PROVIDE DIRECT CLIENT SERVICES FOR 15 ADDITIONAL FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:



(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY TO PROVIDE

TELEHEALTH SERVICES FOR INDIVIDUALS IN RECOVERY IN SUSSEX COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: FIRST STATE COMMUNITY ACTION AGENCY (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE SUSSEX COUNTY IMMIGRANT RELIEF PROGRAM, YOUTH LEADERSHIP AWARDS, THE FLAGS CAMPAIGN, AND TO PROVIDE FOR BASIC NEEDS OF LOW-INCOME FAMILIES STATEWIDE, TO COVID-19 SUPPORT TARGET HOTSPOTS IN SUSSEX COUNTY, EMERGENCY ASSISTANCE TO LOW INCOME FAMILIES FACING THREATS TO CONTINUED HOUSING AND HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF DELAWARE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR INCREASED NEED DURING THE COVID-19 PANDEMIC, FOR THE MILFORD FOOD BANK, FOR THE SUSSEX COUNTY FOOD BANK, TO SUPPORT THE WORKFORCE DEVELOPMENT PROGRAM, THE BACKPACK PROGRAM, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICA SENIOR CENTER, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE, PREPARE, AND DELIVER MEALS, FOOD, AND PERSONAL HYGIENE ITEMS TO THE ELDERLY, VETERANS, AND MENTALLY CHALLENGED ADULTS IN KENT AND SUSSEX COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

FRESH START SCHOLARSHIP FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE ELIASON

EDUCATION AND GREENING FUND GRANTS, AND TO SUPPORT TUITION SCHOLARSHIPS

OR SCHOLAR FEES



NAME OF ORGANIZATION OR GOVERNMENT: FRIENDSHIP HOUSE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR COVID-19 EMERGENCY RESPONSES, TO SUPPORT THE OPIOID: TRANSITIONAL HOUSING CAPACITY BUILDING, TO PROVIDE HOUSING FOR HOMELESS INDIVIDUALS IN NEW CASTLE COUNTY, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GRAND OPERA HOUSE (H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A TOUCHLESS TICKETING SYSTEM, TO FACILITATE SAFE CULTURAL ARTS ACTIVITIES, TO SUPPORT THE STAGES OF DISCOVERY PROGRAM, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GREEN BERET PROJECT (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORKSHOP PROJECT, THE NEXT GENERATION SOUTH 2019 CYCLE ADDICTION, MENTORING YOUTH IN THE RIVERSIDE COMMUNITY OF WILMINGTON, AND RESTRICTED SUPPORT FOR AT-RISK YOUTH AND THEIR FAMILIES IN KENT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF NEW CASTLE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER MONTHLY EXPENSES AND TO

ASSIST WITH FUNDS THAT WERE EXPECTED TO BE RAISED, TO SUPPORT TECHNOLOGY

FOR REMOTE SERVICES AND FACILITATE SOCIAL DISTANCING, RESTRICTED SUPPORT

FOR CREATING AFFORDABLE HOME OWNERSHIP, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HARRINGTON SENIOR CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A COMMERCIAL FREEZER AND REFRIGERATOR TO MEET INCREASED CURBSIDE MEALS FOR SENIORS, AND TO SUPPORT 932291 94-01-19 Schedule I (Form 990) THE SAFE DELIVERY OF FOOD TO SENIORS IN KENT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HARRY K FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE HUNGER NEEDS OF

VULNERABLE CHILDREN AND THEIR FAMILIES BY ESTABLISHING 3 NEW FOOD

PANTRIES IN KENT COUNTY, TO PROVIDE TAKE-AWAY MEALS FOR FAMILIES IN KENT

AND SUSSEX COUNTIES, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE BRAVE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UTILITIES AND GROCERIES

FOR VETERANS LIVING AT HOME OF THE BRAVE AND FOR PPE FOR STAFF, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: INNER CITY CULTURAL LEAGUE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A STORAGE SHED AND TO RECRUIT, EDUCATE, AND INSTRUCT STUDENTS WHILE PROVIDING OPPORTUNITIES TO PERFORM

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SOCIETY OF DELAWARE (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND IMPROVE ITS SCHOOL AND EDUCATION ACTIVITIES FOR YOUTH AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF DELAWARE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE REMOTE COUNSELING AND SUPPORT SERVICES STATEWIDE, TO SUPPORT THE RESPONSE TO THE OPIOID CRISIS, A NEW SECURITY SYSTEM, COLLEGE VISITS FOR STUDENTS, THE SAFETY NET FUND, AND OTHER UNRESTRICTED SUPPORT 

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 DELAWARE COMMUNITY FOUNDATION, INC
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 Part IV
 Supplemental Information

 NAME OF ORGANIZATION OR GOVERNMENT: KENNETT AREA COMMUNITY SERVICE

 (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE FOOD,

 HOUSING, AND CRISIS SERVICES AS THE NEEDS SURGE DURING THE COVID-19

 HEALTH CRISIS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: KENT-SUSSEX INDUSTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MODIFY AND RESTART PROGRAMS

SUPPORTING THE DEVELOPMENTALLY DISABLED AND RESTRICTED SUPPORT FOR THE

NEEDY POOR IN THE CITY OF MILFORD

NAME OF ORGANIZATION OR GOVERNMENT: KEYSTONE HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE ACCESS TO HEALTH CARE FOR

THE UNINSURED/UNDERSERVED AND REDUCE HEALTH DISPARITIES IN MINORITY

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: KIDS R FIRST

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

BACKPACK DRIVE AND PROVIDE SCHOOL SUPPLIES TO THOSE IN NEED AT VARIOUS

LOCAL SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: LA ESPERANZA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO SUPPORT THE EXPANSION OF THE LA COLLECTIVE-INSPIRED FAMILY COACHING AND NAVIGATION PROGRAM IN SOUTHERN DELAWARE, RESTRICTED SUPPORT FOR TECHNOLOGY UPGRADES AND TO BETTER PROVIDE EMERGENCY SERVICES TO THE LATINO COMMUNITY IN SUSSEX COUNTY, AND OTHER UNRESTRICTED SUPPORT

## NAME OF ORGANIZATION OR GOVERNMENT: LA RED HEALTH CENTER

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 DELAWARE COMMUNITY FOUNDATION, INC
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 Page 2

 Part IV
 Supplemental Information

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

 RELOCATION AND EXPANSION OF SERVICES PROJECT, TO OFFSET THE COST OF THE

 CONTRACTED OBGYN ONSITE PRENATAL CARE, RESTRICTED SUPPORT TO MENTAL

 HEALTH SERVICES IN SUSSEX TECH WELLNESS CENTER, AND OTHER UNRESTRICTED

 SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FULFILL EMERGENCY FUNDING

REQUESTS, TO SUPPORT BUILDING RENOVATIONS, TO SUPPORT EMERGENCY

ASSISTANCE FOR FAMILIES IN GREATER WILMINGTON, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LAUREL PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A UV SANITATION MACHINE

FOR BOOKS AND MATERIALS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LEUKEMIA & LYMPHOMA SOCIETY, DE CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LOCAL CHAPTER'S

FUNDRAISING, TO SUPPORT PATIENTS AND RESEARCH, RESTRICTED SUPPORT TO LLS

WOMAN OF THE YEAR, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LIFE CENTER COMPLEX, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY AND STAFF TO

PROVIDE BEHAVIORAL TELEHEALTH SERVICES IN NEW CASTLE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY DELAWARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO STRENGTHEN

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE SISTERS OF THE POOR (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO FUND PPE, CLEANING, AND ADDITIONAL STAFF TO CONTROL THE VIRUS AND CARE FOR RESIDENTS OF THE NEWARK FACILITY, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LOVE, INC. OF MID-DELMARVA (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S WORK WITH THE MOST VULNERABLE POPULATIONS, RESTRICTED SUPPORT TO CODE PURPLE SUSSEX, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LUZERNE COUNTY HEAD START (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PREPARE CHILDREN FOR AN EASY TRANSITION TO KINDERGARTEN AND TO SUPPORT A SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MAKE-A-WISH FOUNDATION O	F DELAWARE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT REQUESTS FROM	SUSSEX
COUNTY, TO SUPPORT WISHES TRANSFORMING LIVES IN DE, AND OTHE	R
UNRESTRICTED SUPPORT	

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEATLH ASSOCIATION IN DELAWARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO SUICIDE

PREVENTION TRAINING, TO SUPPORT TECHNOLOGY TO PROVIDE VIRTUAL MENTAL



HEALTH SERVICES TO CLIENTS STATEWIDE, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MERAKEY ALLOS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE EQUIPMENT TO PROVIDE

SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AT DELAWARE GROUP

HOMES

NAME OF ORGANIZATION OR GOVERNMENT:

MILFORD HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EMERGENCY HOME REPAIRS OF

LOW INCOME HOMEOWNERS TO PREVENT HOMELESSNESS AND THREATS TO SAFETEY, AND

TO REPLACE LOST FUNDRAISING REVENUE

NAME OF ORGANIZATION OR GOVERNMENT: MINISTRY OF CARING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CAPITAL IMPROVEMENTS TO

ALLOW FOR SAFELY RELAUNCHING DENTAL SERVICES IN WILMINGTON, RESTRICTED

SUPPORT FOR HELPING THE POOR, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MODERN MATURITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO DELIVER

ADDITIONAL MEALS TO SENIORS AT THEIR HOMES AND TO HELP MAINTAIN

**OPERATIONS** 

NAME OF ORGANIZATION OR GOVERNMENT: MUSIC SCHOOL OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE TECHNOLOGY TO PROVIDE

DISTANCE LEARNING TO STUDENTS THROUGHOUT DELAWARE AND OTHER UNRESTRICTED

#### SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NAMI-DE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO MAINTAIN THEIR

BILINGUAL HISPANIC SERVICES INITIATIVE BY FUNDING THE HISPANIC PROGRAM

COORDINATOR AND PEER COUNSELOR

NAME OF ORGANIZATION OR GOVERNMENT: NANTICOKE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PURCHASE,

PACKAGE, AND DELIVER FOOD TO SENIORS IN THE SEAFORD AREA, TO SUPPORT

MEALS ON WHEELS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO THE HISPANIC SERVICES PROGRAM, RESTRICTED SUPPORT FOR EDUCATIONAL SCHOLARSHIPS, TO SUPPORT VIRTUAL LEARNING, TO SUPPORT GRADUATES, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NCALL RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY AND TRAINING

TO ENABLE STAFF TO SERVE CLIENTS REMOTELY IN KENT COUNTY, TO SUPPORT

CRISIS AND EMERGENCY ASSISTANCE TO LOW INCOME RESIDENTS IN THE CENTRAL

DOVER AREA WHO ARE FACING EVICTION, TO SUPPORT OPIOID: BEATING THE ODDS

IN DOVER, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOOL AGED DAY PROGRAM

FOR FAMILIES OF ESSENTIAL EMPLOYEES AND FUND THE DEPLETED FOOD PANTRY, TO

SUPPORT COLLEGE, CAREER READINESS, AND YOUTH DEVELOPMENT



NAME OF ORGANIZATION OR GOVERNMENT:

NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROGRAM AT BAYHEALTH

IN MILFORD, TO SUPPORT CHILDHOOD CANCER RESEARCH, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NETWORK DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO ADMINISTRATION

OF DELAWARE IMMIGRANT FUND, TO SUPPORT EMERGENCY ASSISTANCE TO IMMIGRANT

FAMILIES IN SUSSEX COUNTY AND ORGANIZATION COACHING

NAME OF ORGANIZATION OR GOVERNMENT: ONE VILLAGE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR FISCAL

SPONSORSHIP OF PREKINDERGARTEN READING ENCOURAGEMENT AND TO SUPPORT

VIRTUAL TUTORING, MENTORING, AND TO SUPPORT UNDERSERVED CHILDREN IN

GREATER WILMINGTON, AND LEADERS OF TOMORROW

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOCIAL SERVICES AND LEGAL

SERVICES TO LOW-INCOME PEOPLE IN NEW CASTLE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: PAWS FOR PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CHILDREN'S

LITERACY, TO SUPPORT VIRTUAL PET THERAPY AND READING PROGRAMS, AND OTHER

UNRESTRICTED SUPPORT

#### NAME OF ORGANIZATION OR GOVERNMENT: PEOPLE'S PLACE II, INC.

TRAINING PROGRAM OPPORTUNITIES BENEFITTING KENT COUNTY HOMELESS, AND

OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF DELAWARE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO FUND PPE AND STAFFING TO PROVIDE REPRODUCTIVE HEALTH SERVICES STATEWIDE, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PROGRESSIVE LIFE CENTER, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHNOLOGY FOR STAFF AND FOSTER PARENTS FOR VISITS, COMMUNICATIONS WITH BIRTH FAMILIES, AND TO REPLACE PUBLIC ACCESS COMPUTERS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT NEW START, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE REMOTE CASE MANAGEMENT TO INDIVIDUALS REENTERING THE COMMUNITY AFTER INCARCERATION, TO SUPPORT AND PREPARE INDIVIDUALS ON PROBATION OR PAROLE FOR EMPLOYMENT AND TRANSITION BACK TO COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: REACH RIVERSIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO THE RIVERSIDE RELIEF FUND TO ADDRESS THE NEEDS OF THE LOW-INCOME FAMILIES WHO ARE FACING ECONOMIC HARDSHIP OR HEALTH CRISES AS A DIRECT RESULT OF COVID-19, TO SUPPORT QUALITY EDUCATION FOR YOUNG CHILDREN

## NAME OF ORGANIZATION OR GOVERNMENT: READ ALOUD DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CHILDREN'S



LITERACY, SUPPORT TO SUSSEX COUNTY, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: READING ASSIST INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR TRAINING AND SUPERVISION OF TUTORS, CHILDREN'S LITERACY, TO SUPPORT AMERICORPS MEMBERS PROVIDING READING INTERVENTION FOR LOW-INCOME CHILDREN IN NEW CASTLE COUNTY, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: REHOBOTH ART LEAGUE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE BASIC OPERATIONS CONTINUE

INCLUDING BUILDING UPKEEP, ADMINISTRATIVE STAFF, AND ORGANIZATIONAL

OVERSIGHT, TO SUPPORT THE PETER MARSH HOMESTEAD, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE OF DELAWARE (H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND FLOORING UPDATES, VAN CONVERSION, AND A NEW GMS, RESTRICTED SUPPORT TO PROVIDE HOUSING FOR FAMILIES OF THE SERIOUS ILL AND INJURED CHILDREN WHO ARE BEING TREATED IN AREA HOSPITALS, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ROSA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO CONTINUE TO PROVIDE COMPREHENSIVE CARE TO SUSSEX COUNTY'S IMMIGRANT FAMILIES, TO SUPPORT TELEMEDICINE, PURCHASE EQUIPMENT AND TECHNOLOGY, TO SUPPORT STAFF SALARIES, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SALESIANUM SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO AFRICAN



Part IV Supplemental Information

AMERICAN SCHOLARSHIP FUND AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT - ELIASON

EDUCATION AND GREENING FUND, TO SUPPORT CODE PURPLE, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SEAFORD DISTRICT LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE SUMMER

READING PROGRAM, PRINT MEDIA, CHILDREN'S BOOKS AND LEARNING, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SERVIAM GIRLS ACADEMY, INC.

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

AMERICAN SCHOLARSHIP FUND, TO SUPPORT EDUCATION, AND OTHER UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SQUARE ONE DE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UTILITIES, MORTGAGES,

LEASES, SERVICES, AND CREDIT CARDS FOR MAY AND JUNE 2020

NAME OF ORGANIZATION OR GOVERNMENT: ST. ELIZABETH HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR TUITION

ASSISTANCE, TO SUPPORT THE PRODUCTION OF A MUSICAL, AND OTHER

UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. MICHAEL'S SCHOOL & NURSERY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE CLEANING SUPPLIES AND



PPE TO SAFELY REOPEN THE WILMINGTON PRESCHOOL, TO CONSTRUCT A NEW FENCE,

AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. PATRICK'S CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SET UP OUTDOOR DISTRIBUTION OF

FOOD AND HYGIENE KITS FOR VULNERABLE POPULATIONS IN WILMINGTON AND TO

SUPPORT RENOVATIONS

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVORS OF ABUSE IN RECOVERY (SOAR) (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COST OF KEEPING OFFICES OPEN, TO REIMBURSE CLINICIANS FOR TELEHEALTH SESSIONS, TO MAKE UP FOR LOSS OF INCOME, TO FUND A PRACTICE MANAGER, AND RESTRICTED SUPPORT FOR SALARIES

NAME OF ORGANIZATION OR GOVERNMENT:

SUSSEX COMMUNITY CRISIS HOUSING SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ONGOING SERVICES AND TO

FUND BASIC OPERATING COSTS AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SUSSEX COUNTY HABITAT FOR HUMANITY (H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE CONTRACTORS TO COMPLETE HOME CONSTRUCTION, OFFER FINANCIAL LITERACY COACHING, CREATE AN EMERGENCY FUND, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TEENSHARP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DE GOES TO COLLEGE

ACADEMY IN SUSSEX COUNTY, THE RIVERVIEW WORKS FUND, AND OTHER

UNRESTRICTED SUPPORT



NAME OF ORGANIZATION OR GOVERNMENT: TERGAR INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE

TEACHING AND RESOURCES TO THOSE IN NEED AMOUNT THE TERGAR AND GLOBAL

COMMUNITY DURING THE COVID-19 HEALTH CRISIS

NAME OF ORGANIZATION OR GOVERNMENT:

THE BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VIRTUAL TRAINING TO

PROTECT DELAWARE CHILDREN AND KEEP THEM SAFE FROM ABUSE, TO SUPPORT THE

SHIELD OF PROTECTION INITIATIVE, THE MISSION OF THE FOUNDATION, AND OTHER

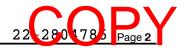
UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THE CHALLENGE PROGRAM (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VOCATIONAL TRAINING FOR DELAWARE'S AT-RISK YOUTH TO EMPOWER THEM WITH THE CONFIDENCE, SKILLS, AND PURPOSE NEEDED TO BECOME PRODUCTIVE MEMBERS OF SOCIETY AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THE JULIAN CENTER, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CENTER'S MISSION OF EMPOWERING SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE THROUGH SUPPORT

SERVICES AND EMERGENCY SHELTER HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: THE PETE DU PONT FREEDOM FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO THE LAUNCH OF THE EQUITABLE ENTREPRENEURIAL ECOSYSTEM (E3) PROGRAM ACROSS 3 CITIES IN DELAWARE IN 2020 WHICH WILL WORK TO CREATE THE CONDITIONS FOR SUCCESSFUL Schedule I (Form 990) 322291 932291



ENTREPRENEURSHIP AND BUSINESS DEVELOPMENT BUILDING STRATEGIC COALITIONS,

AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

THOMAS JEFFERSON UNIVERSITY HOSPITALS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MEDICAL RESEARCH AT

PANCREAS, BILIARY, AND RELATED CANCER CENTER IN MEMORY OF SONIA SLOAN

NAME OF ORGANIZATION OR GOVERNMENT: TRIAD ADDICTION RECOVERY SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE REMOTE COUNSELING TO INDIVIDUALS IN RECOVERY IN GREATER WILMINGTON, TO SUPPORT OPIOID CLINICAL ADDICTIONS COUNSELING, AND TO SUPPORT ADDICTION RECOVERY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY EPISCOPAL CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR COUNSELING AND REFERRAL SERVICES OF A BILINGUAL LICENSED SOCIAL WORKER WHO BRIDGES SERVICES FOR LATINO FAMILIES BETWEEN THE PARISH AND THE EMPOWERMENT CENTER/FRIENDSHIP HOUSE IN NEWPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE COVID-19 RAPID RESPONSE FUND, RESTRICTED SUPPORT FOR THE COVID-19 EMERGENCY RESPONSE FUND, TO SUPPORT THE WILMINGTON COVID-19 COMMUNITY MOBILIZATION GROUP, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF MIDLAND COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO HELP VICTIMS



Part IV Supplemental Information

OF FLOODING IN MIDLAND WHERE CORTEVA HAS SIGNIFICANT PRESENCE AND

OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF WYOMING VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR COVID-19

INITIATIVE, SPECIFICALLY TO PROVIDE HANOVER AREA SCHOOL DISTRICT STUDENTS

WITH EDUCATION WORKBOOKS, AND RESTRICTED SUPPORT FOR THE LUZERNE COUNTY

HEAD START PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE DELAWARE FIRST CAMPAIGN, RESTRICTED SUPPORT TO THE COLLEGE OF AGRICULTURE AND NATURAL RESOURCES, RESTRICTED SUPPORT FOR SCHOLARSHIPS, RESTRICTED SUPPORT FOR THE DEPARTMENT OF ATHLETICS, RESTRICTED SUPPORT FOR BIOSCIENCE RESEARCH, RESTRICTED SUPPORT FOR UD CANR, TO SUPPORT THE BOTANIC GARDENS, AND OTHER SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: VANDERBILT UNIVERSITY

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

MEMORIAL TENNIS SCHOLARSHIP AND TO SUPPORT THE DEEG SEZNA SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: WAKE FOREST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO THE THOMAS L.

SAGER SCHOLARSHIP AND RESTRICTED SUPPORT FOR THE LAW SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: WEST END NEIGHBORHOOD HOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE

FINANCIAL SUPPORT TO THE WEST END NEIGHBORHOOD HOUSE FOR CAPITAL PROJECTS



AND MAINTENANCE, TO SUPPORT SALARIES AND BENEFITS FOR STAFF, TO SUPPORT

ACTIVITIES FOR YOUTH AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: WESTSIDE FAMILY HEALTHCARE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR TELEHEALTH EQUIPMENT TO PROVIDE CARE FOR PARENTAL AND CHRONICALLY ILL PATIENTS, TO SUPPORT FREE HEALTH SCREENINGS TO THE PUBLIC, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WILMINGTON ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO WILMINGTON IS WORKING TECHNOLOGY EQUITY FUND TO SUPPORT THE PROCUREMENT, SETUP, AND DELIVERY OF TECHNOLOGY HARDWARE AND OTHER TECHNOLOGY NEEDS TO WORKFORCE OF VULNERABLE POPULATION IN RESPONSE TO COVID-19, TO SUPPORT ACTIVITIES OF THE FORMER WLA, TO SUPPORT GENERAL WORKFORCE DEVELOPMENT, TO SUPPORT THE WEST CENTER CITY DRUMMING CIRCLE, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YEAR UP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STUDENT SERVICE MANAGER EXPANSION, RESTRICTED SUPPORT FOR WILMINGTON YEAR UP PROGRAM, AND OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CHILDCARE FOR ESSENTIAL WORKERS STATEWIDE, TO SUPPORT DIABETES PREVENTION PROGRAM EXPANSION, TO SUPPORT FOOD FOR THE COMMUNITY STATEWIDE AND THE RESIDENTS OF THE CENTRAL Y, AND OTHER SUPPORT

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC 22280785 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: YWCA DELAWARE
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PROVIDE
ISOLATION FOR INFECTED FAMILIES AT ITS HOME-LIFE MANAGEMENT CENTER IN
WILMINGTON, TO SUPPORT THE COLLABORATIVE GRANT, AND OTHER SUPPORT

					>//					
SC	Compensation Information		OLB No.	54: 004	17					
	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	10							
•	Compensated Employees	22	ΖU	IJ						
Dena	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.									
	nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information		Inspe							
Nam	ne of the organization	Employer id			nber					
D	DELAWARE COMMUNITY FOUNDATION, INC	22-28	80478	5						
Pa	art I Questions Regarding Compensation									
				Yes	No					
a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on F	orm 990,								
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel									
	Travel for companions     Payments for business use of persona     Tay indemnification and grace up paymente									
	Image: Tax indemnification and gross-up payments       Image: Health or social club dues or initiation         Image: Discretionary spending account       Image: Personal services (such as maid, chair)									
	Discretionary spending account	ineur, chei)								
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all director									
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	,	2							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organizat	ion's								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organ									
	establish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensation committee Written employment contract									
	Independent compensation consultant Compensation survey or study									
	Form 990 of other organizations	on 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:									
а					X					
b				X						
с	Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>		X					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen-	sation								
	contingent on the revenues of:		_		х					
	•				X					
b	, 5		<b>5</b> b		<u></u>					
e	If "Yes" on line 5a or 5b, describe in Part III.	ation								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension contingent on the net earnings of:	Sation								
а			6a		х					
a h	•		6b		X					
5	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.									
7		ents								
•	not described on lines 5 and 6? If "Yes," describe in Part III		7		х					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject									
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
-	Regulations section 53.4958-6(c)?		9							
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2019					

22-2804785

#### 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.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOHN STUART COMSTOCK-GAY	(i)	287,065.	0.	0.		46,321.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
-	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(ii)							
	(ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

PART I, LINE 4B:

JOHN STUART COMSTOCK-GAY \$26,000.

Schedule J (Form 990) 2019

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

(	DNB No. 7945 0047	,
	2019	
	Open to Public Inspection	

Employer identification number

Department of the Treasury Internal Revenue Service

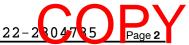
Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. 

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

Name of the organization

DELAWARE	COMMUNITY	FOUNDATTON	TNC

	DELAWARE COM	MUNITY	FOUNDATI	ON, INC	22-2	804	785	
Pa	t I Types of Property				·			
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	60,673	1,484,068.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential	X	1	315,000.	APPRAISAL			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other $\blacktriangleright$ ( <u>IN KIND GIFTS</u> )	Х	17	1,215.	FAIR MARKET	VA	LUE	
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				-
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							



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

## SCHEDULE M, LINE 32B:

## THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL CONTRIBUTIONS OF

#### PUBLICLY TRADED SECURITIES.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number 22 - 2804785

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

PHILANTHROPY THROUGH KNOWLEDGE AND RELATIONSHIPS, NOW AND IN THE

FUTURE. WE ENVISION A DELAWARE WHERE GENEROSITY EXPANDS OPPORTUNITY FOR

ALL AND ENHANCES THE COMMON GOOD. AS A FACILITATOR, INFORMATION

RESOURCE AND MANAGER OF CHARITABLE FUNDS, THE DELAWARE COMMUNITY

FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS FOCUS CHARITABLE

RESOURCES FOR THE GREATEST COMMUNITY BENEFIT STATEWIDE.

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

AS A FACILITATOR, INFORMATION RESOURCE AND MANAGER OF CHARITABLE FUNDS,

THE DELAWARE COMMUNITY FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS

FOCUS CHARITABLE RESOURCES FOR THE GREATEST COMMUNITY BENEFIT

STATEWIDE.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION'S MEMBERS (THE "MEMBERS") SHALL CONSIST OF (1) THE

CORPORATION'S DIRECTORS (THE "DIRECTORS"), (2) SIX TO TWELVE INDIVIDUALS,

EACH OF WHOM IS A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A

DONOR-ADVISED OR ENDOWMENT FUND HELD BY THE CORPORATION, SELECTED BY THE

DIRECTORS, AND (3) SIX TO TWELVE ALL OF THE CORPORATION'S FORMER DIRECTORS, SELECTED BY THE CURRENT DIRECTORS.

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

THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS BOARD OF DIRECTOR

RECOMMEDATIONS TO THE BOARD. THE BOARD NOMINATES THOSE INDIVIDUALS AND

SUBMITS THEM TO THE MEMBERS FOR A VOTE TO A SEAT ON THE BOARD.

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC



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

MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990 AND RELATED

SCHEDULES PRIOR TO FILING ONCE THE FORM 990 IS REVIEWED, THE AUDIT

COMMITTEE REPORTS TO THE BOARD OF DIRECTORS ABOUT THE RETURN.

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

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDATE HIS OR HER CONFLICT OF INTEREST STATEMENT AND TO BRING TO THE ATTENTION OF THE PRESIDENT ANY POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF CONFLICT OF INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUALLY. AN EMPLOYEE COMPLETES A CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT AND RETURNS IT TO

THE CHIEF FINANCIAL OFFICER FOR FILING IN THE EMPLOYEE'S PERSONNEL RECORD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH	EDULE 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

2019 Open to Public Inspection

Employer identification number

22-2804785

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

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

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

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

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

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

Schedule R (Form 990) 2019

## Schedule R (Form 990) 2019 DELAWARE COMMUNITY FOUNDATION, INC

22-2804785 Page 2

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.

	(b)	(c)	(d)		(e)		(f)	(	(g)	(I	ר)	(i)		(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, rom tax under s 512-514)	Share inc	of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in 20 of Sche K-1 (Form 1	box dule	managing partner?	Percenta ownersh		
	_	country)		36010113	5 5 12-5 14)					Yes	No		000)	Yes No			
	-																
	-																
	-																
	-																
	-																
	_																
	-																
IV Identification of Related On organizations treated as a co		as a Corpo ng the tax	<b>pration or Trust.</b> Co year.	I omplete if tl	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990, P	I art IV,	line 34	I 1, because it	had o	ne or m	ore relate		
(a)	-		(b)				(d)		(e)		(f	)		(g)		(h)	(i) Section
Name, address, and EIN of related organization	Primary activity		egal domicile (state or foreign	(state or	Direct cont	rolling											
or related organizati	ion			(state or foreign	entity		(C corp, S	entity S corp, Ist)	Share c inco		e	Share of end-of-year assets	Perc owr	entage Iership	512(b)(13 controlled entity?		
	ion			(state or			C corp, S (C corp, S or tru	S corp,			6	Share of end-of-year assets	Perc owr	entage iership	controlled		
	ion			(state or foreign			(C corp, S	S corp,			6	end-of-year	Perco	entage hership	entity?		
	ion			(state or foreign			(C corp, S	S corp,			6	end-of-year	Percowr	entage hership	entity?		
				(state or foreign			(C corp, S	S corp,			6	end-of-year	Percowr	entage iership	entity?		
				(state or foreign			(C corp, S	S corp,			•	end-of-year	Percowr	entage lership	entity?		
				(state or foreign			(C corp, S	S corp,				end-of-year	Percowr	entage lership	entity?		
				(state or foreign			(C corp, S	S corp,				end-of-year	Percowr	entage lership	entity?		

## Schedule R (Form 990) 2019 DELAWARE COMMUNITY FOUNDATION, INC

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?		103	
'		1a		X
a L	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			X
a	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) RODEL CHARITABLE FOUNDATION - DE	L	75,606.	ADMIN FEES PAID
(2)			
(3)			
(4)			
(5)			
_(6)			

## Schedule R (Form 990) 2019 DELAWARE COMMUNITY FOUNDATION, INC

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Are al partners 501(c) orgs. Yes N	 sec. (3) <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partne Yes N	lorP ing r?C	<b>(k)</b> Percentage pwnership

Schedule R (Form 990) 2019



Part VII | Supplemental Information

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