

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**DELAWARE COMMUNITY FOUNDATION, INC**

EIN or SSN

**22-2804785**

Name and title of officer or person subject to tax

**JOYCE DARLING  
VP-FINANCE & ADMINISTRATION**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>55,764,041.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize GUNNIP & COMPANY LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**51070312345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DELAWARE COMMUNITY FOUNDATION, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1636</b> City or town, state or province, country, and ZIP or foreign postal code <b>WILMINGTON, DE 19899</b> <b>F</b> Name and address of principal officer: <b>JOHN STUART COMSTOCK-GAY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>22-2804785</b> <b>E</b> Telephone number <b>302-571-8004</b> <b>G</b> Gross receipts \$ <b>127,317,407.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DELCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1986</b>
		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO IMPROVE THE LIVES OF THE PEOPLE OF DELAWARE BY EMPOWERING AND GROWING</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>32</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>79</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	81,351,225.	25,010,204.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	827,461.	649,026.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,581,486.	29,795,281.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,914.	309,530.
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	92,895,086.	55,764,041.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	25,107,367.	26,201,818.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>Expenses</b>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,109,260.	2,136,965.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>981,603.</b>	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,713,869.	4,391,589.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,930,496.	32,730,372.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	60,964,590.	23,033,669.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	375,445,649.	330,206,079.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	43,269,207.	39,847,347.
			332,176,442.	290,358,732.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JOYCE DARLING, VP-FINANCE &amp; ADMINISTRATION</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHERINE L. SILICATO, CP</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00543107</b>
	Firm's name ▶ <b>GUNNIP &amp; COMPANY LLP</b> Firm's address ▶ <b>2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808</b>	Firm's EIN ▶ <b>51-0076769</b> Phone no. <b>302-225-5000</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 28,539,763. including grants of \$ 26,201,818. ) (Revenue \$ 958,556. ) IN THE FISCAL YEAR ENDED JUNE 30, 2022, THE DELAWARE COMMUNITY FOUNDATION INVESTED IN BUILDING OPPORTUNITY THROUGHOUT THE STATE BY AWARDING OVER \$31 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 \$478,900 IN SCHOLARSHIPS TO 194 STUDENTS AND \$669,236 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 \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 28,539,763.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 56	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	35.00			X				292,018.	0.	71,153.
(2) ASHLEY R. ALTSCHULER, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(3) CLAIRE DEMATTEIS BOARD MEMBER (UNTIL 12/31/21)	2.00	X						0.	0.	0.
(4) WILLIAM C. DUGDALE CHAIRPERSON	2.00	X		X				0.	0.	0.
(5) DREW N. FENNELL VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(6) KELLY E. FIRMENT IMMEDIATE PAST CHAIRPERSON	2.00	X		X				0.	0.	0.
(7) LOSSIE FREEMAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) CHANTA HOWARD-WILKINSON BOARD MEMBER	2.00	X						0.	0.	0.
(9) PETER S. KENNEDY BOARD MEMBER (EFF. 1/1/22)	2.00	X						0.	0.	0.
(10) NICHOLAS LAMBROW BOARD MEMBER	2.00	X						0.	0.	0.
(11) HON. TAMIKA MONTGOMERY-REEVES BOARD MEMBER	2.00	X						0.	0.	0.
(12) DONALD W. NICHOLSON, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(13) LOUISA PHILLIPS BOARD MEMBER	2.00	X						0.	0.	0.
(14) VITA PICKRUM, ED. D, CFRE BOARD MEMBER	2.00	X						0.	0.	0.
(15) THOMAS L. SAGER, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(16) DAVID W. SINGLETON TREASURER	2.00	X		X				0.	0.	0.
(17) HON. GREGORY M. SLEET (RET.) BOARD MEMBER	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CINDY L. SZABO, ESQ. CORP. SECRETARY	2.00	X		X				0.	0.	0.
(19) MICHELLE A. TAYLOR BOARD MEMBER	2.00	X						0.	0.	0.
(20) MARIA LOPEZ WAITE BOARD MEMBER	2.00	X						0.	0.	0.
(21) KIM WILLSON BOARD MEMBER	2.00	X						0.	0.	0.
(22) THOMAS D. WREN BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								292,018.	0.	71,153.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								292,018.	0.	71,153.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESTMENT ONE FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT SERVICES	1,072,318.
UNIVERSITY OF DELAWARE 30 LOVETT AVE, NEWARK, DE 19716	PROGRAM SERVICES	293,559.
EPIC MARKETING CONSULTANTS CORP 501 MAIN STREET, ODESSA, DE 19730	MARKETING SERVICES	206,952.
EDUCATION FIRST CONSULTING INC PO BOX 22871, SEATTLE, WA 98122	PROGRAM SERVICES	206,769.
CHRISTINE A CANNON INC 131 WYETH WAY, HOCKESSIN, DE 19707	PROGRAM SERVICES	180,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,594,350.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	23,415,854.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,277,149.				
	<b>h Total.</b> Add lines 1a-1f			25,010,204.			
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEE INCOME	<b>Business Code</b>	561000	401,345.	401,345.		
	<b>b</b> PROGRAM INCOME		900099	247,681.	247,681.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			649,026.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			6,620,855.		6620855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	94,727,792.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	71,553,366.				
	<b>c</b> Gain or (loss)	<b>7c</b>	23,174,426.				
<b>d</b> Net gain or (loss)			23,174,426.		23174426.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> EVENT INCOME	<b>Business Code</b>	900099	271,654.	271,654.		
	<b>b</b> LOAN INTEREST INCOME		900099	24,823.	24,823.		
	<b>c</b> OTHER INCOME		900099	13,053.	13,053.		
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			309,530.			
<b>12 Total revenue.</b> See instructions			55,764,041.	958,556.	0.	29795281.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	25,722,952.	25,722,952.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	478,866.	478,866.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	286,390.		143,195.	143,195.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	1,341,154.	450,338.	483,030.	407,786.
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	98,011.	21,248.	39,599.	37,164.
<b>9</b> Other employee benefits .....	299,576.	90,333.	143,106.	66,137.
<b>10</b> Payroll taxes .....	111,834.	32,344.	42,016.	37,474.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,418,904.		1,418,904.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,142,393.	715,237.	376,928.	50,228.
<b>12</b> Advertising and promotion .....	205,475.	18,575.	138,610.	48,290.
<b>13</b> Office expenses .....	94,762.	13,820.	59,836.	21,106.
<b>14</b> Information technology .....	228,160.	4,818.	221,478.	1,864.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	70,632.	26,005.	44,567.	60.
<b>17</b> Travel .....	43,656.	5,691.	22,878.	15,087.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	35,131.		35,131.	
<b>23</b> Insurance .....	36,465.		36,465.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUB RECIPIENT AWARDS</b>	938,717.	938,717.	0.	0.
<b>b</b> <b>OTHER</b>	183,377.	26,902.	3,263.	153,212.
<b>c</b> <b>GIFT ANNUITY DISTRIBUTI</b>	-6,083.	-6,083.	0.	0.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	32,730,372.	28,539,763.	3,209,006.	981,603.
<b>26</b> <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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	43,093,058.	<b>2</b>	31,066,877.
	<b>3</b> Pledges and grants receivable, net .....	212,998.	<b>3</b>	195,992.
	<b>4</b> Accounts receivable, net .....	5,135.	<b>4</b>	5,136.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,421,328.	<b>7</b>	1,761,628.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 505,587.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 393,494.	126,764.	<b>10c</b> 112,093.
	<b>11</b> Investments - publicly traded securities .....	289,611,564.	<b>11</b>	256,102,168.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	39,918,320.	<b>12</b>	40,930,768.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	56,482.	<b>15</b>	31,417.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	375,445,649.	<b>16</b>	330,206,079.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	242,891.	<b>17</b>	256,099.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	2,025,265.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	43,026,316.	<b>25</b>	37,565,983.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	43,269,207.	<b>26</b>	39,847,347.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	331,998,455.	<b>27</b>	290,335,832.
	<b>28</b> Net assets with donor restrictions .....	177,987.	<b>28</b>	22,900.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	332,176,442.	<b>32</b>	290,358,732.
	<b>33</b> Total liabilities and net assets/fund balances .....	375,445,649.	<b>33</b>	330,206,079.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,764,041.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,730,372.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	23,033,669.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	332,176,442.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-64,751,359.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-100,020.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	290,358,732.

**Part XII Financial Statements and Reporting**

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

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

Employer identification number  
**22-2804785**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	32629913.	18520055.	22862448.	41112270.	23415854.	138540540
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	32629913.	18520055.	22862448.	41112270.	23415854.	138540540
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						51393472.
<b>6 Public support.</b> Subtract line 5 from line 4.						87147068.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	32629913.	18520055.	22862448.	41112270.	23415854.	138540540
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4000122.	4351772.	4629129.	4208040.	6620855.	23809918.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						162350458
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	53.68	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	55.06	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</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 .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2021**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
MT CUBA	12,250,000.	9,002,991.
PAUL H. BOERGER	25,086,135.	21,839,126.
BCBS/HIGHMARK	16,226,101.	12,979,092.
LONGWOOD FDN	6,419,300.	3,172,291.
DELAWARE COMMUNITY BLOOD FOUNDATION, INC	4,975,000.	1,727,991.
MR. AND MRS. RODMAN WARD III	3,794,300.	547,291.
EXELON CORPORATION	4,000,000.	752,991.
BRANDYWINE CREEK STATE PARK TRUST	4,618,708.	1,371,699.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		51,393,472.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>DELAWARE COMMUNITY FOUNDATION, INC</b>	Employer identification number <b>22-2804785</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**MISCELLANEOUS LOBBYING EXPENSES.**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** DELAWARE COMMUNITY FOUNDATION, INC **Employer identification number** 22-2804785

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	225	844
2 Aggregate value of contributions to (during year) .....	15,899,484.	7,850,870.
3 Aggregate value of grants from (during year) .....	15,771,356.	10,312,868.
4 Aggregate value at end of year .....	129,525,284.	160,833,448.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,749,877.	1,505,670.	1,639,673.	1,651,621.	1,650,497.
b Contributions					
c Net investment earnings, gains, and losses	-186,934.	314,605.	64,801.	62,931.	104,943.
d Grants or scholarships					
e Other expenditures for facilities and programs	70,488.	70,398.	198,804.	74,879.	103,819.
f Administrative expenses					
g End of year balance	1,492,455.	1,749,877.	1,505,670.	1,639,673.	1,651,621.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		505,587.	393,494.	112,093.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				112,093.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SEI - FLAGSHIP -		
(B) MULTI-STRATEGY HEDGE FUND	24,729,577.	END-OF-YEAR MARKET VALUE
(C) ENERGY DEBT LP	5,727,246.	END-OF-YEAR MARKET VALUE
(D) REIT - CORE PROPERTY	8,040,554.	END-OF-YEAR MARKET VALUE
(E) ANNUITY CONTRACTS	1,925.	END-OF-YEAR MARKET VALUE
(F) GLOBAL PRIVATE ASSETS, LP	2,431,466.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>40,930,768.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	286,761.
(3) NON PROFIT ENDOWMENTS	37,279,222.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>37,565,983.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4**

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)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **DELAWARE COMMUNITY FOUNDATION, INC** Employer identification number **22-2804785**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4TH-DIMENSION LEADERS INC 1007 N. ORANGE STREET, 4TH FLORIDAO WILMINGTON, DE 19801	84-1826701	501(C)(3)	10,000.	0.			SCALING THE EQUITY PRACTITIONERS PROGRAM
ACLU FOUNDATION OF DELAWARE 100 WEST 10TH ST., STE 706 WILMINGTON, DE 19801	51-0220856	501(C)(3)	20,000.	0.			SCALING THE SMART JUSTICE AMBASSADORS PROGRAM
ACTS MISSION & PUMH FOUNDATIONS PO BOX 90 WEST POINT, PA 19486	91-2161987	501(C)(3)	7,493.	0.			SUPPORT FOR THE UNRESTRICTED FUND OF COKESBURY VILLAGE, RESTRICTED SUPPORT FOR
AMERICAN CANCER SOCIETY INC. P. O. BOX 472 NEW CASTLE, DE 19720	13-1788491	501(C)(3)	57,000.	0.			RESTRICTED TO SUPPORT INDIANA ACS PROGRAMS AND SERVICES, RESTRICTED SUPPORT FOR MAKING
AMERICAN HEART ASSOCIATION 131 CONTINENTAL DR., SUITE 407 NEWARK, DE 19713	13-5613797	501(C)(3)	55,250.	0.			DELAWARE HYPERTENSION CONTROL NETWORK PROGRAM, RUPPORT FOR STEM OUTREACHIN DELAWARE AND
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA ASPCA - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829	501(C)(3)	11,119.	0.			UNRESTRICTED SUPPORT.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 441.**

**3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC NETWORK OF GLOBAL AWAKENING INC - 1451 CLARK STREET - MECHANICSBURG, PA 17055	20-3938700	501(C)(3)	20,000.	0.			RESTRICTED SUPPORT FOR SEPTEMBER FUNDRAISING CAMPAIGN AND GENERAL OPERATING SUPPORT.
ART FOR LIFE DELAWARE 303 WEST LEA BOULEVARD WILMINGTON, DE 19802	45-4655559	501(C)(3)	7,500.	0.			GENERAL OPERATING PURPOSE
ARTS CONSORTIUM OF DELAWARE, INC. 818 N MARKET ST; FLOOR 2R WILMINGTON, DE 19801	51-0351748	501(C)(3)	20,170.	0.			UNRESTRICTED SUPPORT.
ASPIRA OF DELAWARE CHARTER OPERATIONS - 326 RUTHAR DR - NEWARK, DE 19711	26-4060822	501(C)(3)	10,000.	0.			SUPPORT TO THE LAS AMERICAS ASPIRA ACADEMY.
AUTISM DELAWARE 924 OLD HARMONY YORK ROAD, SUITE 20 NEWARK, DE 19713	20-2110190	501(C)(3)	31,500.	0.			GENERAL OPERATING PURPOSE
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER, DE 19901	22-2559843	501(C)(3)	70,000.	0.			SUPPORT FOR RESIDENCY/GME PROGRAMS AT BAYHEALTH DOVER/MILFORD, SUPPORT COVID-19 RESPONSE AND
BE READY COMMUNITY DEVELOPMENT CORPORATION - 1411 WEST 4TH STREET - WILMINGTON, DE 19805	51-0381849	501(C)(3)	75,000.	0.			AT HOME AND HEALTHY IN HILLTOP
BEAU BIDEN FOUNDATION 4601 CONCORD PIKE WILMINGTON, DE 19803	47-4507397	501(C)(3)	45,874.	0.			GENERAL OPERATING PURPOSE
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501(C)(3)	85,664.	0.			RESTRICTED SUPPORT FOR THE PALLIATIVE CARE PROGRAM AT BEEBE, COVID-19 RESPONSE, PEER

Schedule I (Form 990)

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

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BEST BUDDIES DELAWARE 4023 KENNETT PIKE, #415 WILMINGTON, DE 19807	52-1614576	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
BETHLEHEM UNITED METHODIST CHURCH 4 WESTTOWN ROAD THORNTON, PA 19373	58-2424339	501(C)(3)	18,750.	0.			UNRESTRICTED SUPPORT.
BIG BROTHERS BIG SISTERS OF DELAWARE INC. - 413 LARCH CIRCLE - WILMINGTON, DE 19804	51-6018399	501(C)(3)	10,506.	0.			SUPPORT FOR BIGS IN BLUE PROGRAM, BIGS IN BLUE PROGRAM AND UNRESTRICTED SUPPORT.
BILLY GRAHAM EVANGELISTIC ASSOCIATION - 1 BILLY GRAHAM PKWY - CHARLOTTE, NC 28201	45-2588350	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
BLINDSIGHT DELAWARE, INC. 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	51-0064304	501(C)(3)	15,228.	0.			PEER SUPPORT AND RECORDING SERVICES AND UNRESTRICTED SUPPORT.
BOARD OF INCORPORATORS OF THE AFRICAN METHODIST EPISCOPAL CHURCH - 204 NORTH REHOBOTH BLVD. - MILFORD, DE 19963	53-0204696	501(C)(3)	7,536.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD.
BOYS AND GIRLS CLUBS OF DELAWARE, INC. - 669 SOUTH UNION ST. - WILMINGTON, DE 19805	51-0068712	501(C)(3)	320,934.	0.			VISION, VOICE, AND CHOICE-COMMUNITY BASED BEHAVIORAL HEALTH PROGRAM, 2022
BRAIN INJURY ASSOCIATION OF DELAWARE - PO BOX 1897 - DOVER, DE 19903	51-0364396	501(C)(3)	10,000.	0.			DELAWARE'S BRAIN INJURY COMMUNITY.
BRANDYWINE COMMUNITY RESOURCE COUNCIL INC - 3101 GREEN STREET - CLAYMONT, DE 19703	51-0164850	501(C)(3)	15,000.	0.			SUPPORT FOR THE FEED HER FUTURE-WOMEN'S EMPOWERMENT PROGRAM.

Schedule I (Form 990)



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

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BRANDYWINE CONSERVANCY AND MUSEUM OF ART - P.O. BOX 141 - CHADDS FORD, PA 19317	51-6020908	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
BRANDYWINE VALLEY SPCA 600 SOUTH STREET NEW CASTLE, DE 19720	23-1381030	501(C)(3)	8,000.	0.			CAT SANCTUARY
BREASTCANCER.ORG 120 EAST LANCASTER AVENUE, SUITE 20 ARDMORE, PA 19003	23-3082851	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
BRIDGEVILLE VOLUNTEER FIRE CO., INC. - 315 MARKET STREET, P.O.BOX 727 - BRIDGEVILLE, DE 19933	51-0206229	501(C)(3)	250,000.	0.			PURCHASE OF NEW AMBULANCE.
BURTON FOUNDATION FOR LEGAL ACHIEVEMENT - 245 PARK AVENUE, 39TH FLOOR - NEW YORK, NY 10167	11-3513330	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 19807	20-0581573	501(C)(3)	16,738.	0.			RESTRICTED SUPPORT FOR PROVIDING SCHOLARSHIPS FOR CAB CALLOWAY STUDENTS TO PARTICIPATE IN
CAMP ARROWHEAD 35143 HOMESTEAD WAY LEWES, DE 19953	51-0065734	501(C)(3)	15,000.	0.			SUPPORT FOR CAMP ARROW HEAD.
CAMP POSSIBILITIES FOUNDATION PO BOX 182 PORT DEPOSIT, MD 21904	51-0412903	501(C)(3)	5,500.	0.			UNRESTRICTED SUPPORT.
CANCER SUPPORT COMMUNITY OF DELAWARE - 4810 LANCASTER PIKE - WILMINGTON, DE 19807	51-0351863	501(C)(3)	20,431.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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CAPE HENLOPEN FOOD BASKET 37510 OYSTER HOUSE ROAD REHOBOTH BEACH, DE 19971	55-0797022	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
CAPE HENLOPEN SCHOOL DISTRICT 1270 KINGS HIGHWAY LEWES, DE 19958	51-6000279	501(C)(3)	24,903.	0.			SUPPORT FOR THE SUSSEX CONSORTIUM.
CARING HEARTS HELPING HANDS, INC. P.O. BOX 415 CAMDEN, DE 19934	81-0573899	501(C)(3)	6,000.	0.			CHRISTMAS/HOLIDAY PROGRAM 2021.
CARLISLE FIRE COMPANY 615 NW FRONT STREET LINCOLN, DE 19960	51-0063613	501(C)(3)	5,673.	0.			UNRESTRICTED SUPPORT.
CARSON SCHOLARS FUND, USA 305 W CHESAPEAKE AVE, STE 310 TOWSON, MD 21204	52-1851346	501(C)(3)	15,000.	0.			RESTRICTED SUPPORT FOR 2022 SCHOLARSHIP AWARDS.
CATHOLIC CHARITIES, INC. 2601 W. 4TH STREET WILMINGTON, DE 19805	51-0065685	501(C)(3)	75,250.	0.			HOMELESS PREVENTION SERVICE, CAPITAL EXPENSE-SECURITY SYSTEM AND GENERAL OPERATING
CATHOLIC DIOCESE OF WILMINGTON P.O. BOX 2030 WILMINGTON, DE 19899	51-0095439	501(C)(3)	13,688.	0.			GENERAL OPERATING SUPPORT
CENTER FOR MEDIA CHANGE INC. 900 ALICE STREET, SUITE 300 OAKLAND, CA 94607	68-0632366	501(C)(3)	15,000.	0.			TO SUPPORT OPERATIONAL COST TO CATALYZE STRATEGIC GROWTH PLAN FOR 2021-2023
CENTER FOR STRUCTURAL EQUITY 813 NORTH TATNALL STREET WILMINGTON, DE 19801	84-5026978	501(C)(3)	20,000.	0.			HOLISTIC SUPPORTS FOR YOUTH IMPACTED BY AND/OR EXPERIENCING POVERTY AND VIOLENCE

Schedule I (Form 990)

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CENTRAL BAPTIST COMMUNITY DEVELOPMENT CORPORATION - 839 PINE STREET - WILMINGTON, DE 19801	27-3011150	501(C)(3)	217,456.	0.			URBAN ACRES HOME DELIVERY ONLINE MARKET WITH EDUCATION PARTNERSHIPS AND ACCELERATING EASTSIDE
CENTRAL DELAWARE HABITAT FOR HUMANITY - 2311 SOUTH DUPONT HIGHWAY - DOVER, DE 19901	51-0376650	501(C)(3)	96,500.	0.			HEALTHY HOMES INITIATIVE AND NEW STREET INITIATIVE.
CENTREVILLE LAYTON SCHOOL 6201 KENNETT PIKE CENTREVILLE, DE 19807	51-0232858	501(C)(3)	6,000.	0.			SUPPORT FOR THE GENERAL FUND AND SCHOLARSHIP FUND.
CERTS, INC. 1501 CASHO MILL ROAD, SUITE 1 NEWARK, DE 19711	01-0592853	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
CHEER, INC. 546 SOUTH BEDFORD STREET GEORGETOWN, DE 19947	51-0112599	501(C)(3)	12,000.	0.			RESTRICTED TO SUPPORT GEORGETOWN LOCATION AND GENERAL OPERATING PURPOSE
CHESAPEAKE AUDUBON SOCIETY, INC. 11450 AUDUBON LANE EASTON, MD 21601	52-1038833	501(C)(3)	8,500.	0.			CAPITAL CAMPAIGN AND IN MEMORY OF LAWRENCE SIMMONS
CHESTER COUNTY COMMUNITY FOUNDATION, INC. - 28 W. MARKET ST., LINCOLN BLDG - WEST CHESTER, PA 19382	23-2773822	501(C)(3)	30,500.	0.			FUND ALLOCATION: \$5,000 TO FRIENDS OF ANSON NIXON PARK END. FUND, \$5,000 TO UNITED WAY OF SOUTHERN
CHILDREN & FAMILIES FIRST 809 N. WASHINGTON STREET WILMINGTON, DE 19801	51-0065731	501(C)(3)	31,372.	0.			TRAUMA MATTERS DELAWARE PROGRAM AND GENERAL OPERATING SUPPORT
CHILDREN'S BEACH HOUSE 100 W. 10TH ST., SUITE 411 WILMINGTON, DE 19801	51-0070966	501(C)(3)	27,000.	0.			YOUTH DEVELOPMENT PROGRAM EMERGENCY SUPPORT AND GENERAL OPERATING PURPOSE

Schedule I (Form 990)

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CHRIST CHURCH CHRISTIANA HUNDRED INC. - P. O. BOX 3510, GREENVILLE - WILMINGTON, DE 19807	51-0073395	501(C)(3)	8,900.	0.			GENERAL OPERATING SUPPORT
CHRIST EPISCOPAL CHURCH DOVER PO BOX 1374 DOVER, DE 19903	20-8521736	501(C)(3)	8,400.	0.			ORGAN REPAIR IN CHURCH AND CHURCH INTERIOR RENOVATION
CHRISTIANA CARE HEALTH SYSTEMS, INC. - OFFICE OF DEVELOPMENT, 13 READ'S WAY - NEW CASTLE, DE 19720	51-0103684	501(C)(3)	147,893.	0.			RESTRICTED SUPPORT FOR INFLAMMATORY BREAST CANCER PATIENTS AT HELEN GRAHAM CANCER CENTER,
CHRISTINA CULTURAL ARTS CENTER 705 MARKET STREET WILMINGTON, DE 19801	51-0064300	501(C)(3)	61,267.	0.			UNRESTRICTED SUPPORT FROM DONALD AND ETHEL PARSONS, SPECIFIC INTEREST ART PROGRAMMING AND
CITYFEST, INC. 800 N. FRENCH STREET WILMINGTON, DE 19801	51-0255083	501(C)(3)	25,000.	0.			RESTRICTED SUPPORT FOR THE WILMINGTON FIRE CO. 100TH ANNIVERSARY AND CAPITAL
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB - 669 S. UNION ST. - WILMINGTON, DE 19805	51-0068712	501(C)(3)	21,069.	0.			RESTRICTED SUPPORT FOR SCHOLARSHIPS, AVAILABLE FOR CHILDREN IN BEFORE, AFTER AND SUMMER SCHOOLS.
CLARENCE FRAIM SENIOR CENTER OF DELAWARE INC - 669 SOUTH UNION STREET - WILMINGTON, DE 19805	51-0290329	501(C)(3)	7,000.	0.			RESTRICTED SUPPORT FOR THE POOL DRAINS REPAIR AND NEW DRIVING BLOCKS.
CONSUMER CREDIT COUNSELING SERVICE OF DELAWARE VALLEY - 710 N LINCOLN STREET - WILMINGTON, DE 19805	23-1671903	501(C)(3)	10,000.	0.			GENERAL OPERATING.
CLAYMONT RENAISSANCE DEVELOPMENT CORPORATION - 3301 GREEN ST., SUITE 356 - CLAYMONT, DE 19703	20-2265151	501(C)(3)	10,000.	0.			GENERAL OPERATING.

Schedule I (Form 990)

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

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CODE PURPLE KENT COUNTY 412 N. GOVERNORS AVENUE DOVER, DE 19904	47-4195022	501(C)(3)	54,333.	0.			CODE PURPLE RESCUE AND RESTORE PROGRAM, MOBILE COMMAND UNIT AND CODE IN NEED PROGRAM
COLONIAL CHAPTER OF THE PARALYZED VETERANS OF AMERICA, INC. - 700 BARKSDALE RD., UNIT 7 - NEWARK, DE 19711	23-7099908	501(C)(3)	10,000.	0.			GENERAL OPERATING.
COMMUNITY EDUCATION BUILDING 1200 NORTH FRENCH STREET WILMINGTON, DE 19801	45-4797267	501(C)(3)	40,000.	0.			ONSITE BEHAVIORAL HEALTH COUNSELOR POSITION FOR THE EQUITABLE HEALTH EXPANSION
COMMUNITY LEGAL AID SOCIETY, INC. 100 W. 10TH ST., SUITE 801 WILMINGTON, DE 19801	51-6000158	501(C)(3)	163,500.	0.			RESTRICTED SUPPORT FOR HIRING OF A FELLOW (ATTORNEY) TO PROVIDE LEGAL SERVICES CONSISTENT
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BOULEVARD WILMINGTON, DE 19803	51-6001225	501(C)(3)	6,000.	0.			GENERAL OPERATING PURPOSE
CONNECTING GENERATIONS 100 W. 10TH STREET, SUITE 1115 WILMINGTON, DE 19801	51-0326869	501(C)(3)	28,523.	0.			SUPPORT FOR THE CREATIVE MENTORING PROGRAM, SOCIAL & EMOTIONAL LEARNING FOR CHILDREN IN FOSTER CARE
CORNERSTONE COMMUNITY CENTER 55 CHURCH STREET BRIDGEVILLE, DE 19933	86-3066808	501(C)(3)	7,000.	0.			COMMUNITY RESOURCE ROOM
CORNERSTONE WEST COMMUNITY DEVELOPMENT CORPORATION - 710 N. LINCOLN ST. - WILMINGTON, DE 19805	51-0387484	501(C)(3)	150,000.	0.			WESTSIDE GROWS HEALTHY NEIGHBORHOODS
CULTURE RESTORATION PROJECT, INC. PO BOX 1926 WILMINGTON, DE 19899	81-1394877	501(C)(3)	15,000.	0.			GENERAL OPERATING.

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DAGSBORO VOLUNTEER FIRE DEPARTMENT, INC. - P.O. BOX 128 - DAGSBORO, DE 19939	51-0206210	501(C)(3)	250,000.	0.			TO SUPPORT THE PURCHASE OF A NEW AMBULANCE
DE DIVISION OF PARKS & RECREATION 89 KINGS HIGHWAY, SW, OFFICE OF FISCAL MANAGEMENT - DOVER, DE 19901	51-6000279	501(C)(3)	307,078.	0.			UNRESTRICTED SUPPORT, PORCH REPAIRS (\$20K), SECURITY UPGRADES (\$6,815) AND ASBESTOS
DELAWARE ACADEMY OF MEDICINE INC 4765 OGLETOWN STANTON ROAD, SUITE L NEWARK, DE 19713	51-0075162	501(C)(3)	8,482.	0.			RESTRICTED FOR DIMER SUPPORT AND UNRESTRICTED SUPPORT.
DELAWARE ADOLESCENT PROGRAM INC 1148 PULASKI HWY, SUITE 325 BEAR, DE 19701	51-0108498	501(C)(3)	24,000.	0.			STAFF, BOARD, VOLUNTEER CAPACITY: STRATPLAN, CULTURAL COMPETENCY AND UNRESTRICTED SUPPORT.
DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT - 100 W 10TH STREET, STE 1012 - WILMINGTON, DE 19801	22-2792474	501(C)(3)	10,000.	0.			SUPPORT FOR CEO/BOARD LEADERSHIP PROGRAM.
DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON, DE 19806	51-0065746	501(C)(3)	268,062.	0.			SUPPORT FOR HEALING THROUGH THE ARTS (HTA), HEALING THROUGH THE ARTS PROGRAM, FAMILY SUNDAY
DELAWARE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 262 CHAPMAN ROAD, SUITE 104 - NEWARK, DE 19702	51-0315060	501(C)(3)	10,000.	0.			GENERAL OPERATING.
DELAWARE BREAST CANCER COALITION 100 W. 10TH STREET, SUITE 209 WILMINGTON, DE 19801	52-2045298	501(C)(3)	56,157.	0.			BILINGUAL OUTREACH AND SCREENING NAVIGATION, RESTRICTED TO SUPPORT MONSTER MILE FOR A CURE
DELAWARE CAN 1313 N MARKET STREET, STE 140A WILMINGTON, DE 19801	27-3069592	501(C)(3)	25,000.	0.			GENERAL OPERATING.

Schedule I (Form 990)

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DELAWARE CENTER FOR HORTICULTURE 1810 NORTH DUPONT STREET WILMINGTON, DE 19806	51-0252857	501(C)(3)	107,114.	0.			GENERAL OPERATING PURPOSE
DELAWARE CENTER FOR JUSTICE 100 W. 10TH ST., SUITE 905 WILMINGTON, DE 19801	51-0064323	501(C)(3)	15,000.	0.			SUPPORT FOR THE INSTITUTION-BASED WIT PROGRAM WITH ITS CRS PROGRAM.
DELAWARE COLLEGE OF ART & DESIGN 600 NORTH MARKET STREET WILMINGTON, DE 19801	52-2027415	501(C)(3)	26,750.	0.			HEALTH & WELLNESS INITIATIVE, CAPITA CAMPAIGN AND GENERAL OPERATING SUPPORT
DELAWARE COLLEGE SCHOLARS, INC. 4 E 8TH STREET, STE 200 WILMINGTON, DE 19801	82-4608572	501(C)(3)	74,300.	0.			ADVANCING SOCIAL EMOTIONAL LEARNING IN DCS SCHOLARS AND THEIR FAMILIES, DELAWARE
DELAWARE COMMUNITY REINVESTMENT ACTION COUNC - 600 S HARRISON ST - WILMINGTON, DE 19805	51-0329119	501(C)(3)	100,000.	0.			RESTRICTED SUPPORT FOR THE PROJECT WITH STEPPING STONES.
DELAWARE DIVISION OF ALCOHOL AND TOBACCO ENF - 34 STARLIFTER AVENUE - DOVER, DE 19901	51-6000279	501(C)(3)	70,000.	0.			IMPAIRED DRIVING SIMULATOR.
DELAWARE DIVISION OF LIBRARIES 121 MARTIN LUTHER KING, JR. BLVD., DOVER, DE 19901	51-6015317	501(C)(3)	124,630.	0.			STATEWIDE SCALE-UP OF DELAWARE LIBRARIES TELEHEALTH INITIATIVE
DELAWARE DIVISION OF THE ARTS 820 N FRENCH STREET, CARVEL STATE O WILMINGTON, DE 19801	51-6000279	501(C)(3)	90,000.	0.			UNRESTRICTED SUPPORT.
DELAWARE FOUNDATION FOR MATH & SCIENCE EDUCATION - 100 W. 10TH ST., SUITE 1115 - WILMINGTON, DE 19801	51-0371355	501(C)(3)	10,000.	0.			GENERAL OPERATIONS

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DELAWARE GREENWAYS 1910 ROCKLAND ROAD WILMINGTON, DE 19803	51-0325462	501(C)(3)	16,129.	0.			UNRESTRICTED SUPPORT.
DELAWARE GUIDANCE SERVICES FOR CHILDREN AND YOUTH - 1213 DELAWARE AVENUE - WILMINGTON, DE 19806	51-0071906	501(C)(3)	14,912.	0.			CAPITAL EXPENSE-BUILDING REPAIR AND UNRESTRICTED SUPPORT
DELAWARE HEALTH INFORMATION NETWORK - 107 WOLF CREEK BLVD SUITE 2 - DOVER, DE 19901	27-4449327	501(C)(3)	50,000.	0.			DELAWARE MEDICAL ORDERS FOR SCOPE OF TREATMENT (DMOST) REGISTRY
DELAWARE HEALTH SCIENCE ALLIANCE 4765 OGLETOWN-STANDTON RD, STE L10 NEWARK, DE 19711	47-3447709	501(C)(3)	20,000.	0.			RESTRICTED FOR DIMER SUPPORT.
DELAWARE HIV CONSORTIUM 100 W.10TH STREET, SUITE 415 WILMINGTON, DE 19801	51-0348892	501(C)(3)	20,000.	0.			DE HIV RESEARCH FELLOWSHIP PROGRAM.
DELAWARE HOSPICE, INC. 16 POLLY DRUMMOND CENTER, 2ND FLOOR NEWARK, DE 19711	51-0258883	501(C)(3)	155,358.	0.			PROGRAM SUPPORT AT THE SUSSEX COUNTY OFFICE & DELAWARE HOSPICE CENTER, TO SUPPORT OPERATIONS AT
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	155,780.	0.			GENERAL OPERATING PURPOSE
DELAWARE MEDICAL EDUCATION FOUNDATION LTD - 900 PRIDES CROSSING - NEWARK, DE 19713	51-0343625	501(C)(3)	1,050,000.	0.			PRIMARY CARE CAPACITY EXPANSION INITIATIVE AND MSD'S EDUCATIONAL PROGRAM REBOOT 2022
DELAWARE MUSUEM OF NATURAL HISTORY 4940 KENNETT PIKE, PO BOX 3937 WILMINGTON, DE 19807	51-0083535	501(C)(3)	21,925.	0.			CAPITAL EXPENSE-SENSORY ROOMAND UNRESTRICTED SUPPORT



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

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DELAWARE NATURE SOCIETY P.O. BOX 700 HOCKESSIN, DE 19707	51-6018321	501(C)(3)	20,128.	0.			SUPPORT FOR THE NHN PROGRAM WITH SERVIAM GIRLS ACADEMY, SUPPORT TO THE DUPONT ENVIRONMENTAL
DELAWARE PACEM IN TERRIS INC 401 NORTH WEST STREET WILMINGTON, DE 19801	51-6021136	501(C)(3)	50,000.	0.			COMMUNITY HEALTH-RESTORING THROUGH RELATIONSHIPS
DELAWARE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 455 STANTON-CHRISTIANA ROAD - NEWARK, DE 19713	51-0064307	501(C)(3)	18,219.	0.			FREE FELINE SPAY/NEUTER DAY AND UNRESTRICTED SUPPORT
DELAWARE SPECIAL OLYMPICS INC 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	23-7162877	501(C)(3)	7,188.	0.			UNRESTRICTED SUPPORT
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HIGHWAY DOVER, DE 19901	51-0297378	501(C)(3)	21,594.	0.			THE WORDS ARE A CREATIVE FORCE ENDOWED SCHOLARSHIP, RESTRICTED SUPPORT FOR CLAUDE E.
DELAWARE STATE UNIVERSITY FOUNDATION, INC. - 1200 N. DUPONT HIGHWAY - DOVER, DE 19901	20-1372435	501(C)(3)	52,493.	0.			RESTRICTED SUPPORT FOR THE WORDS AREA CREATIVE FORCE SCHOLARSHIP FUND, SUPPORT FOR THE "WORDS ARE
DELAWARE SYMPHONY ASSOCIATION 100 W. 10TH ST, SUITE 1003 WILMINGTON, DE 19801	51-6017449	501(C)(3)	167,435.	0.			UNRESTRICTED SUPPORT.
DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION - P.O. BOX 897 - DOVER, DE 19903	51-0246178	501(C)(3)	1,018,563.	0.			HIGHMARK HEALTHCARE CENTER FOR EXCELLENCE NAMING OPPORTUNITY (TERRY CAMPUS, DOVER),
DELAWARE THEATRE COMPANY 200 WATER ST WILMINGTON, DE 19801	51-0229918	501(C)(3)	211,243.	0.			RESTRICTED TO SUPPORT THE PUBLIC ALLIES INTERN SALARY AND UNRESTRICTED SUPPORT

Schedule I (Form 990)

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DELAWARE WILD LANDS, INC. PO BOX 505 ODELAWARESSA, DE 19730	51-0101678	501(C)(3)	31,000.	0.			RESTRICTED SUPPORT FOR NEW FURNITURE FOR THE NEW OFFICE, SUPPORT IN MEMORY OF GENE BAYARD AND
DELMAR FIRE DEPT INC - DEL CORP DELMAR FIRE CO INC - MARYLAND CORP - PO BOX 143 - DELMAR, DE 19940	23-7316374	501(C)(3)	250,000.	0.			RESTRICTED SUPPORT FOR THE PURCHASE OF NEW AMBULANCE.
DELMAR PUBLIC LIBRARY 101 N. BI-STATE BOULEVARD DELMAR, DE 19940	51-0103344	501(C)(3)	36,842.	0.			UNRESTRICTED SUPPORT AND RESTRICTED TO SUPPORT CHILDREN'S BOOK.
DELMAR SCHOOL DISTRICT 200 NORTH EIGHTH STREET DELMAR, DE 19940	51-6000279	501(C)(3)	40,901.	0.			FOR HANDS-ON LEARNING AND REAL-WORLD APPLICATION OF KEY SCIENCE CONCEPTS
DELMARVA COMMUNITY SERVICES, INC. PO BOX 637 CAMBRIDGE, MD 21613	52-1000521	501(C)(3)	20,000.	0.			CAPITAL EXPENSE-RAMP REPAIR
DELMARVA COMMUNITY WELLNET FOUNDATION - 32191 NASSAU RD., UNIT 3 - LEWES, DE 19958	77-0606842	501(C)(3)	25,000.	0.			SUPPORT TO PARTIALLY COVER 2023 OPERATING EXPENSES AND TO PROVIDE HANDS-ON, IN-SCHOOL
DEL-MAR-VA COUNCIL, BOY SCOUTS OF AMERICA - 100 W 10TH STREET, STE 915 - WILMINGTON, DE 19801	51-0065733	501(C)(3)	21,200.	0.			VICTORY GARDENS EXPANSION AND UNRESTRICTED SUPPORT.
DELMARVA TEEN CHALLENGE INC 611 3RD STREET, P.O.BOX 1271 SEAFORD, DE 19973	51-0342428	501(C)(3)	31,000.	0.			TUITION ASSISTANCE FOR THE MEN'S AND WOMEN'S PROGRAMS, SEAFORD MEN'S CAMPUS TRANSITION HOME
DELTA OUTREACH AND EDUCATION CENTER INC. - ACTS COMMITTEE, P.O.BOX 26288 - WILMINGTON, DE 19899	51-0351430	501(C)(3)	25,000.	0.			FUND FOR WOMEN COLLABORATIVE GRANT_FINAL PAYMENT.

Schedule I (Form 990)

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DEPARTMENT OF STATE AND HISTORICAL & CULTURAL AFFAIRS - 21 THE GREEN, STE B - DOVER, DE 19901	51-6000279	501(C)(3)	82,183.	0.			RESTRICTED TO SUPPORT RESTORATION AND MAINTENANCE OF THE PROPERTY COOCH'S BRIDGE.
DEVELOPING ARTIST COLLABORATION 19817 HEBRON ROAD REHOBOTH BEACH, DE 19971	82-1214176	501(C)(3)	22,000.	0.			HISTORICAL MURAL-WEST REHOBOTH HAND UNRESTRICTED SUPPORT
DFRC 640 PLAZA DRIVE NEWARK, DE 19702	51-0102390	501(C)(3)	6,081.	0.			UNRESTRICTED SUPPORT
DO CARE DOULA FOUNDATION INC 95 W CONSTITUTION DRIVE SMYRNA, DE 19977	86-2936026	501(C)(3)	24,750.	0.			CENTRAL DELAWARE COMMUNITY DOULA AND PERINATAL EDUCATORS PROGRAM
DONATE DELAWARE 1700 SHIPLEY ROAD WILMINGTON, DE 19803	85-0767039	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT FOR COVID-19 RESPONSE
DOVER INTERFAITH MISSION FOR HOUSING, INC. - PO BOX 1148 - DOVER, DE 19903	41-2280212	501(C)(3)	20,000.	0.			HOUSING AND HEALTH FOR THE HOMELESS
DOWN SYNDROME ASSOCIATION OF DELAWARE - PO BOX 747 - MIDDLETOWN, DE 19709	20-1874295	501(C)(3)	39,167.	0.			SUPPORT FOR THE BILINGUAL EDUCATION AND OUTREACH PROGRAM, EDUCATIONAL RESOURCES FOR PARENTS AND
DUFFY'S HOPE INC. 100 W. 10TH ST. SUITE 9 WILMINGTON, DE 19801	06-1652976	501(C)(3)	7,500.	0.			RESTRICTED TO SUPPORT 2022 SPRING COLLEGE TOUR.
EAST SIDE COMMUNITY LEARNING CENTER FOUNDATION - 3000 N CLAYMONT ST - WILMINGTON, DE 19802	20-4215109	501(C)(3)	10,000.	0.			GENERAL OPERATING.

Schedule I (Form 990)

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EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE, INC. - 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720	51-0066728	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
EDGE FOR TOMORROW, LLC 503 DUNCAN ROAD WILMINGTON, DE 19809	81-3023239	501(C)(3)	102,500.	0.			THERAPIST FOR EDGE STUDENTS EXPERIENCING TRAUMA, CAPITAL EXPENSE-MOLD REMEDIATION,
ELEUTHERIAN MILLS-HAGLEY FOUNDATION, INC. - PO BOX 3630 - WILMINGTON, DE 19807	51-0070531	501(C)(3)	19,492.	0.			GENERAL OPERATING PURPOSE
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH - 1006 WILSON ROAD - WILMINGTON, DE 19803	91-1702891	501(C)(3)	35,000.	0.			GENERAL OPERATING PURPOSE
ESF DREAM CAMP FOUNDATION 750 E. HAVERFORD ROAD BRYN MAWR, PA 19010	23-3045020	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
EVERYLIBRARY INSTITUTE NFP 6433 FAIRFIELD AVE BERWYN, IL 60402	81-4351204	501(C)(3)	124,630.	0.			STATEWIDE SCALE-UP OF DELAWARE LIBRARIES TELEHEALTH INITIATIVE
EXCEPTIONAL CARE OF CHILDREN, INC. 11 INDEPENDENCE WAY NEWARK, DE 19713	80-0748765	501(C)(3)	32,463.	0.			CAPITAL EXPENSE-NEW KITCHEN EQUIPMENT, NUTRITION AND DIETIC PROGRAM AND GENERAL
FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501(C)(3)	22,119.	0.			THE HOPE CENTER, A CRISIS PREVENTION PROGRAM KEEPING FAMILIES AND PETS TOGETHER AND UNRESTRICTED
FAMILY COUNSELING CENTER OF ST PAUL'S - 301 N. VAN BUREN ST - WILMINGTON, DE 19805	27-3361236	501(C)(3)	150,000.	0.			WORKFORCE DEVELOPMENT: BUILDING THE PIPELINE OF BILINGUAL, CULTURALLY RESPONSIVE BEHAVIORAL

Schedule I (Form 990)

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FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK, ME 03908	01-6013734	501(C)(3)	64,901.	0.			UNRESTRICTED SUPPORT.
FIRST STATE COMMUNITY ACTION AGENCY - 308 N RAILROAD AVE, PO BOX 877 - GEORGETOWN, DE 19947	51-0104704	501(C)(3)	35,800.	0.			BASIC NEEDS/CRISIS ASSISTANCE AND SUPPORT FOR THANKSGIVING DINNER.
FIRST STATE SQUASH 501 W 11TH ST WILMINGTON, DE 19801	81-1843120	501(C)(3)	142,500.	0.			CAPITAL EXPENSE-PURCHASE OF A NEW BUILDING, CAPITAL CAMPAIGN AND UNRESTRICTED SUPPORT
FIRST UNITARIAN CHURCH 730 HALSTEAD RD. WILMINGTON, DE 19803	51-6000113	501(C)(3)	6,355.	0.			UNRESTRICTED SUPPORT.
FOOD BANK OF DELAWARE, INC. 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501(C)(3)	73,198.	0.			SUSSEX COUNTY BACKPACK PROGRAM, SUPPORT FOR THE POSTPARTUM SUPPORT GROUP, RESTRICTED TO SUPPORT
FOR ALL SEASONS, INC. 300 TALBOT STREET EASTON, MD 21601	52-1496434	501(C)(3)	25,400.	0.			GENERAL OPERATING SUPPORT
FORGOTTEN CATS, INC. 4023 KENNETT PIKE, SUITE 422 GREENVILLE, DE 19807	20-0691180	501(C)(3)	8,600.	0.			ADOPTION PREPARATION FOR SUSSEX COUNTY, DE CATS/KITTENS
FORT MILES HISTORICAL ASSOCIATION, INC. - 120 EAST WILD RABBIT RUN - LEWES, DE 19958	20-0142663	501(C)(3)	5,800.	0.			RESTRICTED SUPPORT FOR "OIL STILL BLEEDS" AND GENERAL OPERATING PURPOSE
FRACTURED ATLAS PRODUCTIONS, INC. 248 W. 35TH ST., SUITE 1202 NEW YORK, NY 10001	11-3451703	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE

Schedule I (Form 990)

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FRESH START SCHOLARSHIP FOUNDATION, INC. - P.O. BOX 7784 - WILMINGTON, DE 19803	51-0378642	501(C)(3)	25,111.	0.			RESTRICTED TO SUPPORT THE FOUNDATION'S 25TH ANNIVERSARY EVENT, 2022 DISBURSEMENT AND GENERAL
FRIENDS OF ANIMALS 777 POST ROAD, STE 205 DARIEN, CT 06820	13-6018549	501(C)(3)	7,211.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE MILTON PUBLIC LIBRARY - 121 UNION STREET - MILTON, DE 19968	51-0306267	501(C)(3)	5,150.	0.			RESTRICTED SUPPORT FOR 2020 HISPANIC HERITAGE MONTH CELEBRATION AT LIBRARY AND SUPPORT FOR
FRIENDS OF THE NEWARK FREE LIBRARY 750 LIBRARY AVENUE NEWARK, DE 19711	23-7098836	501(C)(3)	11,119.	0.			UNRESTRICTED SUPPORT.
FRIENDSHIP HOUSE, INC. P.O. BOX 1517 WILMINGTON, DE 19899	51-0306759	501(C)(3)	94,413.	0.			PROJECT HOPE AT THE NCC HOPE CENTER, IDA RELIEF AND GENERAL OPERATING PURPOSE
FUTURE PROMISES FOUNDATION, INC. 807 N. UNION STREET WILMINGTON, DE 19805	81-5030643	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
GAMMA THETA LAMBDA EDUCATION FOUNDATION, INC. - 2 N SHERMAN DR. - BEAR, DE 19701	31-1755253	501(C)(3)	7,500.	0.			DRUMLINE LIVE! AND STEP AFRIKA! AND SPECIFIC INTEREST GRANT: STEP AFRIKA
GEORGETOWN PRESBYTERIAN CHURCH P.O. BOX 46 GEORGETOWN, DE 19947	52-1334618	501(C)(3)	19,322.	0.			CAPITAL EXPENSE-RENOVATE BASEMENT
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL INC - 225 OLD BALTIMORE PIKE - NEWARK, DE 19702	51-0064337	501(C)(3)	53,000.	0.			RESTRICTED TO SUPPORT BUILDING A NEW GIRL SCOUTS' FACILITY IN NEW CASTLE COUNTY AND FUNDS

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GIRLS ON THE RUN DELAWARE INC. 615 W. 18TH ST. WILMINGTON, DE 19802	20-2751642	501(C)(3)	13,500.	0.			GENERAL OPERATING PURPOSE
GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE. INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
GLIOBLASTOMA FOUNDATION INC P. O. BOX 62066 DURHAM, NC 27715	81-2849764	501(C)(3)	40,000.	0.			RESTRICTED TO SUPPORT GLIOBLASTOMA DRUG DEVELOPMENT, IN MEMORY OF JANET CHRISTINA STODDARD
GLOBAL CELEBRATION PO BOX 535337 GRAND PRAIRIE, TX 75053	91-1341558	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
GOOD NEIGHBOR INC. 224 E. STREET RD, SUITE 2 KENNETT SQUARE, PA 19348	11-3839742	501(C)(3)	50,000.	0.			IMPROVING HEALTH THROUGH HOME REPAIRS
GOOD OLE BOY FOUNDATION, INC. 36111 PEAR TREE ROAD MILLSBORO, DE 19966	46-1526864	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
GRACE FOR DOVER PO BOX 862 DOVER, DE 19903	27-4804452	501(C)(3)	10,000.	0.			GENERAL OPERATING.
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON, DE 19801	51-0116569	501(C)(3)	8,115.	0.			SUPPORT FOR THE RISE CAMPAIGN, CAPITAL CAMPAIGN AND UNRESTRICTED SUPPORT
GREATER HOCKESSIN AREA DEVELOPMENT ASSOCIATION - P.O. BOX 238 - HOCKESSIN, DE 19707	51-0329078	501(C)(3)	5,304.	0.			HOCKESSIN 4TH OF JULY COMMUNITY EVENT.

Schedule I (Form 990)

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GREATER LEWES FOUNDATION PO BOX 110 LEWES, DE 19958	51-0400365	501(C)(3)	110,250.	0.			SUPPORT FOR LA PLAZA DELAWARE: HIRE SPECIAL EVENTS MANAGER (\$50K) & 2 PART TIME TRAINERS FOR
GREEN BERET PROJECT 140 MAFFITT STREET ELKTON, MD 21921	82-1215032	501(C)(3)	91,840.	0.			EQUIPPING YOUTH FOR SUCCESS, BASIC NEEDS FOR YOUTH IN DOVER, HEALTHY LIFESTYLES, SUPPORT TO
GUMBORO VOLUNTEER FIRE CO 37030 MILLSBORO HWY MILLSBORO, DE 19966	51-0111340	501(C)(3)	250,000.	0.			TO SUPPORT PURCHASE OF AN AMBULANCE
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY - 1920 HUTTON STREET - WILMINGTON, DE 19802	51-0294138	501(C)(3)	107,750.	0.			A BRUSH WITH KINDNESS-HEALTHY HOMES NEW CASTLE COUNTY, LIGHTS-ON WILMINGTON
HARPER'S HEART 112 SOUTH FRENCH STREET WILMINGTON, DE 19801	84-4696978	501(C)(3)	10,000.	0.			GENERAL OPERATING.
HARRINGTON SENIOR CENTER 102 FLORIDAEMING STREET HARRINGTON, DE 19952	51-0106409	501(C)(3)	10,000.	0.			GENERAL OPERATING.
HARRY K FOUNDATION 313 SOUTH BOARDWALK REHOBOTH BEACH, DE 19971	46-2934019	501(C)(3)	39,100.	0.			FOOD SECURITY FOR VULNERABLE CHILDREN IN KENT COUNTY, DESERT OASIS FEEDING PROGRAM AND
HEALTHY FOOD FOR HEALTHY KIDS PO BOX 847 HOCKESSIN, DE 19707	30-0444914	501(C)(3)	47,208.	0.			EDUCATION CULTIVATION SCHOOL VEGETABLE GARDEN PROGRAM, RESTRICTED TO SUPPORT THE SCHOOL GARDEN
HENRY FRANCIS DU PONT WINTERTHUR MUSEUM - 5105 KENNETT PIKE - WINTERTHUR, DE 19735	51-0066038	501(C)(3)	14,869.	0.			FUND TO REPAIR THE QUARRY BRIDGE AND GENERAL OPERATING PURPOSE

Schedule I (Form 990)



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HILLCROFT SERVICES, INC. 501 WEST AIR PARK DRIVE MUNCIE, DE 47303	35-1041919	501(C)(3)	15,800.	0.			TO SUPPORT THE SPRING GOLF TOURNAMENT; NAVIENT COMMUNITY FUND DECLINES ANY GOLF-RELATED BENEFITS
HISPANIC AMERICAN ASSOCIATION OF DELAWARE INC - 92 SOUTH GERALD DRIVE, SUITE A - NEWARK, DE 19713	82-2733159	501(C)(3)	20,000.	0.			SUPPORT FOR AMIGA'S ACTIVASY SALUDABLES CYCLEII FOR SPANISH-SPEAKING STAFF,
HISTORIC CHARLESTON FOUNDATION 40 EAST BAY STREET CHARLESTON, SC 29401	57-6000599	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT.
HISTORICAL SOCIETY OF DELAWARE 505 N. MARKET STREET WILMINGTON, DE 19801	51-0066731	501(C)(3)	9,000.	0.			SUPPORT FOR "OPEN ACCESS" DIGITAL BOOK, "A HISTORY OF THE DELAWARE HISPANIC COMMISSION (DHC)" AT THE
HOPE MEDICAL CLINIC, INC. 1125 FORREST AVENUE, SUITE 202 DOVER, DE 19904	59-3791820	501(C)(3)	30,749.	0.			DENTAL CARE, WOMEN'S CARE, OUTREACH TO HOMELESS & LOW INCOME AND UNRESTRICTED SUPPORT.
HOPEWELL FUND 1828 L ST NW WASHINGTON, DC 20036	47-3681860	501(C)(3)	100,000.	0.			SUPPORT FOR FUTURE NOW ACTION.
HOPPY'S HOPE TO END HUNTINGTON'S DISEASE - 7 MARTIN ROAD - NEWTOWN SQUARE, PA 19073	27-0708797	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
HOUSE OF HOPE, INC. 2484 SE BONITA STREET STUART, FL 34997	59-2422998	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
I AM LEADERSHIP & TECHNICAL ACADEMY - 12 DUNLEARY DR - BEAR, DE 19701	47-4208642	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.

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IMPACT LIFE 115 ARIELLE DR. NEWARK, DE 19702	85-0567590	501(C)(3)	150,000.	0.			IMPACT LIFE RECOVERY CLUB HOUSE
IMPERIAL DYNASTY ARTS PROGRAM 1008 S BROOM ST WILMINGTON, DE 19805	46-2955925	501(C)(3)	10,000.	0.			GENERAL OPERATING.
INDIAN RIVER SCHOOL DISTRICT 31 HOSIER STREET SELBYVILLE, DE 19975	51-6000279	501(C)(3)	11,000.	0.			SUPPORT FOR HOWARD TENNIS SCHOOL.
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	35-1186290	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR THE STUDENT MATINEE PROGRAM AND PRODUCTION SUPPORT.
INDIANA SYMPHONY SOCIETY INC. 32 E. WASHINGTON ST., SUITE 600 INDIANAPOLIS, IN 46060	35-0998627	501(C)(3)	8,500.	0.			TO SUPPORT THE METROPOLITAN YOUTH ORCHESTRA PROGRAM
INNER CITY CULTURAL LEAGUE, INC. 39 S, WEST ST. DOVER, DE 19904	43-2106496	501(C)(3)	14,333.	0.			SANK OF A HEALTH AND WELLNESS PROGRAMAND GENERAL OPERATING.
INTERFAITH COMMUNITY HOUSING OF DELAWARE, INC. - 613 N. WASHINGTON STREET - WILMINGTON, DE 19801	51-0298556	501(C)(3)	20,000.	0.			CAPITAL EXPENSE-NEW WINDOW
INTERNATIONAL LITERACY ASSOCIATION PO BOX 8139 NEWARK, DE 19714	82-4909645	501(C)(3)	102,881.	0.			GENERAL OPERATING SUPPORT
INWARD BOUND MINDFULNESS EDUCATION INC. - P. O. BOX 516 - CONCORD, MA 01742	27-3029390	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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JEFFERSON STREET CENTER 1801 JEFFERSON STREET WILMINGTON, DE 19802	51-0304274	501(C)(3)	36,287.	0.			THE GATHERING PLACE COMMUNITY HUB
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	198,250.	0.			THE SONIA SCHORR SLOAN MATERNAL MENTAL HEALTH PROGRAM, RESTRICTED TO PROVIDE SUPPORT SERVICES
JOSHUA M. FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	20-8592383	501(C)(3)	10,000.	0.			GENERAL OPERATING
JUNIOR ACHIEVEMENT OF DELAWARE, INC. - 522 SOUTH WALNUT STREET - WILMINGTON, DE 19801	51-0078199	501(C)(3)	65,000.	0.			HIGHMARK DELAWARE HEALTHY HABITS & HEALTH CAREERS, RESTRICTED SUPPORT FOR THE IMPLEMENTATION OF JA
JUNIOR ACHIEVEMENT OF GREATER WASHINGTON - 919 18TH ST. NW, SUITE 901 - WASHINGTON, DC 20006	54-0788947	501(C)(3)	7,540.	0.			GENERAL OPERATING SUPPORT
JUNIOR LEAGUE OF WILMINGTON 1801 N. MARKET STREET WILMINGTON, DE 19802	51-6015503	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT AND RESTRICTED TO ANNUAL FUND
JUSST SOOUP MINISTRY, INC. 18483 COOL SPRING RD. MILTON, DE 19968	59-3820809	501(C)(3)	26,736.	0.			GENERAL OPERATING PURPOSE
JUSTIN W JENNINGS FOUNDATION, INC. 29L ATLANTIC AVE, BOX 120 OCEAN VIEW, DE 19970	51-0401803	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
KENNETT LIBRARY P. O. BOX 750 KENNETT SQUARE, PA 19348	23-1547585	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT AND CAPITAL CAMPAIGN

Schedule I (Form 990)

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

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KENT COUNTY - LEVY COURT 555 BAY ROAD DOVER, DE 19901		501(C)(3)	250,000.	0.			NEW KENT COUNTY ECONOMIC DEVELOPMENT LOAN PROGRAM
KENT COUNTY THEATRE GUILD P.O. BOX 783 DOVER, DE 19903	23-7011227	501(C)(3)	10,000.	0.			GENERAL OPERATIONS.
KENT-SUSSEX INDUSTRIES, INC. 301 N REHOBOTH BLVD MILFORD, DE 19963	51-0097856	501(C)(3)	10,036.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD AND UNRESTRICTED SUPPORT
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17710	25-1847902	501(C)(3)	43,112.	0.			TELEHEALTH
KIDS COUNT UNIVERSITY OF DELAWARE, 298 K GRAHA NEWARK, DE 19716	51-6000297	501(C)(3)	15,000.	0.			TIMELINE TUESDAYS WEBINAR SERIES.
KIDS FOR KIDS FOUNDATION 5322 AVENUE N BROOKLYN, NY 11234	45-5617961	501(C)(3)	60,000.	0.			SUPPORT FOR ALL TECH FOR KIDS PROGRAM
KIDS R FIRST PO BOX 3242 RESTON, VA 20195	54-1905551	501(C)(3)	7,500.	0.			RESTRICTED TO SUPPORT THE ANNUAL BACK PACK DRIVE.
KIM AND EVANS FAMILY FOUNDATION INC - 123 VILLAGE DRIVE - SEAFORD, DE 19973	82-3857830	501(C)(3)	10,000.	0.			TIDAL HEALTH NANTICOKE NEEDY FAMILY PRESCRIPTION DRUG FUND
KIMMEL CENTER INC 1500 WALNUT STREET, FLOOR 17 PHILADELPHIA, PA 19102	23-2865855	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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KIND TO KIDS FOUNDATION 100 W. 10TH ST., SUITE 606 WILMINGTON, DE 19801	80-0641000	501(C)(3)	45,500.	0.			SUPPORT TO ENRICH THE LIVES OF CHILDREN IN NEED IN FOSTER CARE WITH EDUCATIONAL PROGRAMS AND
KINGSWOOD COMMUNITY CENTER 2300 BOWERS STREET WILMINGTON, DE 19802	51-0064319	501(C)(3)	15,000.	0.			GENERAL OPERATING.
L. ALLEN RHODENBAUGH, D. MIN., BAYHEALTH FOUNDATION - 640 SOUTH STATE STREET - DOVER, DE 19901	22-2559843	501(C)(3)	13,068.	0.			RESTRICTED TO SUPPORT THE HOSPITAL IN MILFORD AND GRADUATE MEDICAL EDUCATION.
LA ESPERANZA INC. 216 N. RACE STREET GEORGETOWN, DE 19947	31-1606956	501(C)(3)	75,246.	0.			RESOURCE NAVIGATION AND FAMILY COACHING, SUPPORT FOR THE DEVELOPMENT AND PILOT OF A COLLABORATIVE
LA RED HEALTH CENTER 21444 CARMEAN WAY GEORGETOWN, DE 19948	14-1850828	501(C)(3)	15,000.	0.			SUPPORT FOR PRENATAL HEALTH CARE ACCESS AND SERVICES FOR PREGNANT WOMEN.
LATIN AMERICAN COMMUNITY CENTER 403 NORTH VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	114,559.	0.			LACC PLAYGROUND, CONEXIONES, SUPPORT FOR THE BREASTFEEDING PEER COUNSELING PROGRAM, YOUTH
LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW - 1500 K STREET NW, STE 900 - WASHINGTON, DC 20005	52-0799246	501(C)(3)	45,000.	0.			SUPPORT FOR THE BLACK VOICES FOR BLACK JUSTICE FUND AND GENERAL OPERATING SUPPORT
LEADING YOUTH THROUGH EMPOWERMENT 1313 N MARKET STREET, SUITE 110A WILMINGTON, DE 19801	47-1867733	501(C)(3)	55,250.	0.			SUPPORT SALARY FOR THE MANAGER OF MIDDLE SCHOOL PROGRAMMING AND GENERAL OPERATING PURPOSE
LEGAL SERVICES CORPORATION OF DELAWARE, INC. - 100 W. 10TH STREET, SUITE 203 - WILMINGTON, DE 19801	51-0372955	501(C)(3)	22,500.	0.			RESTRICTED SUPPORT FOR 2020-2021 PRO SE INITIATIVE.

Schedule I (Form 990)

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LEUKEMIA & LYMPHOMA SOCIETY 1300 N GRANT AVENUE WILMINGTON, DE 19806	13-5644916	501(C)(3)	52,125.	0.			SUSAN LANG PAY-IT-FORWARD LOCAL PATIENT TRAVEL ASSISTANT PROGRAM AND RESTRICTED TO SUPPORT
LEWES PUBLIC LIBRARY, INC. 111 ADAMS AVENUE LEWES, DE 19958	51-0350650	501(C)(3)	40,000.	0.			SUPPORT FOR JANE GOODALL'S ROOTS & SHOOTS-ESSENTIAL CARE KITS, RESTRICTED TO THE
LEWES SENIOR ACTIVITY CENTER, INC. 32083 JANICE ROAD LEWES, DE 19958	51-0105685	501(C)(3)	45,000.	0.			NEW VAN.
LIGHTHOUSE FOR BROKEN WINGS 179 REHOBOTH AVENUE, #123 REHOBOTH BEACH, DE 19971	47-5152481	501(C)(3)	21,000.	0.			SUPPORTING HEALTH PROJECT AND GENERAL OPERATING SUPPORT
LIMEN HOUSE, INC. P.O. BOX 1306 WILMINGTON, DE 19899	23-7029073	501(C)(3)	41,119.	0.			FINANCIAL ASSISTANCE PROGRAM FOR MENTAL HEALTH COUNSELING AND GENERAL OPERATING PURPOSE
LITERACY DELAWARE INC. P.O. BOX 2083 WILMINGTON, DE 19899	51-0410054	501(C)(3)	40,750.	0.			BUILDING CAPACITY TO REACH ADULTS WITH LOW LITERACY (STATEWIDE), SUPPORT FOR LITERACY
LITTLE SISTERS OF THE POOR 185 SALEM CHURCH ROAD NEWARK, DE 19713	51-0095986	501(C)(3)	27,663.	0.			GENERAL OPERATING PURPOSE
LONGWOOD GARDENS, INC. ATTN: ACCOUNTING DEPARTMENT, P.O. BOX 501 - KENNETT SQUARE, PA 19348	51-0110625	501(C)(3)	5,750.	0.			ATTN: MELISSA CANONI- FOR THE ASSOCIATE LEVEL-INNOVATORS DONATION, SUPPORT FOR
LORIS HANDS 100 DISCOVERY BLVD., 4TH FLORIDAOR NEWARK, DE 19713	45-3984559	501(C)(3)	10,000.	0.			GENERAL OPERATING.

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LOVE-IN-DEED COMMUNITY DEVELOPMENT CORPORATION - PO BOX 8246 - WILMINGTON, DE 19803	46-2576164	501(C)(3)	20,367.	0.			RISE INDEPENDENT LIVING PROGRAM FOR YOUTH AGING-OUT OF FOSTER CARE AND SERVICES FOR 20+
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD REHOBOTH BEACH, DE 19971	25-6114180	501(C)(3)	30,000.	0.			SUPPORT FOR ENGLISH AS A SECOND LANGUAGE PROGRAM, SUPPORT FOR THE ESL PROGRAM TO PROVIDE
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BOULEVARD WILMINGTON, DE 19802	51-0102403	501(C)(3)	5,353.	0.			RESTRICTED TO SUPPORT PROGRAMS OF PROVIDING FOOD, CLOTHING OR SHELTER FOR THE NEEDY IN DELAWARE
LYME DISEASE ASSOCIATION-EASTERN SHORE OF MARYLAND - PO BOX 5360 - SALISBURY, MD 21802	74-3102097	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04102	01-0211530	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION OF PHILADELPHIA, DELAWARE & SUSQUEHANNA VALLEY - 100 W. 10TH ST., SUITE 106 - WILMINGTON, DE	22-2755963	501(C)(3)	34,450.	0.			SPECIFIC INTEREST: FULFILLMENT OF CHILDREN'S WISHES, RESTRICTED SUPPORT FOR SUSSEX COUNTY
MARINE BIOLOGICAL LABORATORY 7 MBL STREET, 2ND FLOOR WOODS HOLE, MA 02543	04-2104690	501(C)(3)	458,000.	0.			INSUPPORT OF THE ROSENTHAL CHAIR AND RESTRICTED TO REPLACE ENGINE IN RV GEMMA.
MARYLAND-DELAWARE-DC PRESS FOUNDATION INC - P.O. BOX 26214 - BALTIMORE, MD 21210	52-2135767	501(C)(3)	5,500.	0.			RESTRICTED FOR THE JOURNALISM INTERN PROGRAM.
MEALS ON WHEELS DELAWARE 100 WEST 10TH ST., SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	21,119.	0.			RESTRICTED TO PROVIDE MEALS FOR HOME BOUND PEOPLE IN DELAWARE AND UNRESTRICTED SUPPORT

Schedule I (Form 990)

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MEET ME AT THE WELL FOUNDATION 1601 MILLTOWN ROAD, SUITE 8 WILMINGTON, DE 19808	47-1968538	501(C)(3)	40,000.	0.			HEALTHCARE ECOSYSTEM PROFESSIONAL PATHWAY HEPP
MID SUSSEX RESCUE SQUAD INC 31738 INDIAN MISSION RD MILLSBORO, DE 19966	23-7293674	501(C)(3)	125,000.	0.			PURCHASE OF NEW AMBULANCE
MIKVA CHALLENGE GRANT FOUNDATION INC - 200 S. MICHIGAN AVENUE, SUITE 1000 - CHICAGO, IL 60604	52-2033353	501(C)(3)	25,000.	0.			MIKVA CHALLENGEPROJECT.
MILFORD HOUSING DEVELOPMENT CORPORATION - 977 E. MASTEN CIRCLE - MILFORD, DE 19963	51-0218904	501(C)(3)	46,500.	0.			MILFORD HOUSING DEVELOPMENT CORPORATION (MHDC)'S HOME REPAIR PROGRAM.
MILFORD LIONS CLUB SERVICE FOUNDATION INC - P. O. BOX 25 - MILFORD, DE 19963	51-0365044	501(C)(3)	7,536.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD.
MILFORD LODGE NO 2316 LOYAL ORDER OF MOOSE - 20142 BEAVER DAM RD. - MILFORD, DE 19963	51-0303521	501(C)(3)	7,536.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD.
MILFORD ROTARY CLUB EDUCATIONAL FOUNDATION - P. O. BOX 10 - MILFORD, DE 19965	52-6896762	501(C)(3)	7,536.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD.
MILFORD SCHOOL DISTRICT 906 LAKEVIEW AVENUE MILFORD, DE 19966	51-6000279	501(C)(3)	5,129.	0.			UNRESTRICTED SUPPORT.
MILFORD VETERANS OF FOREIGN WARS 77 VETERANS DRIVE MILFORD, DE 19965	23-7193708	501(C)(3)	7,536.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD.

Schedule I (Form 990)



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MILLERSVILLE UNIVERSITY OF PENNSYLVANIA - BURSARS OFFICE, P.O.BOX 1002 - MILLERSVILLE, PA 17551	23-2397926	501(C)(3)	300,000.	0.			SUPPORT FOR THE RODDY POND RENOVATION & NATURE CENTER
MILLSBORO FIRE COMPANY, INC. P. O. BOX 83 MILLSBORO, DE 19966	51-0094570	501(C)(3)	250,000.	0.			RESTRICTED SUPPORT FOR THE PURCHASE OF NEW AMBULANCE.
MILLVILLE VOLUNTEER FIRE COMPANY INC - 35554 ATLANTIC AVENUE - MILLVILLE, DE 19967	51-0206209	501(C)(3)	250,000.	0.			FOR PURCHASE OF NEW AMBULANCE
MILTON COMMUNITY FOOD PANTRY P. O. BOX 84 MILTON, DE 19968	47-1340129	501(C)(3)	20,000.	0.			CAPITAL EXPENSE-SEWAGE REPAIR
MISPILLION ART LEAGUE, INC. 5 N. WALNUT ST. MILFORD, DE 19963	77-0637761	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
MOM'S HOUSE, INC. OF DOVER P.O. BOX 1138 DOVER, DE 19903	51-0367119	501(C)(3)	31,500.	0.			CAPITAL EXPENSE-RAMP REPAIRS, UPGRADE WEBSITE TO BETTER SERVE COMMUNITY AND GENERAL OPERATING.
MOUNTAINTOP SDA CHURCH P. O. BOX 533 OAKLAND, MD 21550	52-0643036	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT.
MULTIPLYING GOOD INC. 100 W. 10TH ST., SUITE 215 WILMINGTON, DE 19801	52-0959336	501(C)(3)	10,000.	0.			GENERAL OPERATIONS.
NATIONAL ASSOCIATION OF BLACK JOURNALISTS - 1100 KNIGHT HALL SUITE 3101 - COLLEGE PARK, MD 20742	52-1266959	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR NABJ MONETA SLEET LLL SCHOLARSHIP.

Schedule I (Form 990)

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NATIONAL COALITION OF 100 BLACK WOMEN INC, DELAWARE CHAPTER - 100 WEST 10TH ST. SUITE 1004 - WILMINGTON, DE 19801	51-0378158	501(C)(3)	25,000.	0.			SUPPORT FOR THE 100 BRIDGES MENTORING & STEAM PROGRAM AND GENERAL OPERATING.
NATIONAL COUNCIL ON AGRICULTURAL LIFE AND LABOR RESEARCH FUND INC - 363 SAULSBURY ROAD - DOVER, DE 19904	52-6054476	501(C)(3)	151,670.	0.			CENTRAL DELAWARE THRIVES PHASEII, OPIOID PREVENTION, EDUCATION AND AWARENESS INITIATIVE,
NATIONAL PARK FOUNDATION 1110 VERMONT AVE, NW, SUITE 200 WASHINGTON, DC 20005	52-1086761	501(C)(3)	11,119.	0.			UNRESTRICTED SUPPORT.
NATIONAL WILDLIFE FEDERATION P.O. BOX 1691 MERRIFIELD, VA 22116	53-0204616	501(C)(3)	11,119.	0.			UNRESTRICTED SUPPORT.
NATIVE ROOTS FARM FOUNDATION 295 HANCOCK STREET BROOKLYN, NY 11216	84-4361181	501(C)(3)	39,915.	0.			GENERAL OPERATING SUPPORT
NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC. - 1515 LINDEN STREET - WILMINGTON, DE 19805	22-3884703	501(C)(3)	64,000.	0.			SUPPORT FOR THE STUDENT SERVICES PROGRAM, SUPPORT FOR CONSERVATION STEPHEN K. COONS, 10 WINDWHISPER
NEHEMIAH GATEWAY COMMUNITY DEVELOPMENT CORP. - 201 W. 23RD STREET - WILMINGTON, DE 19802	52-2238147	501(C)(3)	20,000.	0.			GENERAL OPERATIONS.
NEMOURS FOUNDATION SHANDS HOUSE, 1600 ROCKLAND RD WILMINGTON, DE 19803	59-0634433	501(C)(3)	48,568.	0.			NEHEMIAH GATEWAY CDC- TENNIS ROCKS AFTER SCHOOL PROGRAM AND GENERAL OPERATING.
NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN - SHANDS HOUSE, 1600 ROCKLAND RD - WILMINGTON, DE 19804	59-0634433	501(C)(3)	151,535.	0.			RESTRICTED SUPPORT FOR CANCER RESEARCH AND PATIENT CARE, RESTRICTED TO FUND SURGICAL

Schedule I (Form 990)

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NETWORK CONNECT INC. 207 W. HOLLY OAK ROAD WILMINGTON, DE 19809	84-3849362	501(C)(3)	20,000.	0.			ORGANIZATIONAL CAPACITY-BUILDING: STRATEGIC PLAN, PROFESSIONAL DEVELOPMENT,
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD, STE 103 NEWARK, DE 19702	51-0191916	501(C)(3)	11,122.	0.			2022 DISBURSEMENT
NEW GARDEN TOWNSHIP 299 STARR ROAD LANDENBERG, PA 19350	23-6000439	501(C)(3)	30,000.	0.			FUTURE AVIATORS PROGRAM N57
NEWARK COUNTRY CLUB 300 WEST MAIN STREET NEWARK, DE 19711	51-0035715	501(C)(7)	9,729.	0.			UNRESTRICTED SUPPORT.
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	84,754.	0.			RESTRICTED TO MEALS ON WHEELS PROGRAM, RESTRICTED TO SUPPORT MEALS ON WHEELS,
NEWARK UNITED METHODIST CHURCH 69 EAST MAIN STREET NEWARK, DE 19711	51-0070175	501(C)(3)	6,081.	0.			UNRESTRICTED SUPPORT.
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	7,500.	0.			RESTRICTED TO SUPPORT CHILD, SENIOR, AND DISASTER RELIEF PROGRAMS.
NORTHEASTERN VERMONT REGIONAL HOSPITAL INC. - 1315 HOSPITAL DRIVE - ST JOHNSBURY, VT 05819	03-6013761	501(C)(3)	190,000.	0.			ORTHO VISION BLOOD BANK ANALYZER AND RESTRICTED SUPPORT FOR THE PURCHASE OF POCUS EQUIPMENT.
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE, NY 11042	11-2965575	501(C)(3)	5,264.	0.			RESTRICTED FOR FINANCIAL ASSISTANCE FOR PATIENTS OF THE MANHATTAN EYE, EAR, AND THROAT HOSPITAL.

Schedule I (Form 990)

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NUESTRAS RAICES P.O. BOX 25167 WILMINGTON, DE 19899	51-0392205	501(C)(3)	13,175.	0.			DELAWARE KIDS ART NETWORK (EXERCISE INSTRUCTION AND HEALTHY FOOD) AND RESTRICTED: NEW WEBSITE
ONE VILLAGE ALLIANCE PO BOX 363 WILMINGTON, DE 19899	35-2367946	501(C)(3)	65,000.	0.			FREEDOM: URBAN WELLNESS CENTER (CITY OF WILMINGTON), CAPITAL EXPENSE-HEALTH CENTER AND
ORCHARD CHURCH INC. 39 NORTH MAIN STREET MAGNOLIA, DE 19962	51-0240788	501(C)(3)	12,000.	0.			ORCHARD CHURCH SERVICE MINISTRIES.
OWL'S NEST FUND FOR HISTORIC DESIGNATED FACILITIES. - P.O. BOX 3920 - WILMINGTON, DE 19807	45-4445805	501(C)(3)	34,622.	0.			ORCHARD CHURCH SERVICE MINISTRIES AND UNRESTRICTED SUPPORT.
PARTNERS FOR JUSTICE 125 LINCOLN PL BROOKLYN, NY 11217	82-1202125	501(C)(3)	75,000.	0.			TRANSFORMING PUBLIC DEFENSE FOR A HEALTHIER DELAWARE
PATENT QUALITY EDUCATION & TRAINING FOUNDATION - 311 S. WEST STREET - CARY, NC 27511	82-2174233	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
PATHWAYS TO SUCCESS, INC. 31 THE CIRCLE, SUITES A AND B GEORGETOWN, DE 19947	76-0811283	501(C)(3)	18,000.	0.			LEADERSHIP SKILL-BUILDING, TRAINING, AND MENTORSHIP AND GENERAL OPERATING SUPPORT
PEACE BY PIECE INC 4185 KIRKWOOD SAINT GEORGES RD. BEAR, DE 19701	38-4027156	501(C)(3)	50,000.	0.			SHARP, SUPPORTIVE HOUSING ADULT REFUGE PROGRAM
PET-ASSISTED VISITATION VOLUNTEER SERVICES, INC. - PO BOX 9955 - NEWARK, DE 19714	76-0780197	501(C)(3)	13,842.	0.			2022 DISBURSEMENT, SUPPORTED IN MEMORY OF WYLIE AND UNRESTRICTED SUPPORT.

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PHILADELPHIA ARMS TOWNHOMES INC. 18527 PENTECOSTAL STREET ELLENDALE, DE 19941	84-1657301	501(C)(3)	90,055.	0.			FOSTER'S FAITH RESTORATION, STRATEGIC AND REVENUE PLAN, STAFF & BOARD DEVELOPMENT,
PHOENIX MULTISPORT, INC. 2239 CHAMPA STREET DENVER, CO 80205	20-4648043	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR TAMPA BAY CHAPTER (ADDITIONAL GIFT NOTE: WILL SEZNA/BOARD) AND
PILOT SCHOOL, INC. 208 WOODLAWN ROAD WILMINGTON, DE 19803	51-0080692	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
PLANNED PARENTHOOD OF DELAWARE, INC. - 625 N SHIPLEY STREET - WILMINGTON, DE 19801	51-0066725	501(C)(3)	16,203.	0.			RESTRICTED TO SUPPORT REPRODUCTIVE HEALTHCARE FOR ALL WOMEN AND GENERAL OPERATING PURPOSE
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	11,000.	0.			GENERAL OPERATING PURPOSE
POLYTECH ADULT EDUCATION P.O. BOX 102 WOODSIDE, DE 19980	51-6000279	501(C)(3)	26,500.	0.			SUPPORT FOR ESL/FAMILY LITERACY PROGRAM.
PRACTICE WITHOUT PRESSURE PIKE CREEK - 3105 LIMESTONE ROAD, SUITE 210 - WILMINGTON, DE 19808	47-2946954	501(C)(3)	86,725.	0.			EASING ACCESS TO SPECIAL NEEDS DENTAL CARE POST COVID AND UNRESTRICTED SUPPORT
PRESBYTERIAN CHURCH USA 1102 W. CHURCH ROAD NEWARK, DE 19711	23-6393377	501(C)(3)	12,119.	0.			UNRESTRICTED SUPPORT.
PRESTON'S MARCH FOR ENERGY, INC 1208 FAUN ROAD WILMINGTON, DE 19803	45-3613509	501(C)(3)	27,500.	0.			SPECIFIC INTEREST GRANT: PURCHASE BIKES FOR CHILDREN ON THEIR WAITING LIST AND GENERAL

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

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PROJECT NEW START, INC. 3301 GREEN STREET CLAYMONT, DE 19703	47-2300080	501(C)(3)	10,000.	0.			GENERAL OPERATIONS.
PUBLIC ALLIES INC 100 WEST 10TH STREET, SUITE 812 WILMINGTON, DE 19801	52-1759564	501(C)(3)	44,547.	0.			PUBLIC HEALTH APPRENTICESHIPS
PURSUIT FOR PEACE, INC 12322 WILLOW GROVE RD CAMDEN, DE 19934	83-0800590	501(C)(3)	10,000.	0.			GENERAL OPERATING.
REACH RIVERSIDE DEVELOPMENT CORPORATION - 2300 BOWERS ST - WILMINGTON, DE 19802	82-1401986	501(C)(3)	55,000.	0.			RIVERSIDE FLOOD RELIEF AND GENERAL OPERATING.
READ ALOUD DELAWARE 100 WEST 10TH STREET, STE 309 WILMINGTON, DE 19801	51-0280486	501(C)(3)	17,006.	0.			2022 DISBURSEMENT AND UNRESTRICTED SUPPORT.
READING ASSIST INSTITUTE 100 W. 10TH ST., SUITE 910 WILMINGTON, DE 19801	51-0317415	501(C)(3)	11,622.	0.			2022 DISBURSEMENT AND UNRESTRICTED SUPPORT.
READING IS FUNDAMENTAL, INC 750 FIRST STREET, NE, STE 920 WASHINGTON, DC 20002	52-0976257	501(C)(3)	38,030.	0.			RESTRICTED TO SUPPORT SIX RIF PROGRAMS IN FOUR NAVIENT COMMUNITIES.
REEL FAMILIES FOR CHANGE P.O. BOX 61 DOVER, DE 19903	85-2823053	501(C)(3)	20,000.	0.			ENTREPRENEUR DEVELOPMENT FOR CREATIVE ECONOMY
REHOBOTH ART LEAGUE, INC. 12 DODDS LANE REHOBOTH BEACH, DE 19971	51-0097839	501(C)(3)	52,497.	0.			SUPPORT FOR ARTS OUTREACH PROGRAM AT LA CASITA AFTER SCHOOL IN GEORGETOWN AND

Schedule I (Form 990)

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REHOBOTH BEACH VOLUNTEER FIRE CO INC - PO BOX 327 - REHOBOTH BEACH, DE 19971	23-7004483	501(C)(3)	250,000.	0.			PURCHASE OF NEW AMBULANCE
RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS, TN 38112	62-0476301	501(C)(3)	123,000.	0.			TO PROVIDE TUITION SUPPORT FOR A STUDENT IN THE SES PROGRAM AND FOR BIOLOGY FACULTY TO TAKE
RODNEY STREET TENNIS & TUTORING ASSOCIATION - 101 GARDEN OF EDEN ROAD, STE 102 - WILMINGTON, DE 19803	01-0652445	501(C)(3)	50,305.	0.			SUPPORT FOR ON THE RISE TENNIS EXPOSURE, GENERAL OPERATING_AAEFD BALANCE AND UNRESTRICTED SUPPORT
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803	51-0295320	501(C)(3)	62,900.	0.			HOUSING & SUPPORT SERVICES FOR LOW TO MODERATE INCOME KENT COUNTY FAMILIES, HOUSING
SACRED HEART HOUSING, INC. 115 E. 14TH ST. WILMINGTON, DE 19801	51-0384441	501(C)(3)	500,000.	0.			VILLA MARIA, A COMMUNITY OF AFFORDABLE HOUSING FOR SENIORS
SALESIANUM SCHOOL 1801 N. BROOM STREET WILMINGTON, DE 19802	51-0066743	501(C)(3)	7,974.	0.			RESTRICTED SUPPORT FOR STUDENT SCHOLARSHIPS, CAPITAL CAMPAIGN AND UNRESTRICTED SUPPORT
SALVATION ARMY 400 N ORANGE ST, PO BOX 308 WILMINGTON, DE 19899	13-5562351	501(C)(3)	93,026.	0.			RESTRICTED TO SUPPORT RED KETTLE PROGRAM, 2022 DISBURSEMENT, RESTRICTED TO SUPPORT WORK IN
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	13,000.	0.			RESTRICTED SUPPORT FOR THE RELIEF TO VICTIMS OF FLOODING IN GERMANY & OTHER EUROPEAN COUNTRIES
SEAFORD DISTRICT LIBRARY 600 N. MARKET STREET SEAFORD, DE 19973	51-0101879	501(C)(3)	81,427.	0.			RESTRICTED TO SUPPORT CHILDREN'S BOOKS, LEARNING MATERIALS AND ACTIVITIES, RESTRICTED TO

Schedule I (Form 990)

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SEAFORD VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 87 - SEAFORD, DE 19973	51-6016551	501(C)(3)	250,000.	0.			RESTRICTED FOR THE PURCHASE OF AMBULANCE.
SEAN LOCKE 24 FOUNDATION 100 DEAN DRIVE NEWARK, DE 19711	83-3231148	501(C)(3)	6,024.	0.			SL24 MEMORIAL BASKETBALL CLASSIC
SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT MEALS FOR THOSE IN NEED AND THE CULINARY JOB TRAINING PROGRAM.
SELBYVILLE VOLUNTEER FIRE DEPARTMENT - PO BOX 88 - SELBYVILLE, DE 19975	51-0124041	501(C)(3)	250,000.	0.			RESTRICTED SUPPORT FOR THE PURCHASE OF NEW AMBULANCE.
SERVIAM GIRLS ACADEMY, INC. 14 HALCYON DRIVE NEW CASTLE, DE 19720	26-0792594	501(C)(3)	45,160.	0.			SUPPORT FOR EDUCATING AND EMPOWERING YOUNG MINORITY WOMEN, PROJECT RESTORATION, RESTRICTED
SHANE T. COLBY FOUNDATION 38 ARIZONA STATE DRIVE NEWARK, DE 19713	61-2026876	501(C)(3)	6,249.	0.			UNRESTRICTED SUPPORT.
SIEGEL JEWISH COMMUNITY CENTER 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803	51-0075823	501(C)(3)	10,000.	0.			SCHOLARSHIPS FOR FAMILIES.
SOJOURNERS PLACE 2901 NORTHEAST BOULEVARD WILMINGTON, DE 19802	51-0324770	501(C)(3)	25,500.	0.			UNRESTRICTED SUPPORT.
SOUTHBRIDGE COMMUNITY DEVELOPMENT CORPORATION - 425 BRADFORD ST - WILMINGTON, DE 19801	51-0419197	501(C)(3)	100,000.	0.			STAFFING OF THE SOUTH BRIDGE CDC AND IMPLEMENTATION OF SOUTHBRIDGE NEIGHBORHOOD

Schedule I (Form 990)



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SOUTHEAST RURAL COMMUNITY ASSISTANCE PROJECT - 347 CAMPBELL AVE S.W. - ROANOKE, VA 24016	54-1055050	501(C)(3)	55,000.	0.			NEW HOPE NEIGHBORHOOD HOUSING REHABILITATION
SOUTHERN DELAWARE THERAPEUTIC AND RECREATIONAL HORSEBACK RIDING, INC. - P.O. BOX 219 - NASSAU, DE 19969	52-2047294	501(C)(3)	12,523.	0.			GENERAL OPERATING SUPPORT
SPUR IMPACT ASSOCIATION P. O. BOX 25208 WILMINGTON, DE 19899	82-3990289	501(C)(3)	30,000.	0.			DELAWARE GIVES-TO EXPAND CURRENT STAFF'S CAPACITY AROUND THE INITIATIVE, DOMORE24
ST ANDREWS SCHOOL OF DELAWARE INC 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	5,250.	0.			RESTRICTED SUPPORT FOR ART EDUCATION AND GENERAL OPERATING PURPOSE
ST. ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	53-0196617	501(C)(3)	18,773.	0.			RESTRICTED FUNDING FOR THE ELEMENTARY SCHOOL THEATER PROGRAM, RESTRICTED SUPPORT FOR
ST. FRANCIS HEALTHCARE PO BOX 2500, 7TH AND CLAYTON STS. WILMINGTON, DE 19805	51-0064326	501(C)(3)	150,000.	0.			EXPANDING MOBILE COMMUNITY HEALTHCARE AND BACKPACK WEEKEND MEAL PROGRAM
ST. JOHN THE BELOVED SCHOOL 905 MILLTOWN ROAD WILMINGTON, DE 19808	51-0096097	501(C)(3)	5,471.	0.			RESTRICTED FOR PURCHASING GUITAR BUNDLES FOR THE GENERAL MUSIC PROGRAM AND RESTRICTED SUPPORT FOR
ST. JOHN'S EPISCOPAL CHURCH 1419 PINE STREET BOULDELAWARER, CO 80302	84-0515197	501(C)(3)	7,000.	0.			UNRESTRICTED SUPPORT.
ST. JOHN'S UNITED METHODIST CHURCH 300 N PINE STREET SEAFORD, DE 19973	23-7259492	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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ST. MICHAEL'S SCHOOL & NURSERY, INC. - 700 NORTH WALNUT STREET - WILMINGTON, DE 19801	51-0066741	501(C)(3)	71,000.	0.			RESTRICTED TO PROVIDE NURTURE AND CARE FOR PRESCHOOL CHILDREN IN WILMINGTON, DELAWARE,
STEHM, INC. PO BOX 2617 WILMINGTON, DE 19805	51-0309114	501(C)(3)	8,100.	0.			SUPPORT FOR THE FINANCIAL INDEPENDENCE PROGRAM AND GENERAL OPERATING.
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	6,500.	0.			GENERAL OPERATING PURPOSE
STEPS FOR HOPE, INC. 100 PARK AVENUE SEAFORD, DE 19973	83-3433366	501(C)(3)	17,900.	0.			SECURITY CAMERAS AND GENERAL OPERATING PURPOSE
STOP SOLDIER SUICIDE P. O. BOX 110605 DURHAM, NC 27709	27-3512119	501(C)(3)	150,500.	0.			DISRUPT MILITARY SUICIDE DELAWARE AND UNRESTRICTED SUPPORT
STRIVE: HOW YOU LEAD MATTERS 1121 THATCHER STREET, SUITE C WILMINGTON, DE 19802	04-3839260	501(C)(3)	10,000.	0.			GENERAL OPERATIONS.
STUDIO GROUP INCORPORATED 1305 NORTH FRANKLIN STREET WILMINGTON, DE 19806	51-6015694	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
SUNDAY BREAKFAST MISSION 110 N. POPLAR STREET WILMINGTON, DE 19801	51-0073080	501(C)(3)	87,532.	0.			RESTRICTED TO SUPPORT THE BACK-TO-SCHOOL RALLY AND CHILDREN'S UNIFORMS AND GENERAL OPERATING PURPOSE
SUPPORTING KIDDS INC. P.O. BOX 1004 HOCKESSIN, DE 19707	61-1961292	501(C)(3)	60,420.	0.			INDIVIDUAL COUNSELING AND GRIEF SUPPORT, FORWARDED GIFT FROM JAMES SUMMERS AND GENERAL OPERATING.

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SURVIVORS OF ABUSE IN RECOVERY (SOAR) - 405 FOULK ROAD - WILMINGTON, DE 19803	51-0345109	501(C)(3)	5,167.	0.			FUNDING FOR PART-TIME INTAKE SPECIALISTS (NCCYPB) AND FUNDING FOR PART-TIME PRACTICE
SUSSEX COUNTY HABITAT FOR HUMANITY P.O. BOX 759 GEORGETOWN, DE 19948	51-0334057	501(C)(3)	85,750.	0.			UNRESTRICTED SUPPORT. ATTENTION: KEVIN GILMORE, HABITAT FOR HUMANITY STATEWIDE HEALTHY HOMES
SUSSEX LAND FOUNDATION INC. P. O. BOX 372 LEWES, DE 19958	04-3611220	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SUSSEX MONTESSORI SCHOOL, INC. P.O. BOX 1686 SEAFORD, DE 19973	82-2404164	501(C)(3)	124,000.	0.			GROWING MINDS; GROWING BODIES AND CAPITAL CAMPAIGN
SUSTAINABLE ENERGY UTILITY INC 500 W LOCKERMAN STREET, STE 400 DOVER, DE 19904	26-3963904	501(C)(3)	2,220,928.	0.			SUPPORT OF ENERGY EFFICIENCY PROJECTS IN THE DELMARVA POWER SERVICE TERRITORY, THE
TEACH FOR AMERICA, INC. 1200 N. FRENCH STREET, SUITE 726 WILMINGTON, DE 19801	13-3541913	501(C)(3)	20,000.	0.			GENERAL OPERATING.
TEEN WAREHOUSE 400 N. ORANGE STREET WILMINGTON, DE 19899	82-3855379	501(C)(3)	369,550.	0.			OUT OF SCHOOL YOUTH CLINICAL MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM AND UNRESTRICTED
TEENSHARP, INC. 1200 N. FRENCH ST. WILMINGTON, DE 19801	27-2246880	501(C)(3)	30,000.	0.			RESTRICTED TO SUPPORT CYBER SPARK PROGRAM AND GENERAL OPERATIONS.
TETHER FOUNDATION 112 E QUAIL TRAIL LEWES, DE 19958	84-3603778	501(C)(3)	23,000.	0.			CAMP ABILITIES DELAWARE

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THE BENEDICTINE SCHOOL FOR EXCEPTIONAL CHILDREN INC. - ST. GERTRUDE MONASTERY, 25 GENDER ROAD - NEWARK, DE 19713	52-0787237	501(C)(3)	19,740.	0.			UNRESTRICTED SUPPORT.
THE CHOIR SCHOOL OF DELAWARE 2013 NORTH MARKET STREET WILMINGTON, DE 19802	20-5486245	501(C)(3)	93,423.	0.			SUPPORT FOR THE NEW A CANTOR! LET'S SING PROGRAM AND PARTIAL SUPPORT THE SALARY OF
THE DELAWARE CHILDRENS MUSEUM INC 550 JUSTISON STREET WILMINGTON, DE 19801	51-0305812	501(C)(3)	13,500.	0.			RESTRICTED TO SUPPORT BREAKING BARRIERS PROGRAM AND GENERAL OPERATING.
THE DELAWARE CONTEMPORARY 200 SOUTH MADISON STREET WILMINGTON, DE 19801	51-0242942	501(C)(3)	13,500.	0.			A SUMMER OF PLAY PROGRAM AND UNRESTRICTED SUPPORT
THE ISLAMIC SOCIETY OF DELAWARE 28 SALEM CHURCH ROAD NEWARK, DE 19713	51-0202776	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT OF 60% TO ISD MOSQUE EXPENSES AND 40% TO ISLAMIC ACADEMY SCHOLARSHIPS.
THE MINISTRY OF CARING INC 115 E. 14TH STREET WILMINGTON, DE 19801	51-0209843	501(C)(3)	63,594.	0.			CERTIFIED NURSING ASSISTANT TRAINING PROGRAM AND GENERAL OPERATING PURPOSE
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET EXT WILMINGTON, DE 19802	51-0066934	501(C)(3)	80,063.	0.			CAPITAL EXPENSE-ROOF IMPROVEMENT AND GENERAL OPERATING SUPPORT
THE NATURE CONSERVANCY PENNSYLVANIA/DELAWARE - 2101 NORTH FRONT STREET, BUILDING #1, SUITE 200 - HARRISBURG, PA 17110	53-0242652	501(C)(3)	10,000.	0.			SUPPORT TO THE NATURE CONSERVANCY DELAWARE.
THE SPRINGBOARD COLLABORATIVE, INC. - 135 SECOND ST - LEWIS, DE 19958	85-3335151	501(C)(3)	125,000.	0.			GEORGETOWN PALLET SHELTER VILLAGE

Schedule I (Form 990)

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THE TEACH A PERSON TO FISH 18545 MUNCHY BRANCH RD REHOBOTH BEACH, DE 19971	85-4206465	501(C)(3)	10,000.	0.			GENERAL OPERATING.
THE WAY HOME, INC. PO BOX 1103 GEORGETOWN, DE 19947	13-4264074	501(C)(3)	25,000.	0.			PROJECT HONOR-HELPING OTHERS NAVIGATE OPPORTUNITIES AND RESOURCES (SUSSEX
TIDALHEALTH NANTICOKE 100 E. CARROLL ST. SALISBURY, DE 21801	52-1851935	501(C)(3)	35,391.	0.			COVID-19 RESPONSE-RESTRICTED TO EFFORTS IN SEAFORD, DELAWARE
TOMARO'S CHANGE 3301 GREEN STREET, SUITE 235 CLAYMONT, DE 19703	27-1037171	501(C)(3)	37,500.	0.			THE YES PROGRAM
TOWER HILL SCHOOL 2813 WEST 17TH STREET WILMINGTON, DE 19806	51-0065745	501(C)(3)	69,676.	0.			GENERAL OPERATING PURPOSE
TRI-STATE BIRD RESCUE & RESEARCH, INC. - 170 POSSUM HOLLOW ROAD - NEWARK, DE 19711	51-0265807	501(C)(3)	109,504.	0.			CARE FOR INJURED OR ORPHANED BABY BIRDS, ENDOWMENT AND GENERAL OPERATING SUPPORT
TRUE ACCESS CAPITAL 100 WEST 10TH STREET, SUITE 300 WILMINGTON, DE 19801	51-0345258	501(C)(3)	46,500.	0.			RESTRICTED SUPPORT FOR THE EMPOWERMENT FUND AND TRANSITION TO DIGITAL/CLOUD-BASED LOAN
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	15,000.	0.			SUPPORT FOR THE THE UBUNTU COMMUNITY DOULA PROJECT FOOD PANTRY.
UNITED WAY OF DELAWARE 625 NORTH ORANGE STREET WILMINGTON, DE 19801	51-0073399	501(C)(3)	709,797.	0.			RESTRICTED TO DEPOSIT INTO SCHC OPERATING FUND, SUSSEX CHILD HEALTH PROMOTION COALITION

Schedule I (Form 990)

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UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 WEST STATE STREET - KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	18,100.	0.			GENERAL OPERATING PURPOSE
UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES BARRE, PA 18701	24-0831490	501(C)(3)	22,000.	0.			\$16,000 FOR GENERAL SUPPORT; \$6,000 FOR JUMP START PROGRAM AT LUZERNE COUNTY HEAD START
UNIVERSITY OF DELAWARE 104 HULLIHEN HALL, 162 THE GREEN NEWARK, DE 19716	51-6000297	501(C)(3)	555,169.	0.			RESTRICTED FOR THE SUPPORT OF DR. MATT OLIVERS PROGRAMS AND STUDENTS AT CEOE COLLEGE
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVENUE EVANSVILLE, IN 47722	35-0868074	501(C)(3)	250,000.	0.			IN SUPPORT OF BIOLOGY DEPARTMENT PROGRAMS.
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE ROAD KINGSTON, RI 02881	05-6014351	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR KENELM W. COONS MARINE AFFAIRS SCHOLARSHIP.
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR STE 150 AUSTIN, TX 78759	74-1587488	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR THE HUNTINGTON'S DISEASE RESEARCH.
UPSTREAM ALLIANCE INC 1867 LINDAMOOD DRIVE ANNAPOLIS, MD 21401	47-3035594	501(C)(3)	20,000.	0.			RESTRICTED TO SUPPORT ENVIRONMENTAL EDUCATION AND IS BEING MADE ON BEHALF OF STEPHEN K.
URSULINE ACADEMY OF WILMINGTON DELAWARE INC - 1106 PENNSYLVANIA AVENUE - WILMINGTON, DE 19806	51-0167117	501(C)(3)	7,000.	0.			RESTRICTED SUPPORT FOR THE CHOIR'S TRIP TO ITALY IN 2022, RESTRICTED SUPPORT FOR STUDENT
VANDERBILT UNIVERSITY PMB 407727, 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	30,000.	0.			RESTRICTED TO SUPPORT THE DEEG SEZNA SCHOLARSHIP AND RESTRICTED TO SUPPORT KEITH MUMFORD MEMORIAL

Schedule I (Form 990)

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VILLAGE EDUCATION TUTORS FOUNDATION - 1201 NORTH ORANGE STREET, SUITE 7004 - WILMINGTON, DE 19801	85-2934458	501(C)(3)	152,500.	0.			RESTRICTED TO SUPPORT VETF'S TUTORING PROGRAM IN DELAWARE AND ARTS PROGRAMMING AND TUTORING
VISION TO LEARN 100 W. 10TH ST., SUITE 106 WILMINGTON, DE 19801	45-3457853	501(C)(3)	50,250.	0.			FREE EYE EXAMS AND GLASSES FOR CHILDREN IN UNDERSERVED COMMUNITIES OF DELAWARE AND GENERAL
VOICE OF JUDAH ISRAEL PO BOX 8886 FORT WAYNE, IN 46898	46-0888643	501(C)(3)	6,500.	0.			SUPPORT IDEA BEDS TO SUPPLY UKRAINIAN REFUGEES AND GENERAL OPERATING PURPOSE
WAGGIES BY MAGGIE & FRIENDS PO BOX 7933 WILMINGTON, DE 19803	33-1189031	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSE
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	30,000.	0.			RESTRICTED SUPPORT FOR LLSA SCHOLARSHIP AT WAKE FOREST LAW SCHOOL AND SUPPORT FOR WAKE FOREST
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	15,000.	0.			TO SUPPORT THE WORK AND RESEARCH OF DR. JOSEPH PRUD'HOMME
WEST END NEIGHBORHOOD HOUSE INC. 710 N. LINCOLN STREET WILMINGTON, DE 19805	51-0064301	501(C)(3)	126,486.	0.			SUPPORT FOR LAUNCHER ENTREPRENEURSHIP PROGRAM, 2022 DISBURSEMENT, BRIGHT SPOT FARMS AND GENERAL
WEST SIDE NEW BEGINNINGS 19801 NORWOOD STREET REHOBOTH BEACH, DE 19971	51-0350410	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON, DE 19806	51-0066745	501(C)(3)	12,423.	0.			UNRESTRICTED: \$2,000, CAPITAL CAMPAIGN: \$3,000, CHRISTMAS EVE OFFERING: \$100 AND CHRISTMAS BOX:

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHYY INC 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	16,516.	0.			SUPPORT FOR PUBLIC BROADCASTING AND GENERAL OPERATING SUPPORT
WILMINGTON CHILDREN'S CHORUS, INC. 800 N. FRENCH STREET, 9TH FLOOR WILMINGTON, DE 19801	84-4741937	501(C)(3)	15,250.	0.			GENERAL OPERATING PURPOSE
WILMINGTON HEAD START 100 W. 10TH ST., SUITE 1016 WILMINGTON, DE 19801	51-0276298	501(C)(3)	11,122.	0.			2022 DISBURSEMENT
WILMINGTON LIBRARY P.O. BOX 2303 WILMINGTON, DE 19899	51-0064340	501(C)(3)	137,345.	0.			CAPITAL EXPENSE-BUILDING EXPANSION AND 2022 DISBURSEMENT
WILMINGTON SENIOR CENTER, INC. 1901 MARKET STREET WILMINGTON, DE 19802	51-0078398	501(C)(3)	30,000.	0.			UNRESTRICTED SUPPORT.
WOMEN AND CHILDREN TRANSFORMATION MINISTRY INTERNATIONAL, INC - 1028 LAFFERTY LANE - DOVER, DE 19901	27-0656519	501(C)(3)	10,000.	0.			GENERAL OPERATING.
WOODLAWN LIBRARY 2020 W. 9TH STREET WILMINGTON, DE 19805	51-6000160	501(C)(3)	6,654.	0.			UNRESTRICTED SUPPORT.
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	16,500.	0.			SUPPORT FOR UKRAINE AND GENERAL OPERATING SUPPORT
YEAR UP, INC. 45 MILK STREET, 2ND FLOOR BOSTON, MA 02109	04-3534407	501(C)(3)	51,000.	0.			SUPPORTING STUDENTS THROUGH HEALTH AND WELLNESS SERVICES AND GENERAL OPERATING PURPOSE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100 WILMINGTON, DE 19801	51-0065748	501(C)(3)	30,000.	0.			RESTRICTED TO SUPPORT BLACK ACHIEVERS PROGRAM AND ITS 2022 COLLEGE TOUR AND UNRESTRICTED SUPPORT.
YOUTH MENTORING INITIATIVE PO BOX 743 FISHERS, IN 46038	26-2543447	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT GROWTH OF THE MENTOR PROGRAMS AT MIDDLE AND HIGH SCHOOLS.
YWCA DELAWARE 100 W. 10TH STREET, SUITE 515 WILMINGTON, DE 19801	51-0064344	501(C)(3)	67,681.	0.			CARE TEAM COORDINATOR & WELLNESS COACH, SURVIVORS' EMERGENCY NEEDS FUND, RESTRICTED TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	194	478,866.	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: ACTS MISSION & PUMH FOUNDATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE UNRESTRICTED FUND OF  
COKESBURY VILLAGE, RESTRICTED SUPPORT FOR PENINSULA UNITED METHODIST HOME  
AND UNRESTRICETD SUPPORT.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT INDIANA ACS PROGRAMS AND SERVICES, RESTRICTED SUPPORT FOR MAKING STRIDES AGAINST BREAST CANCER OF BUFFALO, ROAD TO RECOVERY IN DELAWARE: TRANSPORTATION TO TREATMENT, RESTRICTED TO SUPPORT DIVERSITY IN CANCER RESEARCH INTERNSHIP PROGRAM AND UNRESTRICETD SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DELAWARE HYPERTENSION CONTROL NETWORK PROGRAM, RUPPORT FOR STEM OUTREACHIN DELAWARE AND GENERAL OPERATING PURPOSE FOR DELAWARE.

NAME OF ORGANIZATION OR GOVERNMENT: BAYHEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR RESIDENCY/GME PROGRAMS AT BAYHEALTH DOVER/MILFORD, SUPPORT COVID-19 RESPONSE AND PASTORAL EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: BEEBE MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE PALLIATIVE CARE PROGRAM AT BEEBE, COVID-19 RESPONSE, PEER COACH PROGRAM, 1916 GIVING SOCIETY AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: VISION, VOICE, AND CHOICE-COMMUNITY BASED BEHAVIORAL HEALTH PROGRAM, 2022 DISBURSEMENT, RESTRICTED TO SUPPORT DAGSBORO LOCATION, SUPPORT TO ALLOW EXPANSION OF GIRLS ON THE RUN (GOTR) PROGRAM. RESTRICTED TO SUPPORT WESTERN SUSSEX BOYS & GIRLS CLUB IN

**Part IV** Supplemental Information

SEAFORD, DE, TO SUPPORT THE COLLEGE AWARENESS PROGRAM (CAP) RESOURCE CENTERS. TO SUPPORT THE YOUTH OF THE YEAR PROGRAM, SUMMER CAMP SUPPORT. RESTRICTED TO SUPPORT REHOBOTH LOCATION. TO SUPPORT ACTIVITES AT THE MILFORD LOCATION. RESTRICTED SUPPORT FOR STAFFING THE 2022 SUMMER FUN CLUB & TEEN CAMP. RESTRICTED SUPPORT FOR GEORGETOWN LOCATION AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CAB CALLOWAY SCHOOL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR PROVIDING SCHOLARSHIPS FOR CAB CALLOWAY STUDENTS TO PARTICIPATE IN ADDITIONAL ARTS EDUCATION PROGRAMS AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS PREVENTION SERVICE, CAPITAL EXPENSE-SECURITY SYSTEM AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL BAPTIST COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: URBAN ACRES HOME DELIVERY ONLINE MARKET WITH EDUCATION PARTNERSHIPS AND ACCELERATING EASTSIDE AFFORDABLE HOUSING DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

CHESTER COUNTY COMMUNITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ALLOCATION: \$5,000 TO FRIENDS OF ANSON NIXON PARK END. FUND, \$5,000 TO UNITED WAY OF SOUTHERN COUNTY END. FUND, \$17,500 TO CCCF MADELYN WING ADLER/EVA VERPLANCK END. FUND AND IN MEMORY OF LAWRENCE SIMMONS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIANA CARE HEALTH SYSTEMS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR INFLAMMATORY BREAST CANCER PATIENTS AT HELEN GRAHAM CANCER CENTER, COVID-19 RESPONSE, GENE EDITING INSTITUTE OUTREACH AND EDUCATION PROGRAM, RESTRICTED SUPPORT TO THE CARDIOLOGY DEPARTMENT, RESTRICTED SUPPORT TO THE FRIENDS OF HELEN F GRAHAM CANCER CENTER, CAPITAL CAMPAIGN TO SUPPORT THE NEW WOMEN'S AND CHILDREN'S HEALTH CENTER, SUPPORT FOR THE ANNUAL FUND AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTINA CULTURAL ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT FROM DONALD AND ETHEL PARSONS, SPECIFIC INTEREST ART PROGRAMMING AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CITYFEST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE WILMINGTON FIRE CO. 100TH ANNIVERSARY AND CAPITAL EXPENSE-AMPHITHEATER

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY LEGAL AID SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR HIRING OF A FELLOW (ATTORNEY) TO PROVIDE LEGAL SERVICES CONSISTENT WITH CLASI'S MISSION, TO SUPPORT HIRING OF A FELLOW (ATTORNEY) TO PROVIDE LEGAL SERVICES CONSISTENT WITH CLASI'S MISSION, DELAWARE SOCIAL AND CIVIL JUSTICE CENTER (STATEWIDE), ARSHT FELLOWSHIP, RESTRICTED TO SUPPORT COMBINED CAMPAIGN FOR JUSTICE AND GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTING GENERATIONS

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE CREATIVE MENTORING PROGRAM, SOCIAL & EMOTIONAL LEARNING FOR CHILDREN IN FOSTER CARE AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: DE DIVISION OF PARKS & RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, PORCH REPAIRS (\$20K), SECURITY UPGRADES (\$6,815) AND ASBESTOS WITH HARVARD (\$1,457.75), MANSION PORCH REPAIRS AND CARRIAGE HOUSE RAFTER REPLACEMENT, FLINT WOODS HOUSE KITCHEN REPAIRS, ADVANCED PAVING (\$9,600.00) FOR REPAIR OF WALKING PATH AND ALL AMERICAN ROOFING REPLACE 4 SKYLIGHTS, RESTRICTED FOR AN ELECTRONIC REPLACEMENT GATE AT THE MANSION, SUPPORT FOR MASONRY REPAIRS TO THE MT. PLEASANT MEETING HOUSE AND CEMETERY, 2022 SCHOLARSHIPS AND REECH, WATER LEAK REPAIR, NEW GUTTERS FOR 17 TWADDELL MILL ROAD HOUSE, RESTRICTED FOR 50 CONSERVATION EASEMENT BOUNDARY SIGNS, FLAGS FOR FOX POINT STATE PARK, EASEMENT WORK PERFORMED BY VENDOR AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR HEALING THROUGH THE ARTS (HTA), HEALING THROUGH THE ARTS PROGRAM, FAMILY SUNDAY PROGRAMMING AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE BREAST CANCER COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: BILINGUAL OUTREACH AND SCREENING NAVIGATION, RESTRICTED TO SUPPORT MONSTER MILE FOR A CURE AND UNRESTRICTED SUPPORT.

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

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING SOCIAL EMOTIONAL LEARNING IN DCS SCHOLARS AND THEIR FAMILIES, DELAWARE COLLEGE SCHOLARS PROGRAM AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE HOSPICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT AT THE SUSSEX COUNTY OFFICE & DELAWARE HOSPICE CENTER, TO SUPPORT OPERATIONS AT THE MILFORD LOCATION, RESTRICTED FOR WORK IN SUSSEX COUNTY AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE NATURE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE NHN PROGRAM WITH SERVIAM GIRLS ACADEMY, SUPPORT TO THE DUPONT ENVIRONMENTAL CENTER AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WORDS ARE A CREATIVE FORCE ENDOWED SCHOLARSHIP, RESTRICTED SUPPORT FOR CLAUDE E. PHILLIPS HERBARIUM AND RESTRICTED: SUPPORTING BIOSCIENCE RESEARCH FELLOWSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE WORDS AREA CREATIVE FORCE SCHOLARSHIP FUND, SUPPORT FOR THE "WORDS ARE A CREATIVE FORCE" ENDOWMENT SCHOLARSHIP FUND HONORING R. LETHA ALLEN, TO SUPPORT DSU DOWNTOWN (FORMERLY WESLEY COLLEGE) AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGHMARK HEALTHCARE CENTER FOR EXCELLENCE NAMING OPPORTUNITY (TERRY CAMPUS, DOVER), RESTRICTED TO SUPPORT COLLEGE'S CERTIFIED DIALYSIS TECHNICIAN PROGRAM, INCLUDING PROGRAM EXPENSES, SUPPORT FOR RECRUIT, REDESIGN, AND RETAIN FOR ESL PROGRAMMING AT DTCC, RESTRICTED: SUPPORTING BIOSCIENCE RESEARCH FELLOWSHIPS, ENTREPRENEURSHIP PROGRAM AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE WILD LANDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR NEW FURNITURE FOR THE NEW OFFICE, SUPPORT IN MEMORY OF GENE BAYARD AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DELMARVA COMMUNITY WELLNET FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO PARTIALLY COVER 2023 OPERATING EXPENSES AND TO PROVIDE HANDS-ON, IN-SCHOOL GARDENING INSTRUCTION IN THE SCHOOL GARDENS.

NAME OF ORGANIZATION OR GOVERNMENT: DELMARVA TEEN CHALLENGE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION ASSISTANCE FOR THE MEN'S AND WOMEN'S PROGRAMS, SEAFORD MEN'S CAMPUS TRANSITION HOME AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME ASSOCIATION OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE BILINGUAL EDUCATION AND OUTREACH PROGRAM, EDUCATIONAL RESOURCES FOR PARENTS AND TEACHERS AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: EDGE FOR TOMORROW, LLC



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THERAPIST FOR EDGE STUDENTS EXPERIENCING TRAUMA, CAPITAL EXPENSE-MOLD REMEDIATION, CAPACITY-BUILDING: STRATEGIC PLAN, BOARD DIVERSIFICATION, STUDENT MENTORING PROGRAM, EDGE AFTER-SCHOOL PROGRAMSUPPORTAND GENERALOPERATING.

NAME OF ORGANIZATION OR GOVERNMENT: EXCEPTIONAL CARE OF CHILDREN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL EXPENSE-NEW KITCHEN EQUIPMENT, NUTRITION AND DIETIC PROGRAM AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: FAITHFUL FRIENDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE HOPE CENTER, A CRISIS PREVENTION PROGRAM KEEPING FAMILIES AND PETS TOGETHER AND UNRESTRICTED SUPPORT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKFORCE DEVELOPMENT: BUILDING THE PIPELINE OF BILINGUAL, CULTURALLY RESPONSIVE BEHAVIORAL HEALTH PROGRAM, SUPPORT FOR STRENGTHENING THE CONTINUUM OF CARE: EXPANDING THE DELIVERY AND ACCESS TO CARE AT THE AMANECER COUNSELING & RESOURCE CENTER AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSSEX COUNTY BACKPACK PROGRAM, SUPPORT FOR THE POSTPARTUM SUPPORT GROUP, RESTRICTED TO SUPPORT FOOD DISTRIBUTION IN SUSSEX COUNTY, DE AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:

FRESH START SCHOLARSHIP FOUNDATION, INC.

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

**Part IV** Supplemental Information

FOUNDATION'S 25TH ANNIVERSARY EVENT, 2022 DISBURSEMENT AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE MILTON PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR 2020 HISPANIC HERITAGE MONTH CELEBRATION AT LIBRARY AND SUPPORT FOR THE 2022 ANNUAL HISPANIC HERITAGE CELEBRATION AT THE MILTON PUBLIC LIBRARY.

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT BUILDING A NEW GIRL SCOUTS' FACILITY IN NEW CASTLE COUNTY AND FUNDS FOR GIRL SCOUTS IN SUSSEX COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: GLIOBLASTOMA FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT GLIOBLASTOMA DRUG DEVELOPMENT, IN MEMORY OF JANET CHRISTINA STODDARD MATHER.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER LEWES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LA PLAZA DELAWARE: HIRE SPECIAL EVENTS MANAGER (\$50K) & 2 PART TIME TRAINERS FOR LEADERSHIP DEVELOPMENT (\$25K EACH), RESTRICTED TO THE PAUL AND BETH BECHLY CHARITABLE GIVING FUND AT GLF, SUPPORT FOR ANNUAL GIFT AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GREEN BERET PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPPING YOUTH FOR SUCCESS, BASIC NEEDS FOR YOUTH IN DOVER, HEALTHY LIFESTYLES, SUPPORT TO THE GREEN BERET

**Part IV Supplemental Information**

PROJECT DOVER AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF NEW CASTLE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: A BRUSH WITH KINDNESS-HEALTHY HOMES

NEW CASTLE COUNTY, LIGHTS-ON WILMINGTON STRONG: HFHNCC & HELP INITIATIVE,

RESIDENT LEADERSHIP DEVELOPMENT PROJECT AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HARRY K FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SECURITY FOR VULNERABLE

CHILDREN IN KENT COUNTY, DESERT OASIS FEEDING PROGRAM AND UNRESTRICTED

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHY FOOD FOR HEALTHY KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION CULTIVATION SCHOOL

VEGETABLE GARDEN PROGRAM, RESTRICTED TO SUPPORT THE SCHOOL GARDEN PROGRAM

AT 37 PARTNER SCHOOLS IN DELAWARE AND 2022 DISBURSEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

HISPANIC AMERICAN ASSOCIATION OF DELAWARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR AMIGA'S ACTIVASY

SALUDABLES CYCLEII FOR SPANISH-SPEAKING STAFF, MEETING LOGISTICS AND

ADVERTISING.

NAME OF ORGANIZATION OR GOVERNMENT: HISTORICAL SOCIETY OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR "OPEN ACCESS" DIGITAL

BOOK, "A HISTORY OF THE DELAWARE HISPANIC COMMISSION (DHC)" AT THE

UNIVERSITY OF DELAWARE AND GENERAL OPERATING PURPOSE

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SONIA SCHORR SLOAN MATERNAL MENTAL HEALTH PROGRAM, RESTRICTED TO PROVIDE SUPPORT SERVICES TO NEW IMMIGRANTS TO AMERICA. GRANT IS MADE IN HONOR OF SONIA SLOAN, SUPPORT FOR THE JEWISH FAMILY SERVICES RISE PROGRAM, UNRESTRICTED SUPPORT FROM ETHELAND DON PARSONS AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:

JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE THE JOINT CENTERS HILL DIVERSITY WORK ANALYZING STAFF DIVERSITY ON CAPITAL HILL.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGHMARK DELAWARE HEALTHY HABITS & HEALTH CAREERS, RESTRICTED SUPPORT FOR THE IMPLEMENTATION OF JA FINANCE PARK IN PERSON VIRTUAL SIMULATIONS IN 2021-2022, RESTRICTED FOR SCHOLARSHIP FOR ACADEMIC YEAR 2021-22 AND STUDENT PROGRAM RECOVERY & TRANSITION.

NAME OF ORGANIZATION OR GOVERNMENT: KIND TO KIDS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO ENRICH THE LIVES OF CHILDREN IN NEED IN FOSTER CARE WITH EDUCATIONAL PROGRAMS AND SERVICES, RESTRICTED SUPPORT FOR FOSTER CHILDREN IN DE AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: LA ESPERANZA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESOURCE NAVIGATION AND FAMILY COACHING, SUPPORT FOR THE DEVELOPMENT AND PILOT OF A COLLABORATIVE

**Part IV** Supplemental Information

PROJECT/PROGRAM THAT BENEFITS THE EDUCATION OF LATINO YOUTH IN SUSSEX COUNTY, CAPACITY BUILDING GRANT FOR ORGANIZATIONAL ASSESSMENT AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: LACC PLAYGROUND, CONEXIONES, SUPPORT FOR THE BREASTFEEDING PEER COUNSELING PROGRAM, YOUTH ACHIEVEMENT CENTER: MENTAL HEALTH AWARENESS INITIATIVE, RESTRICTED FOR THE CAPITAL CAMPAIGN AND GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: LEUKEMIA & LYMPHOMA SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSAN LANG PAY-IT-FORWARD LOCAL PATIENT TRAVEL ASSISTANT PROGRAM AND RESTRICTED TO SUPPORT MISSION EFFORTS IN THE TENNESSEE ALABAMA REGION.

NAME OF ORGANIZATION OR GOVERNMENT: LEWES PUBLIC LIBRARY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR JANE GOODALL'S ROOTS & SHOOTS-ESSENTIAL CARE KITS, RESTRICTED TO THE LIBRARY'S ENDOWMENT FUND AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY DELAWARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING CAPACITY TO REACH ADULTS WITH LOW LITERACY (STATEWIDE), SUPPORT FOR LITERACY DELAWARE AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LONGWOOD GARDENS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATTN: MELISSA CANONI- FOR THE ASSOCIATE LEVEL-INNOVATORS DONATION, SUPPORT FOR DONOR ADVISED FUND

**Part IV** Supplemental Information

## MEMBERSHIP AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:

LOVE-IN-DEED COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RISE INDEPENDENT LIVING PROGRAM FOR  
YOUTH AGING-OUT OF FOSTER CARE AND SERVICES FOR 20+ FOSTER YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN CHURCH OF OUR SAVIOR

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ENGLISH AS A SECOND  
LANGUAGE PROGRAM, SUPPORT FOR THE ESL PROGRAM TO PROVIDE INCENTIVE FOR  
STUDENTS FOR FUEL AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT PROGRAMS OF  
PROVIDING FOOD, CLOTHING OR SHELTER FOR THE NEEDY IN DELAWARE AND GENERAL  
OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

MAKE-A-WISH FOUNDATION OF PHILADELPHIA, DELAWARE &amp; SUSQUEHANNA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIFIC INTEREST: FULFILLMENT OF  
CHILDREN'S WISHES, RESTRICTED SUPPORT FOR SUSSEX COUNTY FAMILIES AND  
GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL COUNCIL ON AGRICULTURAL LIFE AND LABOR RESEARCH FUND INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTRAL DELAWARE THRIVES PHASEII,  
OPIOID PREVENTION, EDUCATION AND AWARENESS INITIATIVE, LAUNCHER PROGRAM  
AND GENERAL OPERATING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE STUDENT SERVICES PROGRAM, SUPPORT FOR CONSERVATION STEPHEN K. COONS, 10 WINDWHISPER LANE, ANNAPOLIS, MD 21403 AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR CANCER RESEARCH AND PATIENT CARE, RESTRICTED TO FUND SURGICAL PROCEDURES NOT COVERED BY INSURANCE FOR CHILDREN, RESTRICTED TO SUPPORT THE NEMOURS HELP OUR KIDS RADIOTHON AND RESTRICTED FOR SUPPORTING NON-COVERED SURGICAL TREATMENT FOR CHILDREN CONGENITAL ANOMALIES.

NAME OF ORGANIZATION OR GOVERNMENT: NETWORK CONNECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ORGANIZATIONAL CAPACITY-BUILDING: STRATEGIC PLAN, PROFESSIONAL DEVELOPMENT, AND CRM SOFTWARE

NAME OF ORGANIZATION OR GOVERNMENT: NEWARK SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO MEALS ON WHEELS PROGRAM, RESTRICTED TO SUPPORT MEALS ON WHEELS, RESTRICTED TO ENDOWMENT AND UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NUESTRAS RAICES

(H) PURPOSE OF GRANT OR ASSISTANCE: DELAWARE KIDS ART NETWORK (EXERCISE INSTRUCTION AND HEALTHY FOOD) AND RESTRICTED: NEW WEBSITE INVOICE TO MANGOS MARKETING STRATEGIC PURPOSE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ONE VILLAGE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FREEDOM: URBAN WELLNESS CENTER (CITY OF WILMINGTON), CAPITAL EXPENSE-HEALTH CENTER AND ORGANIZATIONAL CAPACITY-BUILDING\ : STRATEGIC PLAN, GRANT WRITING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

PARENTS & GUARDIANS COLLEGE PLANNING CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 10TH ANNUAL HOW TO PFC SEMINAR AND COLLEGE PLANNING RESOURCES WITH BOYS & GIRLS CLUBS

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA ARMS TOWNHOMES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER'S FAITH RESTORATION, STRATEGIC AND REVENUE PLAN, STAFF & BOARD DEVELOPMENT, MORGANS PLACE AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: PHOENIX MULTISPORT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR TAMPA BAY CHAPTER (ADDITIONAL GIFT NOTE: WILL SEZNA/BOARD) AND CAPITAL CAMPAIGN-RESTRICTED FOR PHENIX TAMPA-FIT TO BE KING.

NAME OF ORGANIZATION OR GOVERNMENT: PRESTON'S MARCH FOR ENERGY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIFIC INTEREST GRANT: PURCHASE BIKES FOR CHILDREN ON THEIR WAITING LIST AND GENERAL OPERATIONS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ARTS OUTREACH PROGRAM AT LA CASITA AFTER SCHOOL IN GEORGETOWN AND UNRESTRICTED SUPPORT.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RHODES COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TUITION SUPPORT FOR A STUDENT IN THE SES PROGRAM AND FOR BIOLOGY FACULTY TO TAKE THE AQL AND CUBESAT LAUNCH

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING & SUPPORT SERVICES FOR LOW TO MODERATE INCOME KENT COUNTY FAMILIES, HOUSING & SUPPORT SERVICES FOR DE MOTHERS WITH INFANTS IN AREA NEO-NATAL INTENSIVE CARE UNITS, CAPITAL EXPENSE-KEY FOB ACCESS AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT RED KETTLE PROGRAM, 2022 DISBURSEMENT, RESTRICTED TO SUPPORT WORK IN DELAWARE, RESTRICTED TO SUPPORT REHOBOTH BEACH LOCATION AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN'S PURSE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE RELIEF TO VICTIMS OF FLOODING IN GERMANY & OTHER EUROPEAN COUNTRIES AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SEAFORD DISTRICT LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT CHILDREN'S BOOKS, LEARNING MATERIALS AND ACTIVITIES, RESTRICTED TO SUPPORT PRINT MEDIA AND GENERAL OPERATING SUPPORT

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

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EDUCATING AND EMPOWERING YOUNG MINORITY WOMEN, PROJECT RESTORATION, RESTRICTED SUPPORT TO AFRICAN AMERICAN SCHOLARSHIP FUND AND GENERAL OPERATING.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHBRIDGE COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFFING OF THE SOUTH BRIDGE CDC AND IMPLEMENTATION OF SOUTHBRIDGE NEIGHBORHOOD PLAN

NAME OF ORGANIZATION OR GOVERNMENT: ST. ELIZABETH HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FUNDING FOR THE ELEMENTARY SCHOOL THEATER PROGRAM, RESTRICTED SUPPORT FOR STUDENT SCHOLARSHIPS AND RESTRICTED SUPPORT FOR TUITION ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN THE BELOVED SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FOR PURCHASING GUITAR BUNDLES FOR THE GENERAL MUSIC PROGRAM AND RESTRICTED SUPPORT FOR TUITION ASSISTANCE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO PROVIDE NURTURE AND CARE FOR PRESCHOOL CHILDREN IN WILMINGTON, DELAWARE, SUPPORT FOR THE ST. MICHAEL'S DAY CARE, CAPITAL CAMPAIGN AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVORS OF ABUSE IN RECOVERY (SOAR)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR PART-TIME INTAKE SPECIALISTS (NCCYPB) AND FUNDING FOR PART-TIME PRACTICE MANAGER

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SUSSEX COUNTY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT. ATTENTION:

KEVIN GILMORE, HABITAT FOR HUMANITY STATEWIDE HEALTHY HOMES INITIATIVE

(STATEWIDE), PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SUSTAINABLE ENERGY UTILITY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF ENERGY EFFICIENCY

PROJECTS IN THE DELMARVA POWER SERVICE TERRITORY, THE HEALTH AND HOME:

ADDRESSING THE CRITICAL ACCESS FOR DELAWARE AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TEEN WAREHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: OUT OF SCHOOL YOUTH CLINICAL MEDICAL

ADMINISTRATIVE ASSISTANT PROGRAM AND UNRESTRICTED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHOIR SCHOOL OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE NEW A CANTOR! LET'S

SING PROGRAM AND PARTIAL SUPPORT THE SALARY OF FAMILY SERVICES

COORDINATOR, PLANNING SESSION TO BUILD PIPELINE OF PEOPLE OF COLOR IN

MUSIC PROFESSIONS, SPONSORSHIP OF THE BENT BUT NOT BROKEN CONFERENCE:

INVOICE CSD 5112022, CAPITAL CAMPAIGN AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: THE WAY HOME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT HONOR-HELPING OTHERS

NAVIGATE OPPORTUNITIES AND RESOURCES (SUSSEX COUNTY).

NAME OF ORGANIZATION OR GOVERNMENT: TRUE ACCESS CAPITAL

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

EMPOWERMENT FUND AND TRANSITION TO DIGITAL/CLOUD-BASED LOAN SYSTEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO DEPOSIT INTO SCHC OPERATING FUND, SUSSEX CHILD HEALTH PROMOTION COALITION PROGRAM, RESTRICTED FOR DELAWARE RACIAL JUSTICE COLLABORATIVE'S EQUITY-CENTERED WORKFORCE DEVELOPMENT STUDY, DRUG FREE SUSSEX COUNTY INITIATIVE, EQUITY COUNTS PARTNERSHIPS: INFUSING A DATA-DRIVEN APPROACH FOR A HEALTHIER DELAWARE, IDA RELIEF, RESTRICTED SUPPORT FOR BACK TO SCHOOL SUPPLY DRIVE AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FOR THE SUPPORT OF DR. MATT OLIVERS PROGRAMS AND STUDENTS AT CEOE COLLEGE OF MARINE SCIENCE AND POLICY, VETERANS & COLLEGE ATHLETES TOGETHER (VCAT), RESTRICTED SUPPORT TO RENOVATE AND MAINTAIN GOODSTAY GARDENS. HEALTH (HEALTH ENGAGEMENT ACCESS LEARNING TEACHING HUMANITY) FOR ALL, RAPID WORKFORCE TRAINING: INCREASING DIVERSITY IN BACCALAUREATE PREPARED REGISTERED NURSES, ALLEN SCHOLARSHIP SUPPORT FUND CANR, 2022 SUMMER RESEARCH & EXTENSION SCHOLARS, SUPPORT FOR FRIENDS OF GOODSTAY GARDENS, UD EARLY LEARNING CENTER, CENTER FOR ECONOMIC EDUCATION & ENTREPRENEURSHIP FINANCIAL LITERACY PROGRAMS, RESTRICTED TO SUPPORT ST. THOMAS MORE CATHOLIC ORATORY AND THE CATHOLIC CAMPUS MINISTRY PROGRAM. SUPPORT FOR THE CHRISTIANA ROTARY CLUB SCHOLARSHIP IN MEMORY OF GEORGE A. THOMPSON (82UD0117), MED SCHOLARS-\$2000; MARCHING BAND-\$1000(HEIDI SARVER); CHORALE-\$1000(PAUL HEAD); GO-BABY-GO-\$500, RESTRICTED: SUPPORTING BIOSCIENCE RESEARCH FELLOWSHIPS, RESTRICTED FOR THE SCHOLARSHIP PROGRAM TO

NAME OF ORGANIZATION OR GOVERNMENT: UPSTREAM ALLIANCE INC

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT ENVIRONMENTAL EDUCATION AND IS BEING MADE ON BEHALF OF STEPHEN K. COONS.

NAME OF ORGANIZATION OR GOVERNMENT:

URSULINE ACADEMY OF WILMINGTON DELAWARE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR THE CHOIR'S TRIP TO ITALY IN 2022, RESTRICTED SUPPORT FOR STUDENT SCHOLARSHIPS, TENNIS TEAM SPORTSMANSHIP AWARD AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: VANDERBILT UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE DEEG SEZNA SCHOLARSHIP AND RESTRICTED TO SUPPORT KEITH MUMFORD MEMORIAL TENNIS SCHOLARSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: VISION TO LEARN

(H) PURPOSE OF GRANT OR ASSISTANCE: FREE EYE EXAMS AND GLASSES FOR CHILDREN IN UNDERSERVED COMMUNITIES OF DELAWARE AND GENERAL OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: WAKE FOREST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT FOR LLSA SCHOLARSHIP AT WAKE FOREST LAW SCHOOL AND SUPPORT FOR WAKE FOREST LAW SCHOOL.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LAUNCHER ENTREPRENEURSHIP PROGRAM, 2022 DISBURSEMENT, BRIGHT SPOT FARMS AND GENERAL OPERATING SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED: \$2,000, CAPITAL

CAMPAIGN: \$3,000, CHRISTMAS EVE OFFERING: \$100 AND CHRISTMAS BOX: \$100

CHRISTMAS POINSETTIAS:\$60, GUATEMALA CATTLE PROJECT: \$300, IMCK NURSES:

\$300, MISSION COMMITTEE'S CHURCH IN THE WORLD-CONGO PROGRAM AND GENERAL

OPERATING PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: WHEELER MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT 2021

THANKSGIVING CAMPAIGN (\$2,500) & BUILDING FOR CHANGE CAMPAIGN (\$2,500)

NAME OF ORGANIZATION OR GOVERNMENT: YWCA DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE TEAM COORDINATOR & WELLNESS

COACH, SURVIVORS' EMERGENCY NEEDS FUND, RESTRICTED TO SUPPORTIT'S

HOME-LIFE MANAGEMENT CENTER AND GENERAL OPERATING PURPOSE

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**DELAWARE COMMUNITY FOUNDATION, INC**

Employer identification number

**22-2804785**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	(i)	292,018.	0.	0.	20,500.	50,653.	363,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(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 \$20,500

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Name of the organization **DELAWARE COMMUNITY FOUNDATION, INC** Employer identification number **22-2804785**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	15,908	2,277,149.	FAIR MARKET VALUE
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				
15 Real estate - Residential				
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 ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**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.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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:

MEMBERS SHALL CONSIST OF NOT LESS THAN 21 AND NOT MORE THAN 48 INDIVIDUALS  
WITH KNOWLEDGE ABOUT THE CORPORATION AND THE PHILANTHROPIC NEEDS OF THE  
PEOPLE OF DELAWARE, AS SHALL BE DETERMINED BY BOARD ACTION FROM  
TIME TO TIME, AS FOLLOWS:

NOT LESS THAN SIX (6) OR MORE THAN TWELVE (12) INDIVIDUALS, EACH OF WHOM IS  
A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A DONOR ADVISED OR  
ENDOWMENT FUND HELD BY THE CORPORATION, SHALL BE ELECTED BY THE BOARD TO  
INDIVIDUAL TERMS OF THREE (3) YEARS EACH FOR NO MORE THAN TWO CONSECUTIVE  
TERMS; PROVIDED, THAT THE TERMS SHALL BE STAGGERED SO THAT APPROXIMATELY  
ONE-THIRD OF THE INDIVIDUALS WITHIN THIS CATEGORY SHALL BE ELECTED OR

Name of the organization DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number 22-2804785
--	--

REELECTED BY THE BOARD EACH YEAR; AND

NOT LESS THAN SIX (6) OR MORE THAN TWELVE (12) INDIVIDUALS, EACH OF WHOM ARE FORMER MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SHALL BE ELECTED BY THE BOARD TO INDIVIDUAL TERMS OF THREE (3) YEARS EACH FOR NO MORE THAN TWO CONSECUTIVE TERMS; PROVIDED, THAT THE TERMS SHALL BE STAGGERED SO THAT APPROXIMATELY ONE-THIRD OF THE INDIVIDUALS WITHIN THIS CATEGORY SHALL BE ELECTED OR REELECTED BY THE BOARD EACH YEAR; AND EACH CURRENT MEMBER OF THE CORPORATION'S BOARD OF DIRECTORS ("DIRECTOR") SHALL AUTOMATICALLY SERVE AS A MEMBER DURING HIS OR HER TERM(S) ON THE BOARD.

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

THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS BOARD OF DIRECTOR RECOMMENDATIONS TO THE BOARD. THE BOARD NOMINATES THOSE INDIVIDUALS AND SUBMITS THEM TO THE MEMBERS FOR A VOTE TO A SEAT ON THE BOARD.

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

MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990, THE AUDIT COMMITTEE APPROVES AND MANAGEMENT THEN PROVIDES TO THE BOARD FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING.

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.

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **DELAWARE COMMUNITY FOUNDATION, INC** Employer identification number **22-2804785**

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

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

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

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

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

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

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

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



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>RODEL CHARITABLE FOUNDATION - DE</b>	<b>L</b>	<b>72,410.</b>	<b>ADMIN FEES PAID</b>
(2)			
(3)			
(4)			
(5)			
(6)			

**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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. Each of columns (e), (h), and (j) is further divided into Yes and No sub-columns.

**Part VII Supplemental Information**

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

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Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2011	7,815.									
B	2012	8,372.									
C	2013	2,029.									
D	2014	7,946.									
E	2015	1,122.									
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**DELAWARE COMMUNITY FOUNDATION, INC**

EIN or SSN

**22-2804785**

Name and title of officer or person subject to tax

**JOYCE DARLING  
VP-FINANCE & ADMINISTRATION**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize GUNNIP & COMPANY LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**51070312345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>DELAWARE COMMUNITY FOUNDATION, INC</b>	Taxpayer identification number (TIN) <b>22-2804785</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1636</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILMINGTON, DE 19899</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JOYCE DARLING**

- The books are in the care of ▶ **P.O. BOX 1636 - WILMINGTON, DE 19899**

Telephone No. ▶ **302-504-5251** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>DELAWARE COMMUNITY FOUNDATION, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 1636</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WILMINGTON, DE 19899</b></p>	<p><b>D</b> Employer identification number  <b>22-2804785</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>330,206,079.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **JOYCE DARLING** Telephone number ▶ **302-504-5251**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.



<b>Part III Tax and Payments</b>	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a
b Other credits (see instructions) .....	1b
c General business credit. Attach Form 3800 (see instructions) .....	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	1d
e <b>Total credits.</b> Add lines 1a through 1d .....	1e
2 Subtract line 1e from Part II, line 7 .....	2
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	3
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	5
6a Payments: A 2020 overpayment credited to 2021 .....	6a
b 2021 estimated tax payments. Check if section 643(g) election applies .....	6b
c Tax deposited with Form 8868 .....	6c
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d
e Backup withholding (see instructions) .....	6e
f Credit for small employer health insurance premiums (attach Form 8941) .....	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	Total
7 <b>Total payments.</b> Add lines 6a through 6g .....	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	8
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	11

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....	Yes		No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$	
4 Enter available pre-2018 NOL carryovers here ▶ \$ <u>27,284.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code		Available post-2017 NOL carryover	
		\$	
		\$	
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date	Title VP-FINANCE & ADMINISTRATION	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHERINE L. SILICATO, CPA	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed PTIN P00543107
	Firm's name ▶ GUNNIP & COMPANY LLP		Firm's EIN ▶ 51-0076769	
	Firm's address ▶ 2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808		Phone no. 302-225-5000	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	7,815.	0.	7,815.	7,815.
06/30/13	8,372.	0.	8,372.	8,372.
06/30/14	2,029.	0.	2,029.	2,029.
06/30/15	7,946.	0.	7,946.	7,946.
06/30/16	1,122.	0.	1,122.	1,122.
NOL CARRYOVER AVAILABLE THIS YEAR			27,284.	27,284.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>DELAWARE COMMUNITY FOUNDATION, INC</b>	<b>B</b> Employer identification number <b>22-2804785</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>901101</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENTS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	0.	

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)									
<b>2</b> Salaries and wages									
<b>3</b> Repairs and maintenance									
<b>4</b> Bad debts									
<b>5</b> Interest (attach statement). See instructions									
<b>6</b> Taxes and licenses									
<b>7</b> Depreciation (attach Form 4562). See instructions		<b>7</b>							
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>							
<b>9</b> Depletion									
<b>10</b> Contributions to deferred compensation plans									
<b>11</b> Employee benefit programs									
<b>12</b> Excess exempt expenses (Part VIII)									
<b>13</b> Excess readership costs (Part IX)									
<b>14</b> Other deductions (attach statement)									
<b>15 Total deductions.</b> Add lines 1 through 14									0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)									0.
<b>17</b> Deduction for net operating loss. See instructions									0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16									

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.
a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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