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#### DELLEGACY 09/23/2011 2:04 PM Pg 4

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2010** Open to Public inspection

<u> </u>	For the 2010 C	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Empl	oyer identification number
٠,	Address change	DELAWARE VALLEY LEGACY FUND			
<u>-</u>	-	Doing Business As		7 23-	-2802171
	Name change		Donn for the		
- }	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepi	none number
	Tamondad	1234 MARKET STREET 18TH FLOOR	1800		
	Terminated	City or town, state or country, and ZIP + 4		1	
	Amended return	PHILADELPHIA PA 19107		G Gross rec	eipts 354,131
	Application pending	F Name and address of principal officer:			affiliates?   Yes   X   No
		MARK MITCHELL	n(a) is mis a	Bronb Lephu (ct.	
		1234 MARKET STRRET, 18TH FLOOR	H(b) Are all	affiliates inclu	ided? Yes No
		PHILADELPHIA PA 19107	H-1	No," attach a l	lst. (see instructions)
-	<b>-</b>		<b>⊣</b>		
<u> </u>	Tax-exempt sta				
<u>J</u>		WWW.DVLF.ORG		exemption nu	
K	Form of organization	on: X Corporation Trust Association Other	Year of formation:	1993	M State of legal domicile: PA
F	Part I	Summary			
	1 Briefly	describe the organization's mission or most significant activities:			
	PHI	LANTHROPY			
ĕ					
2					
& Governance	1 200	this box > if the organization discontinued its operations or disposed of more than	25% of its not see		
ဖွ	2 Check			اما	1 /
٥ð	3 Numbe	er of voting members of the governing body (Part VI, line 1a)			14
8	4 Numbe	or of independent voting members of the governing body (Part VI, line 1b)			14
₹	5 Total n	umber of individuals employed in calendar year 2010 (Part V, line 2a)		5	4
Activities	6 Total n	umber of volunteers (estimate if necessary)		. 6	
4		nrelated business revenue from Part VIII, column (C), line 12		7a	
		related business taxable income from Form 990-T, line 34		7b	0
_			Prior Y	ear	Current Year
	8 Contrib	outions and grants (Part VIII, line 1h)	2	13,957	255,463
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		20,000	
é	a Flogia	mi service revenue (Part VIII), and 29)		528	56,220
ě	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,048	
_		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>12,533</u>	
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		<u>62,400</u>	49,160
	14 Benefi	Is paid to or for members (Part IX) column (A), line 4)			
q	15 Salarie	s other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,046	65,481
186	16a Profes	sings fundraising fees (Part X anlumn (A) line 11e)		<u> </u>	
penses	h Total	undralsing expenses (Part IX Column (D), line 25) ► 38,737			
X	17 Other	expenses (Part IX, column (A) lines 11a-11d, 11f-24f)		77,398	75,145
	1 Onio	expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)		38,844	
			·	3,689	
_	19 Reven	ue less expenses. Subtract line 18 from line 12	Beginning of C		End of Year
Net Assets or	8 20 Talai	secole (Bort V. line 16)		41,583	710,577
8	를 20 Total a	Issels (Part X, line 16)	·	8,316	
8	ם 21 Total	abilities (Part X, line 26)	<del>-</del>		
_	러글22 Net as	sets or fund balances. Subtract line 21 from line 20	<u> </u>	<u>33,267</u>	709,866
	Part II	Signature Block			
i	Under penalties	of penjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best	of my knowle	dge and belief, It is
		complete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledge		2/2/
7	~	Marle Metz			1/24///
Si	ign /	Signature of offiger	_ 1	Date	• •
	ere L	Mark hu ferrell I veside	M		
- 5	( )	Type or print name and title			
-	Print	Guna assessada acama	Date	Chec	k if PTIN
	المُعَامُ	Martin (14) and			mployed P00497390
	marar Cinn	CES J WARD	103/4		00 0000000
		sname O'HARA, WARD & ASSOCIATES		Firm's EIN	23-2100110
U	se Only	1036 MILL CREEK DR			016 000 6660
_		saddress FEASTERVILLE, PA 19053		Phone no	<u> 215-322-5558</u>
		cuss this return with the preparer shown above? (see Instructions)	<u> </u>		Yes No
F	or Paperwork	Reduction Act Notice, see the separate instructions.		217	Form 990 (2010)
D/	AA '		(	1	1

orm 990 (2010) DELAWARE VA	LLEY LEGACY FUND	23-2802171	Page 2
	ram Service Accomplishmen	ts	
	O contains a response to any	question in this Part III	
Briefly describe the organization's PHILANTHROPY	mission:		
PHILANIAKOPI			
	••••		
Did the organization undertake any	significant program services during the	e year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service			
<del>-</del>	ting, or make significant changes in ho	w it conducts, any program	1 to 197
services?			$oxed{oxed}$ Yes $oxed{\overline{\mathbf{X}}}$ No
If "Yes," describe these changes of Describe the exempt purpose achi		three largest program services by expenses. Sec	tion
		quired to report the amount of grants and allocation	
	enue, if any, for each program service i	· · · · · · · · · · · · · · · · · · ·	113 10
la (Code: ) (Expenses \$	123, 291 including gra	ants of \$ 49, 160 ) (Revenue	\$
		R THE SEXUAL MINORITY	
		L SERVICES, ARTS AND	
* * * * * * * * * * * * * * * * * * * *	AND THE HUMANITIES	AND LEGAL AND CIVIL	
RIGHTS.			
	••• ••• •• •• ••		
	••••		••••
b (Code: ) (Expenses \$	including gra	ants of \$ ) (Revenue	<b>\$</b>
			***
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	to the discount	and of C	
c (Code: ) (Expenses \$	including gr	ants of \$ ) (Revenue	<b>5</b>
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	** ** ** * ***		
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••• • • • • • • • • • • • • • • • • • •			
			······
ld Other program services. (Describe	in Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses	123,291		
W			Farm <b>990</b> (2010

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes." complete Schedule C. Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." Х complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-X endowments? If "Yes," complete Schedule D, Part V 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 107 If "Yes," X complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ..... X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Checkist of Required Schedules (Continued)			
21	Did the empiration meet more than \$5,000 of exacts and other assistance to consequently and exactinations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24	х	
22	1 1111111111111111111111111111111111111	21		_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		<del>-^-</del>
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." as to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
c	Oid the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tay-event honde?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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?			1
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			`
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	L	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		j
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			ł
	IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		l	
	Part V, line 2 Yes X No		[	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1	1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	I	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l	1	1
	Part VI	37	<del>                                     </del>	_X_
38	Oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		١.,	1
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	) (2010)
		E-a-		

Part V : Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b		Check if Schedule O contains a response to any question in this Part	<b>/</b>	<u> </u>	<u> </u>		<u></u>	
Enter the number of Forms W-CS Included in line 1a. Enter - B. rind applicable  Diff the organization comply with backup withholding usefs for repostelles presyments to vendors and negotiable gasning (gamshing) winnings to prize winners?  Statements, filed for the calendar year earding with or within the year covered by this return  Very control of the calendar year earding with or within the year covered by this return  Very control of the sun of lines 1a and 2a is greater than 250, you may be nequired to e-file. (see Instructions)  Diff the organization lines unrelated business gross incorner of \$1,000 or more during the year?  1	_		1		م		Yes	No
Dit the organization comply with backtop withholding rules for reportable payments to vendors and reportable garming (gambling) withings to prize withholding rules for reportable payments to vendors and reportable garming (gambling) withings to prize without payment that reportable garming (gambling) withings to prize withings and the state of the calendary are anding with a within the year covered by this return.  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Nota. If he sum of insert is a rod 2a is greater than 250, you may be required to e-falls, (see Instructions)  3 Did the organization have unresident channess of \$3,000 or more during the year?  3 If Yes, has it filed a Form 990-T for this year? If No., provide an explanation in Schedule O  3 A lary time during the calendary exer; did the organization have an interest, in or a signature or other suthority over, a financial account in a foreign country. Per see instructions for fifting requirements for Form TD F 60-22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxotion of Fining requirements for Form TD F 60-22.1, Report of Foreign Bank and Financial Accounts.  5 Every to line Sa or 55, did the organization file Form 8886-T?  5 Dos the organization aparty to a prohibited tax shelter transaction at the prominent of the foreign country. Per 5 Did to the properties of the prohibited tax shelter transaction and the organization and party or prohibited tax shelter transaction and the organization and party organization and the organization and t	1a	*** ***********************************				4	٠. ا	
reportable garning (gambling) witnings to prize winner?  Enter the number of employees exponded on Form W.3, Transmittal of Wage and Tax  Statements, filled for the callendar year ending with or within the year covered by this return  I stal least one is reported on line 2a, did the organization file all required feather amployment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250,000 any the required to e-file, (see instructions)  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3. Evaluation of the sum of lines 2a, did the organization file of \$1,000 or more during the year?  3. Evaluation of the sum of line 2a, did the organization file of \$1,000 or more during the year?  3. Evaluation of the sum of line 2a, did the organization have an interest in, or a signature or other surhority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of fining requirements for Form TDF 50-22.1, Report of Foreign Bank and Financial Accounts.  See Was the organization or party to a prohibited tax shafeter transaction and yrine during the tax year?  5. Evaluation or party to a prohibited tax shafeter transaction at any time during the tax year?  5. Evaluation or party to a prohibited tax shafeter transaction at tax year?  5. Evaluation or party to a prohibited tax shafeter transaction at tax years.  5. Evaluation or party to a prohibited tax shafeter transaction at the companization or party or approximation and party or prohibited tax shafeter transaction and party for goods and services provided on the pagentization review deductible contributions under section 178(c).  5. Evaluation of the organization has the ware not tax deductible?  5. Evaluation of the organization for the washes of the goods or services provided?  7. Evaluation of the organization organization and party for goods and services provided to the pagentization and party to goods and services provided to the pagentization ane	D		1b	0	``*?	- K	2.7	,
2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, Rief of the clanted year ending with within the year covered by this return.  b if at least one is reported on line 2a, cid the organization file all required federal employment tax returna?  Able. If the sum of fisce is and 52 by greater than 250, your may be required to e-file, ceel instructions)  3b Id the organization have unrelated business gross income of \$1,000 or more during the year?  3c If Yes, 'has if filed a Form 990-T for this year? If TNo, 'provide an explanation in Schedule O  3d At any time during the celendar year, did the organization have an interest, for a signature or other numberity over, a financial account in a foreign country. ▶  5c Was the organization and of the foreign country. ▶  5c Was the organization of this great may be a bank account, securities account, or other financial accounts.  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at the year to the organization that greater than \$100,000, and did the organization have an interest of the organization organization shelt are organization to the organization have an interest of the organization revolved to the playor.  5c If Yes's to line Suc of St, did the organization file Form 8886-T7  5d Des the organization revolved and pross receipts that are normally greater than \$100,000, and did the organization revolved any prossess datement that such contributions or glits were not tax deductible?  5d Dray the organization revolved any prossess datement that such contributions or glits were not tax deductible?  5d Organization that many mechanization device any prossess datement that such contributions or glits	C							
Statisments, Red for the calendar year ending with or within the year covered by this return.    2a	_		<b>,</b> .			-	_	<u> X</u>
bit fall least one is reported on line 2a, did the organization file all required to effice, less instructions?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to effice, less instructions)  1 If Yes, 'has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedulo D.  1 If Yes, 'has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedulo D.  2 At any time during the calendaryear, did the organization have an interest in, or a signature or other authority over, a linencial account in a foreign country. (such as a bank account, securities account, or other linencial account in a foreign country.)  2 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  3 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities account, or other linencial accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities accountry.)  5 If 'Yes, 'enter the name of the foreign country. (which as a bank account, securities accountry.)  5 If 'Yes, 'enter the name of the foreign country. (yes a provided the securities accountry.)  5 If 'Yes, 'enter the name of the foreign country. (yes a provided the securities accountry.)	2a	· · · · · · · · · · · · · · · · · · ·			c 72	<b>.</b> ]	`	1
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file. (see instructions)  Joff the organization have unrelated business gross income of \$1,000 or more during the year?  3				4				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. (auch as a bank account, securities account, or other financial account in a foreign country.)  5b If Yes, *enter the name of the foreign country. ►  5ce instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5ce instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5c Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Vas the organization in gross recipits that so or a party to a prohibited tax shelter transaction?  5d Vas the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c Vas the organization and party to a prohibited tax shelter transaction?  5d Vas the organization and party to a prohibited tax shelter transaction?  5d Vas the organization neces and party to a prohibited tax shelter transaction?  5d Vas the organization neces and party to a prohibited tax shelter transaction?  5d Vas to the tax deductiobs?  5d Vas the organization neces and party to a prohibited tax shelter transaction?  5d Vas the organization tax deductiobs?  5d Vas the organization neces and party receive deductioble contributions under section 170(c).  5d Vas the organization neces and payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?  7d Vas Vas the organization and the organization that was the payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?  7d Vas Vas the organization and the organization that the organization trace of the organization and t	b				21	<del>! </del>	<del>X  </del>	
bill 1 Yeas, *has it filled a Form 990-T for this year? If 1 No. *provide an explanation in Schedule O	_		)			4		v
49 At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securilies account), or other financial account in a foreign country (such as a bank account, securilies account), or other financial account in a foreign country. In the control of the contro						_	-	<u> X</u>
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country, in accounts, accounting the financial accounts for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization party to a prohibited stax shelter transaction at any time during the tax year?  Sa X  X bid of any taxable party notify the organization file Form 8886-T7  So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible?  So If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization social any receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor?  If "Yes," did the organization origit the donor of the value of the goods or services provided?  To With the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," indicate the number of Forms 8282 filled during the year  If "Yes," indicate the number of Forms 8282 filled during the year  Old the organization received a contribution of qualified intellectual property, did the organization file Form 8293  To With the organization received a contribution of according to indirectly, on a personal benefit contract?  If the erganization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsorting organizations and contribution of qualified intellectual property, did the organization file or Form 8293 as required?  If the erganization received a contribution of according to indivi		• • • • • • • • • • • • • • • • • • • •			31	+	$\rightarrow$	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes' to line 5a or 5b, did the organization file Form 8886-TY  Does the organization solicit any contributions that were not tax deductible?  If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If Yes,* did the organization notify the donor of the value of the goods or services provided?  If Yes,* did the organization notify the donor of the value of the goods or services provided?  If Yes,* did the organization notify the donor of the value of the goods or services provided?  If Yes,* did the organization notify the donor of the value of the goods or services provided?  If Yes,* did the organization, during the year, or therwise dispose of tangible personal property for which it was required to file Form 8282?  If Yes,* did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes,* did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization make an anitatining donor advised funds and section 59(8)(3) supporting organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 49667  Better the amount of reserves on form 990, Part VIII, line 12, for public use of dub facilities  If Yes,* enter the amount of fax-exempt interest received or accrued during the year	_					4	ı	v
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organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 49667  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter: Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417  If Yes,* enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	lion file	a Form 1098-0	C?	<u>h</u>		X
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14a Did the organization receive any payments for indoor tanning services during the tax year?	c					_1		
					1	4a		X
	_				1	4b]		

Form	990 (2010) DELAWARE VALLEY LEGACY FUND 23-2802171			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	w, an	d for	a
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes			
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			_X_
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14 14	7	11/2	,
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	·		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		,	ļ
а	The governing body?	8a	Х	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ_	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	L
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	77		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	2		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			١,
	with a taxable entity during the year?	16a		X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its		,	
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► MANAGEMENT 1234 MARKET STREET, 18TH FLOOR		<u>.</u>	<i>.</i>
P	HILADELPHIA PA 19107 21	5-56	3-6	417

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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest
  compensated employees; and former such persons.

(A) Name and Title	Check this box if neither the orga	nization nor any	rela	ted c	rgar	izat	ions c	mox						
(4) SANDRA THOMPSON OF Relations of relations of Companizations of		Average			chec	k all I			Reportable	Reportable	Estimated			
DIRECTOR   20.00   X   26,000   0	:	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	related organizations	other compensation from the organization and related			
[3] DOROTHY M. WAX BOARD MEMBER	* *		l.,						06.000					
BOARD MEMBER   3.00   X		20.00	1X	_		<del> </del>	⊦⊦		26,000	U	0			
BOARD MEMBER   3.00   X	BOARD MEMBER	3.00	x						0	0	0			
(4) JEREMY GUSSICK BOARD MEMBER 3.00 X 0 0  (5) FERNANDO GONZALEZ BOARD MEMBER 3.00 X 0 0  (6) TERESA NINO BOARD MEMBER 3.00 X 0 0  (7) JAMES ROBERTS BOARD MEMBER 3.00 X 0 0  (8) DAN GIACOBBE BOARD MEMBER 3.00 X 0 0  (9) TED GREENBERG BOARD MEMBER 3.00 X 0 0 0  (10) JOE MATTHEWS BOARD MEMBER 3.00 X 0 0 0  (11) JEANNE MCINTYRE BOARD MEMBER 3.00 X 0 0 0  (12) MICHAEL STARA TREASURER 3.00 X 0 0 0  (13) ANGELA GIAMPOLO PRESIDENT 3.00 X 0 0  (14) D. MARK MITCHELI VICE PRESIDENT 3.00 X 0 0  (15) JOHN CUNNINGHAM		3.00	x			L			0	0	0			
(6) FERNANDO GONZALEZ BOARD MEMBER 3.00 X 0 0 (6) TERESA NINO BOARD MEMBER 3.00 X 0 0 (7) JAMES ROBERTS BOARD MEMBER 3.00 X 0 0 (8) DAN GIACOBBE BOARD MEMBER 3.00 X 0 0 (9) TED GREENBERG BOARD MEMBER 3.00 X 0 0 (10) JOE MATTHEWS BOARD MEMBER 3.00 X 0 0 (11) JEANNE MCINTYRE BOARD MEMBER 3.00 X 0 0 (12) MICHAEL STARA TREASURER 3.00 X 0 0 (13) ANGELA GIAMPOLO PRESIDENT 3.00 X 0 0 (14) D. MARK MITCHELI VICE PRESIDENT 3.00 X 0 0 (15) JOHN CUNNINGHAM	(4) JEREMY GUSSICK		x						0	0	0			
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(7) JAMES ROBERTS BOARD MEMBER 3.00 X 0 0  (8) DAN GIACOBBE BOARD MEMBER 3.00 X 0 0  (9) TED GREENBERG BOARD MEMBER 3.00 X 0 0  (10) JOE MATTHEWS BOARD MEMBER 3.00 X 0 0  (11) JEANNE MCINTYRE BOARD MEMBER 3.00 X 0 0  (12) MICHAEL STARA TREASURER 3.00 X 0 0  (13) ANGELA GIAMPOLO PRESIDENT 3.00 X 0 0  (14) D. MARK MITCHELI VICE PRESIDENT 3.00 X 0 0  (15) JOHN CUNNINGHAM	(6) TERESA NINO										0			
SOURT GIACOBBE   SOUR	(7) JAMES ROBERTS		П								0			
BOARD MEMBER   3.00 X   0   0		3.00	╁	$\vdash$	<del>                                     </del>	$\vdash$		-						
BOARD MEMBER   3.00 X   0   0	* *	3.00	X		L		Ш		0	0	0			
Note	• •	3.00	x						0	o	0			
STATE   STANNE MCINTYRE   BOARD MEMBER   3.00   X	(10) JOE MATTHEWS								0	0	0			
(12) MICHAEL STARA       3.00       X       0       0         TREASURER       3.00       X       0       0         (13) ANGELA GIAMPOLO       3.00       X       0       0         PRESIDENT       3.00       X       0       0         (14) D. MARK MITCHELI       VICE PRESIDENT       3.00       X       0       0         (15) JOHN CUNNINGHAM       0       0       0       0	(11) JEANNE MCINTYRE													
PRESIDENT 3.00 X 0 0  (14) D. MARK MITCHELI VICE PRESIDENT 3.00 X 0  (15) JOHN CUNNINGHAM	(12) MICHAEL STARA		<u> </u>	<del> </del>	\_			Г						
VICE PRESIDENT 3.00 X 0 0 (15) JOHN CUNNINGHAM			十			╁╴		H						
VICE PRESIDENT 3.00 X 0 0  (15) JOHN CUNNINGHAM			+	╀	X	╀		_	0	0	0			
	VICE PRESIDENT				x	L			0	0	0			
	(15) JOHN CUNNINGHAM SECRETARY	3.00			x				0	0	0			
(16) 3.00 A	<del></del>	3.00	+		Î	T		$\vdash$			<u> </u>			

	990 (2010) DELAWARE								23-280		Page 8
Pa	rt VII Section A. Officers (A)	, Directors, Trus (B)	stees	s, Ke		nplo C)	yee:	s, ar	nd Highest Compensated (D)	Employees (continued) (E)	(F)
	Name and Title '				ition (check all that app				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(17)											
(18)					-						
(19)											
(20)											
(21)											
(22)		-									
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b c	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)	ts to Part VII, S	ectic	n A				<b>&gt; &gt; &gt;</b>	26,000		
2	Total number of individuals (in reportable compensation from	cluding but not li	mite	d to t			ed a	bove			•
3 4 5 Sec	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and related on line 1 Did any person listed on line 1 for services rendered to the oretion B. Independent Contraction Complete this table for your five	rmer officer, directions of the complete Schede 1a, is the sum dizations greater a receive or accepanization? If "Yors	ector ule J of rep than tue c	or troportal	such ble 6 0,000 ensa blete	indi comp 0? If  stion Sch	yidu Ye: from	al ation s, c n any e J f	n and other compensation for such person or such person	rom the h individual	Yes No  3 X  4 X  5 X
_	compensation from the organization	zation.						7			(C)
	Name and	(A) business address							Descrip	(B) obtain of services	(C) Compensation
						_					
2	Total number of independent of received more than \$100,000		-						se listed above) who	0	Form 990 (2010)

		(2010) DELAWARE VALLEY LEGACY FUN	1D	23-2802171		Page 9
Pa	rt V	II: Statement of Revenue				
·	,	Succession of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ងង	1a	Federated campaigns 1a	1 :	,	s /	. //
Ē	b	Membership dues 1b			_	1860
S,E	C	Fundraising events 1c	<i>2.</i> ,	·	, ·	
	d	Related organizations 1d			2. 4.	
Ş.E	0	Government grants (contributions) 18	. ;	. 4	11.1	
Program Service Revenue   Contributions, giffs, grants amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 255, 463				3 , ,
돌림	g	Noncash contributions included in lines 1a-1f: \$ 25,704	· · · · · · · · · · · · · · · · · · ·		,	
ပိုန်	h	Total. Add lines 1a-1f	255,463		2	
2		Busn. Code	, ,		in i	,
ē,	2a					
اق	þ					
울	C	··· · · · · · · · · · · · · · · · · ·				<del></del>
8	d					
퉏	е					
8	f	All other program service revenue			:	
4	_#	Total, Add lines 2a–2f		<u> </u>	* :	, <u> </u>
- 1	3	Investment income (including dividends, interest,	EC 220			56 220
		and other similar amounts)	56,220			56,220
	4	Income from investment of tax-exempt bond proceeds	-	_		
	5	Royalties				<del>,,</del>
1					* : .	
	6a	Gross Rents		^-,	1 48 14 1	n Coopi
	b	Less: rental exps	<i>'</i>	,		,
	_	Rental inc. or (loss)		7.A		
	7a	Net rental income or (loss)  Gross amount from (i) Securities (ii) Other				
		sales of assets	}		,	
		other than inventory  Less cost or other		(	ş. *	
		basis & sales exps		, <b>.</b>	11 m	<b>*</b> * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 *
	۔ ا	Gain or (loss)			"	** * 3 SAA
	•	Net gain or (loss)	\$	•	<i>'</i>	
	•	Gross income from fundraising events				
Other Revenue	"	(not including \$	•	·	,	
₽.		of contributions reported on line 1c).	. :			
8	1	See Part IV, line 18 a 42, 448	•	4.	23.20	_
를	ь	Less: direct expenses b 13,301	,	• '	100	,
δ		Net income or (loss) from fundraising events	29,147	]		29,147
	1	Gross income from garning activities.		200	,	
		See Part IV, line 19 a	\$		,	
	b	Less: direct expenses b		,	`	
		Net income or (loss) from gaming activities .				
		Gross sales of inventory, less	<u> </u>	/;		•
	1	returns and allowances a	į,	** * * * *	3 - 00-40-55-50	w
		Less: cost of goods sold b	;	( 2		
	C	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busn. Code			<b>1</b> .	
	11a					
	b			ļ		
	C			<del> </del>	<del></del>	<del> </del>
		All other revenue		<b></b>	Q 337,8 2	., ., ., .,
	0	Total. Add lines 11a–11d	240 020	<del> </del>		05 267
_	112	Total revenue. See instructions	340,830	0	<u>'I</u>	85,367

#### Form 990 (2010) DELAWARE VALLEY LEGACY FUND

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundreising expenses
		·	expenses		
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	49,160	49,160		
	Grants and other assistance to individuals in	49,100	45,100		
	the U.S. See Part IV, line 22				,
	Grants and other assistance to governments,			-	
	-				
	organizations, and individuals outside the			4	
	U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members	<del></del>			·
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	50 160	20 004	11 (24	17 451
	Other salaries and wages	58,169	29,084	11,634	17,451
	Pension plan contributions (Include section 401(k)				
	and section 403(b) employer contributions)		1 100	4.4.4	665
	Other employee benefits	2,218	1,109	444	665
10	Payroli taxes	5,094	2,547	1,019	1,528
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	10,173	5,087	2,035	3,051
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		11.11 11	*	
	Investment management fees				
	Other	1,024	512	205	307
•	Advertising and promotion				
13	Office expenses	12,527	5,299	2,872	4,356
14	Information technology	7,924	3,962	1,585	2,377
15	Royalties				
16	Occupancy	19,006	9,503	3,801	5,702
17	Travel	1,635	785		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,723	2,362	2,361	
20	Internal				
21	Payments to affiliates		<del></del>		-
22	Depreciation, depletion, and amortization			i	
23	leavenee	4,761	2,381	952	1,428
23 24	Insurance	1,,01			1
44	above (List miscellaneous expenses in line 24f. If		10		1
	,	,	Me .		
	line 24f amount exceeds 10% of line 25, column		ar die	with with a second	
_	(A) amount, list line 24f expenses on Schedule O.)	11,500	11,500		
8	SCHOLARSHIPS	1,872	11,500		1,872
b	BANK AND CREDIT CARD FEES	1,012		<del>                                     </del>	1,0,72
C	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
d	• • • • • • • • • • • • • • • • • • • •			<del> </del>	<del> </del>
8		<del></del>		<del>-</del>	<del> </del>
f	All other expenses	100 700	122 201	27,758	38,737
25	Total functional expenses. Add lines 1 through 24f	189,786	123,291	21,138	30,131
26	Joint costs. Check here   if following  SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column  (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	8,084	1	21,690
2	Savings and temporary cash investments	33,499	2	77,632
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	- 20 <sup>*</sup> 4 22 💥 📗		1. B. Star # 3
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			,
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		I	
	employers and sponsoring organizations of section 501(c)(9) voluntary	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	employees' beneficiary organizations (see instructions)		6	
Assets 8 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
و اگ	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or			->√.
1	other basis. Complete Part VI of Schedule D 10a		- 1	< → 2.
h	Less: accumulated depreciation 10b	••	10c	<i>~</i> .
11	Invastments - publish tended cognities		11	
12			12	
13	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11		13	611,255
14	- · · · · · · · · · · · · · · · · · · ·		14	011,200
15			15	<del></del>
1 -	Other assets. See Part IV, line 11	41,583	_	710,577
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,066	_	411
17	Accounts payable and accrued expenses	2,000		411
18	Grants payable		18	
19	Deferred revenue		19	<del></del>
20	Tax-exempt bond liabilities		20	
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	······································
를   <sup>22</sup>	• • • • • • • • • • • • • • • • • • • •			
Liabilities 22 23 24 25	employees, highest compensated employees, and disqualified persons.			
<b>-</b> I	Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	200
25	Other liabilities. Complete Part X of Schedule D	6,250		300
26		8,316	26_	711
8	Organizations that follow SFAS 117, check here ▶  X  and complete			
or Fund Balances	lines 27 through 29, and lines 33 and 34.			
음   27	Unrestricted net assets	6,331		9,214
<u> </u>	Temporarily restricted net assets	26,936		700,652
일   29			29	<del></del>
교	Organizations that do not follow SFAS 117, check here ▶ and	· " !	_`	,
5	complete lines 30 through 34.		`	· · · · · · · · · · · · · · · · · · ·
g 30	Capital stock or trust principal, or current funds		30	
ASSets 31 32	the contract of the contract o		31	
ğ 32	Retained earnings, endowment, accumulated income, or other funds		32	
등 33 원 34	Total net assets or fund balances	33,267		709,866
Ž   34		41,583	34	710,577

Form	1990 (2010) DELAWARE VALLEY LEGACY FUND 23-2802171				Pa	ge 12				
Pa	inf Xi Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>		_ <u>X</u> _				
			1.1	_	40					
1	Total revenue (must equal Part VIII, column (A), line 12)		1-			830				
2	Total expenses (must equal Part IX, column (A), line 25)		2			786				
3	Revenue less expenses. Subtract line 2 from line 1	• • • • •	3			044 267				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4									
5	Other changes in net assets or fund balances (explain in Schedule O)		5		25,	<u>555</u>				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			7.	00	066				
-	column (B))		6		09,	<u>866</u>				
ra	rt XII Financial Statements and Reporting					· -				
	Check if Schedule O contains a response to any question in this Part XII					┍╝╌┖╸				
	A				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			— I I						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					l				
•-	Schedule O.					x				
	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i></i> .			v					
				2b	X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				х					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · · · · · · · · · · · · · ·		2c	Λ.					
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O.									
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					l				
	issued on a separate basis, consolidated basis, or both:					ĺ				
•-	Separate basis Consolidated basis Both consolidated and separate basis				``					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					x				
	the Single Audit Act and OMB Circular A-133?			3a		┝≏╴				
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			3ь						
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	· ·····	<del></del>		990	(2010)				
				rom	1 フフリ	(2010)				

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

2010 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

DELAWARE VALLEY LEGACY FUND

Employer identification number 23-2802171

he (	orgai		•	e it is: (For lines 1 through 11, cl	•									
1	'			ciation of churches described in	section	170(b)(1)	(A)(i).							
2		A school desc	cribed in section 170(b)(1)(#	A)(ii). (Attach Schedule E.)										
3	/TEX	A hospital or	a cooperative hospital servic	e organization described in sec	tion 170(I	o)(1)(A)(ii	i).							
4	Ĺ.	A medical res		in conjunction with a hospital d	escribed i	n section	170(b)(	1)(A)(iii)	. Enter	the hos	pital's r	name,		
5				f a college or university owned o	r operate	d by a go	vernmer	tal unit d	describe	ad in		• • • • • • • • • • • • • • • • • • • •	• •	
•		_	b)(1)(A)(iv). (Complete Part	•	or operate	o								
6	$\Box$			overnmental unit described in se	etion 170	/b\/4\/A\	/s.s.t							
-	V								1	blic				
7	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.)													
8														
9	<u></u>	An organizati	on that normally receives: (1	) more than 33 1/3% of its supp	ort from co	ontribution	ns, mem	bership (	fees, ar	id gross	5			
		receipts from	activities related to its exem	pt functions—subject to certain	exceptions	s, and (2)	no more	than 33	3 1/3%	of its				
		support from	gross investment income an	d unrelated business taxable ind	cme (less	section (	511 tax)	from bus	sinesse	S				
		acquired by the	ne organization after June 30	), 1975. See section 509(a)(2).	(Complete	Part III.)								
10		An organizati	on organized and operated e	exclusively to test for public safe	ty. See se	ction 509	3(a)(4).							
11		An organization	on organized and operated e	exclusively for the benefit of, to p	erform the	e function	s of, or t	о сапу с	out the					
		purposes of o	ne or more publicly supporte	ed organizations described in se	ction 509(	a)(1) or s	ection 5	09(a)(2).	. See s	ection				
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	n and cor	nplete line	es 11e ti	rough 1	1h.					
		a Type	I b Type II	c Type III-Functions	ally integra	ited	d	Туре	e III-Oti	ner				
8	-	By checking t		nization is not controlled direct	v or indire	ctly by on	e or mor	e disqua	alified p	ersons				
		•	•	r than one or more publicly supp	-	• •		•	•		<b>,</b>			
		or section 509			·									
f				mination from the IRS that it is	a Type I. 1	voe II. or	Type III	supporti	ina					
•			check this box		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	.,,		•					
9		•	**** * ****	ion accepted any gift or contribu	tion from	anv of the			• • • • • •		• • • •			
8		following per	• •	on coopies any gut or commen		,								
				ntrols, either alone or together v	rith nerson	ne descrit	ed in (ii)	and				L.	res No	-
			v, the governing body of the		po.oo.		, , , , , , , , , , , , , , , , , , ,					11g(i)	33 110	-
		• -	member of a person describ	- · ·			•• •		• • •	• • • • • • •	• •	11g(II)		•
			ontrolled entity of a person d	***************************************	• • • •						• • •	119(18)		-
_			•	***	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			110H(m)	<del></del>	-
<u>h</u>	<b></b>			ne supported organization(s).	(hA) to the o		6404.	au aatt.	(vf)	s the		vii) Amou		-
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		erganization sted in your		ou notify tization in	organizat		·	Suppor		
				above or IRC section		document?	∞l.(ii)	of your	(I) ordsur	zed in the		••		
				(see instructions))	Yes	No	Yes	No	Yes	5.7 No				
(A)					1	<del>                                     </del>	<del>                                     </del>							•
<b>'</b> ^)						ŀ								
(B)						<u> </u>								-
					<u> </u>									_
(C)								}						
(D)			-		<del>                                     </del>			1			-			-
					<u> </u>									_
(E)														
			/ \% / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 -	7		<del> </del>	<del>                                     </del>	;	<del>                                     </del>			•
Tota	.,		, , , , , , , , , , , , , , , , , , ,		1.	1	1	1		; \				
	11		L	İ	<u> </u>	14.5	<u> </u>	<u> </u>	<u></u>					_

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,373	164,084	129,738	233, 957	255,463	826, 615
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	43,373	164,084	129,738	233,957	255, 463	826,615
5	The portion of total contributions by		: 4	11 11 11 11	4	4.	
	each person (other than a governmental unit or publicly	( ) ( ) ( " )	**			· 6 ·	
	supported organization) included on	,	;	.,		ŕ	
	line 1 that exceeds 2% of the amount	,		,	. ,		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		, ,				826, 615
	tion B. Total Support	1-1-0000	44.0007		4.00000	4-1-0040	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	43,373	164,084	129,738	233,957	255,463	826,615
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,548	1	19,044	528	56,220	131,341
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			21,087	8,048	29,147	58,282
11	Total support. Add lines 7 through 10				3		1,016,238
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop her				<u> </u>		
Sec	tion C. Computation of Public Su						-
14	Public support percentage for 2010 (line 6	• •	•	n (f))		. 14	81.34%
15	Public support percentage from 2009 Scho	-	• • •			15	83.06%
16a					-		
	box and stop here. The organization quali		• •				▶ <u>X</u>
Ь	33 1/3% support test—2009. If the organi						
47-	check this box and stop here. The organiz						
17a							
	10% or more, and if the organization meet				•		
	Part IV how the organization meets the "fa		_	•			
ь	organization 10%-facts-and-circumstances test—200						
•	15 is 10% or more, and if the organization	_				m ie	
	Explain in Part IV how the organization me				· ·	lich	
	supported organization			•	•	•	<b>.</b> —
18	Private foundation. If the organization did	i not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	••••	
	Instructions						▶ [
			• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	

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

(Complete only if you checked the box on line 9 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.)

payments received on securitles loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	600	ii the organization rails to	quality under	the tests lister	o below, pleas	e complete Pa	art II.)	
Giller, gamels, contributions, and membership tees received. (Donn it include any missal grants).  Gross receipts from addition, mechanides add or savckes performed, or facilities.  Gross receipts from additions that are not an unrelated best of savckes performed, or facilities.  Gross receipts from additions that are not an unrelated best of savckes performed, or facilities.  The value of savckes or facilities that are not an unrelated best benefit or supership to the organization without changes.  The value of savckes or facilities to the organization without changes.  The value of savckes or facilities to the organization without changes.  The value of savckes or facilities to the organization without changes.  The value of savckes or facilities to the organization without changes.  The value of savckes or facilities to the organization without changes.  The value of savckes organized to the through the value of the value organization without changes.  The value of savckes organized the value of the value organization without changes.  The value of savckes organized the value of the value of the value organization without the value organization without the value organization without the value organization without the value organization without the value of the value organization without the value of the va							1	
less riselved. (Do not include any "unusual grants.")  2. Gross resights from admissions, merchandles promotions and provide the state of the organization's face-sening purpose  3. Gross resights from admissions, merchandles tunished an law admitty but its related to the organization's face-sening purpose  3. Gross resights from admissions under section 513  4. Tax revenues levided for the organization's benefit and either paid to or expended on its behalf in the displayment of the companization without charge is considered on the section for the companization without charge is considered on the section for the companization without charge is considered on the section for the companization without charge is considered from organization organization without charge is considered from organization organi	Caler	• • • • • •	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
bemished hay sething the senting propose are cognitionals files entering propose and enganizations files entering propose of business under section 513 unrelied trades or business under section 513 unrelied trades or business and section 513 unrelied trades or business and section 513 unrelied trades or business and section 513 unrelied to or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or expended on its behalf or the second on its behalf or the expended on its behalf or its behalf	1	fees received. (Do not include any "unusual						
Unrelated valar or business under exciton 513  **Tax reviewous fewed for the organization's benefit and either paid to or expanded on its behalf is the paid to or expanded on its behalf is the organization's benefit and either paid to or expanded on its behalf is the organization without change is the organization without change is a section of the paid to the organization without change is a section of the desired of the paid to the organization without change is a section of the desired of the paid to t	2	furnished in any activity that is related to the			, ,			
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19a 33 1/3% support tests—2010. 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—2009. 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				III line 17				
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—2009. 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		• • • •		•		more than 33 1/39		
b 33 1/3% support tests—2009. 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								<b>•</b> —
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ь					-		
	_	**						•
	20			=				<u></u>

Schedule A (Form 990 or 990-EZ) 2010 DELAWARE VALLEY LEGACY FUND 23-2802171 Page Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See
instructions).
PART II, LINE 10 - OTHER INCOME DETAIL
SPECIAL EVENTS \$ 58,282

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

lame	e of the organization		Employer	identification number
וח	ELAWARE VALLEY LEGACY FUND		23-28	302171
	organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part	nds or Other Similar Funds or IV, line 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v			
	only for charitable purposes and not for the benefit of the donor or donor	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the organic	anization answered "Yes" to Fo	rm 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	•		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	nportant land	area
	Protection of natural habitat	Preservation of a certified histor	-	
	Preservation of open space	<del></del>		
2	Complete lines 2a through 2d if the organization held a qualified conservation	vation contribution in the form of a conse	ervation	
	easement on the last day of the tax year.			
				leid at the End of the Tax Year
а	Total number of conservation easements			<del></del>
ь				
C	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c	
d				· · · · · · · · · · · · · · · · · · ·
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organiza	tion during th	ne
	tax year ▶		_	
4	Number of states where property subject to conservation easement is lo	cated >		
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ing conservation easements during the y	rear	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or	onservation easements during the year		
	<b>▶</b> \$	•		
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easems			
	balance sheet, and include, if applicable, the text of the footnote to the c	organization's financial statements that d	lescribes the	
	organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		r Similar A	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	at to report in its revenue statement and	balance shee	ot
	works of art, historical treasures, or other similar assets held for public e			
	public service, provide, in Part XIV, the text of the footnote to its financia	al statements that describes these items.	•	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ince sheet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or o		ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958) r	relating to these items:		
8	Revenues included in Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990, Part X  Paperwork Reduction Act Notice, see the Instructions for Form 990.		<u> </u>	<u>S</u> _
For	Pananuary Reduction Act Nation, one the Instructions for Form 000			Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 DELAWARE V	/ALLEY LEGACY	FUND	23-28	302171	Page 2
Pa	rt'lli Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, chec	k any of the following	g that are a significa	int use of its	
а	: Public exhibition	d   Loan	or exchange progran	ns		
b	Scholarly research					
c	Preservation for future generations	<u> </u>				
4	Provide a description of the organization's colle	ections and explain how t	hev further the organ	nization's exempt pu	roose in Part	
	XIV.		,			
5	During the year, did the organization solicit or r	eceive donations of art. I	nistorical treasures. c	r other similar		
	assets to be sold to raise funds rather than to b					Yes No
Pa	rt IV Escrow and Custodial Arra	ngements. Comple	te if the organiz	ation answered	"Yes" to For	m 990, Part IV,
	line 9, or reported an amour					•
1a	Is the organization an agent, trustee, custodian			er assets not		
	included on Form 990, Part X?					Yes No
ь	If "Yes," explain the arrangement in Part XIV as	nd complete the following	table:			
	•					Amount
С	Beginning balance				1c	
	Additions during the year				1d	<del></del>
	Distributions during the year					
f	Ending balance				1f	
-	Did the organization include an amount on For	m 990. Part X. line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV.					165 , 110
	rt V. Endowment Funds. Comple	ete if organization a	nswered "Yes"	o Form 990, P	art IV. line 10	) <u>.</u>
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four years back
1a	Beginning of year balance					
	Contributions				-	<i>"</i>
	Net investment earnings, gains, and					>
_	losses				1	
d	Grants or scholarships		* .			
	Other expenditures for facilities and					
•	programs					·
f	Administrative expenses		<del></del>			
g	End of year balance				<u> </u>	- (e) / / /
2	Provide the estimated percentage of the year e			<u> </u>		1.97
a	Board designated or quasi-endowment ▶					
h	Permanent endowment ▶ %					
	Term endowment ▶ %					
	Are there endowment funds not in the possess	ion of the organization th	at are held and adm	inistered for the		
-	organization by:	non or the organization th		instored for the		Yes No
	(i) unrelated organizations					3a(i)
	(II) related organizations		•• ••			3a(ii)
h	If "Yes" to 3a(ii), are the related organizations i	isted as required on Sch			•• •	3b
4	Describe in Part XIV the intended uses of the o				•• ••••	
D,	rt VI Land, Buildings, and Equip			10		
	Description of investment	(a) Cost or other basis	(b) Cost or other		cumulated	(d) Book value
		(investment)	(other)	1 ''	reciation	(a) boom value
4-	1 204		(22.31)	<del></del>	7 7	<del></del>
Id L	Land				- 448 °	
	Buildings		_	-	- ·	· · · · · · · · · · · · · · · · · · ·
	Leasehold improvements		<del> </del>			<del></del>
	Equipment			<del></del>	<del></del>	
_	Add lines 1a through 1e. (Column (d) must eq.	ual Form 900 Part Y cot	ump /B\ line 10/o\\		<b>→</b>	

Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.	
(a) Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		·
( <del>f</del> )		
(G)		· · · · · · · · · · · · · · · · · · ·
(H)		
(0)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	00 Ded V See 42	1,,,,,
Part VIII Investments—Program Related. See Form 99	· · · ·	fol Mathed of voluntion
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) DONOR ADVISED FUNDS	611,255	
(2)	1	
(3)		
(4)		
(5)		
(6)		
_(7)		
(8)		
(9)		
(10)	(11 055	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.	611,255	
(a) Description		(b) Book value
(1)	<del></del> .	(5) 5551 1515
(2)		
(3)	· · · · · · · · · · · · · · · · · · ·	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	·	
Part X Other Liabilities. See Form 990, Part X, line 2		
1. (a) Description of liability	(b) Amount	**
(1) Federal income taxes	300	
(2) ACCRUED EXPENSES	300	
(3) DUE TO PHILA FOUNDATION		
(4) (5)		
(6)		
(7)		The May Flore field in the Control of the Control o
(8)	<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(9)		[ S. 4. P. 130 1994]
(10)		1
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	300	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	o the organization's financial	statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	dule D (Form 990) 2010 DELAWARE VALLEY LEGACY FUND	23-280217	/1	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial Stater</b>	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	340,830
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	189,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	151,044
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7			7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	151,044
	rt XII Reconciliation of Revenue per Audited Financial Stateme		turn	
1	Total revenue, gains, and other support per audited financial statements		1	340,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	<u> </u>		1	
C	<b>-</b>		1 4	
ď	Other (Describe in Part XIV.)	2d	1 🗐	
6	Add lines 2a through 2d		Že	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	3	340,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	t	7	0.207.000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Albert Managher to Book MILLS	4b	1 1	
C	Add the desired Ab		46	
5			5	340,830
	art XIII : Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	0.07000
1	Total companies and leaves and couldn't first all statements		1 1	189,786
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		<u> </u>
- а		2a		
b	Prior year adjustments	2b	1	
c	Other lesses	2c	1	
٦	Other (Describe in Best VRA)	2d	1:1	
_	Add lines 2s through 2d		2e	
3	Subtract line 2e from line 1		3	189,786
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	f 1		2037100
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b	- 1	
~	Add lines 4a and 4b	40	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	189,786
	art XIV Supplemental Information	***********		103,700
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	os to and 4: Port IV lines the and		
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an			
		u 4b. Also Willpiete tilis part to p	TOTILE	
any a	additional information.			
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			Schod	ulo D (Form 990) 2010

#### DELLEGACY 09/23/2011 2:05 PM Pg 27

Schedule D (Fo	rm 990) 2010	DELAWARE	VALLEY	LEGACY 1	TUND	23-2802	2171	Page 5
Part XIV	Supplemen	DELAWARE ntal Information	(continue	d)				
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**SCHEDULE G** (Form 990 or 990-EZ) Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization 23-2802171 DELAWARE VALLEY LEGACY FUND Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of ∞l. (l) contributions' Yes No

10 **Total** 

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

_		5,000 of fundraising event c ross receipts greater than \$5 (a) Event #1	5,000. (b) Event #2	(c) Other events	<del></del>
		SPECIAL EVENTS (event type)	(event type)	NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	Gross receipts     Less: Charitable contributions	42,448	(event type)	(total number)	42,448
_	3 Gross income (line 1 minus line 2)	42,448			42,448
	4 Cash prizes				· · · · · · · · · · · · · · · · · · ·
	5 Noncash prizes	1,939			1,939
ses	6 Rent/facility costs	1,140			1,140
Direct Expenses	7 Food and beverages	3,623			3,623
	8 Entertainment				
	9 Other direct expenses	6,599			6,599
- 1					
P	11 Net income summary, Cart III Gaming. Cor	y. Add lines 4 through 9 in column (d) ombine line 3, column (d), and line 10 nplete if the organization ans	<u>0</u>		13,301 29,147 orted more
_	11 Net income summary, Cart III Gaming. Cor	ombine line 3, column (d), and line 10	<u>0</u>		13, 301 29, 147 orted more (d) Total gaming (add col. (a) through col (c))
Revenue T	11 Net income summary, Cart III Gaming. Cor	ombine line 3, column (d), and line 10 nplete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or rep	orted more (d) Total gaming (add
Revenue	art III Gaming. Cor than \$15,000	ombine line 3, column (d), and line 10 nplete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or rep	orted more (d) Total gaming (add
Revenue	art III Gaming. Corthan \$15,000	ombine line 3, column (d), and line 10 nplete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or rep	(d) Total gaming (add
_	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes	ombine line 3, column (d), and line 10 nplete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or rep	orted more (d) Total gaming (add
Revenue	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes	ombine line 3, column (d), and line 10 nplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	Swered "Yes" to Form 990  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	orted more (d) Total gaming (add
Revenue	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs	ombine line 3, column (d), and line 10 nplete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or rep	orted more (d) Total gaming (add
Revenue	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	ombine line 3, column (d), and line 10 nplete if the organization ans on Form 990-EZ, line 6a.  (a) Bungo	Swered "Yes" to Form 990  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming  Yes%	(d) Total gaming (add col. (a) through col (c))
Revenue	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary	ombine line 3, column (d), and line 10 nplete if the organization ans on Form 990-EZ, line 6a.  (a) Bungo  Yes% No	(b) Pull tabe/instant bingo/progressive bingo	(c) Other gaming  Yes% No	(d) Total gaming (add col. (a) through col (c))
ω ω Direct Expenses Revenue	11 Net income summary. Cart III Gaming. Corthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summar  8 Net gaming income sum  Enter the state(s) in which the	ombine line 3, column (d), and line 10 nplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo  Yes	Swered "Yes" to Form 990  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  I line 7	(c) Other garning  Yes % No	(d) Total gaming (add col. (a) through col (c))

Sche	edule G (Form 990 or 990-EZ) 2010 DELAWARE VALLEY LEGACY FUND 23	3-280217	<u> 11</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer charitable gaming?			Yes 🗌 No
13	Indicate the percentage of gaming activity operated in:	1	_	
а	The organization's facility	13a	<u> </u>	%%
Ь	An outside facility	1 406		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		_	_
	revenue?			Yes 🗌 No
þ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address N			
	Address P		• • • • • •	
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes U No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pai	rt IV Supplemental Information. Complete this part to provide the explanations required to			a Albia
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicab part to provide any additional information (see instructions).	ie. Also cor	npiete	€ tnis
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	SCHBG	ule G (Form 99	プロ ロレス	00°E4) 4010

Pg 31		
38/23/2011 2 05 PM Pg 31	E	_
DELLEGACY 097	SCHEDUL	(Form 990)

Department of the Treasury Internal Revenue Service Name of the capanization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number

23-2802171

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

DELAWARE VALLEY LEGACY FUND

**General Information on Grants and Assistance** 

Part I 🛪

the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**ջ** ⊠

\_\_\_\_\_

Part It.: Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	rernments an cipient that reis needed	d Organi ceived m	zations in the Un ore than \$5,000.	ited States. Com Check this box if	plete if the org no one recipie	anization ansv nt received m	wered "Yes" to ore than \$5,000. Part II ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section d applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE ATTIC YOUTH CENTER 255 SOUTH 16TH STREET PHILADELPHIA		3	6,200				SUPPORT LGBTI COMM.
POINT PHILADE EHIGH AVENUE PA		ю	10,000				SUPPORT LGBTI COMM.
A HEALTH ED STREET		т	10,000				SUPPORT LGBTI COMM.
:							
(9)							
(9)							
(3)							
(8)							
(6)						•	
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	ganizations						

Schedule I (Form 990) (2010)

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

Schedule 1 (Form 990) (2010) DELAWARE VALLEY LEGACY	LEY LEGACY FUND		23-2802171		Page 2
	o Individuals in the Uitional space is neede	Inited States. Comp ed.	olete if the organizati	Inited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
(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 non-cash assistance
2					
3					
*					
4					
Part IV Supplemental Information. Complete this part to provide the information required in Part I	mplete this part to pro	vide the information	1	line 2, and any other additional information.	onal information.
			: : : : : : : : : : : : : : : : : : : :		
		:			
			:		
			:		
DAA					Schedule I (Form 990) (2010)

DELLEGACY 08/23/2011 2.05 PM Pg 32

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

➤ Complete if the organizations answered "Yes" on Form 980, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE VALLEY LEGACY FUND

Employer identification number 23–2802171

Pa	rt 1 Types of Property								
•		(a) Check if applicable	(b) Number of contributions or stems contributed	(c) Noncash contribution amounts reported on Form 980, Part VIII, line 1g		(d) Method of determinin concesh contribution amo	-		
1	Art—Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests		<u> </u>			<del></del>			
4	Books and publications		. , :',						
5	Clothing and household								
	goods		<u>:</u>						
6	Cars and other vehicles		ļ			<del></del>			
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
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		ļ						
15	Real estate—Residential			10.00					
16	Real estate—Commercial	X	1	19,006					
17	Real estate—Other								
18	Collectibles								
19	Food inventory	<del></del>							
20	Drugs and medical supplies							-	
21	Taxidermy				<u> </u>				
22	Historical artifacts		<u> </u>						
23	Scientific specimens								
24	Archeological artifacts	<b>—</b> —		6 600	ļ				
25	Other ▶ ( )	X	2	6,698					
26	Other ▶ ( )	-		<u>.</u>		<del></del>			
27	Other ▶ ( )	·	<del>                                     </del>		<del> </del>				
28	Other ►(	<u>.</u>			<u> </u>	<del></del>			
29	Number of Forms 8283 received by	-	· · · · · · · · · · · · · · · · · · ·						
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	agement	29			Yes	No
20-	Ouring the uses did the assessmention			hisanadad in Dad I. linaa d	20 15-1			165	NO
30a	During the year, did the organization		• • • •	• •					l
	it must hold for at least three years f			on, and which is not require	a 10 De		20-		х
_	used for exempt purposes for the en		g penod?		•		30a		<del>  ^-</del>
31	If "Yes," describe the arrangement in Does the organization have a gift ac		notion that convices the se	way of any and atomical					
31				=			31	i	Х
32a	contributions?  Does the organization hire or use the	int nation	or related organizations t	a salicit process or sell an	 Incash		-31		┢
450		•	•				32a		x
ь	If "Yes," describe in Part II.			*****			328		<del>  ^</del> -
33	If the organization did not report an	amount in	column (c) for a time of o	roperty for which column (s	) is checked				1.2
	describe in Part II.		(a) .a. a .ypo oi p	. openy nor minon consisti (c	-,			,	1

Schedule M (Form	1 980) (2010) DEL	<u> AWARE VALLEY</u>	<u>Y LEGACY FU</u>	<u> </u>	23-2802171		Page 2
Part 11%	Supplemental	Information. Com Implete this part f	plete this part to	provide the info	ormation required b	y Part I, lines 30b, 3	2b,
·							••••
				• • • • • • • • • • • • • • • • • • • •			
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Transver

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2010 Open to Public

Name of the organization

Open to Public Inspection
Employer identification number

DELAWARE VALLEY LEGACY FUND	23-2802171
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS REVIEWED BY FINANCE COMMITTEE AND TREASURER	S TO REVIEW FORM 990
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS I	FOR TOP OFFICIAL
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS I	FOR OFFICERS
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS	SCLOSURE EXPLANATION
FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSONE OF THE ENDOWMENT'S FUNDS HELD BY THE PHILADELPH RECLASSIFIED AS DVLF'S ASSETS. THE BOARD OF DIRECTOR FOUNDATION REVIEWED ALL AVAILABLE DOCUMENTS AND HAVE	IA FOUNDATION HAS BEEN ORS AND THE PHILADELPHIA
PHILADELPHIA FOUNDATION DOES NOT HAVE VARIANCE POWER	
ADJUSTMENT WAS RECORDED, AND ALL CURRENT YEAR ACTIVE TEMPORARILY RESTRICTED.	ITY WILL BE RECORDED AS

Form **8868** 

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

(Rev January 20	011)	LACII	ipt Orga	inization Neturn		OWB N	10 1545-1709
Department of thinternal Revenue		▶ File a	a separate a	application for each return.			
		tomatic 3-Month Extension, complet	e only Part I	and check this box			▶ X
				nplete only Part II (on page 2 of this for	m)		<b>,</b>
				month extension on a previously filed F			
•					J J.J.J		
Electronic fili	ng (e-file). Yo	u can electronically file Form 8868 if yo	u need a 3-n	nonth automatic extension of time to file	(6 months	s for	
				nth extension of time. You can electronic			
				rt II with the exception of Form 8870, In			
				must be sent to the IRS in paper forma			
				ov/efile and click on e-file for Charities (		ts	
Part I	Automati	c 3-Month Extension of Time	. Only sub	omit original (no copies needed	1).		
A corporation	required to file	Form 990-T and requesting an automa	itic 6-month	extension-check this box and complete			_
Part I only			•				▶ [
		ling 1120-C filers), partnerships, REMIC	Cs, and trusts	s must use Form 7004 to request an ext	ension of t	lime	
to file income t							<del></del>
Type or	Name of exe	empt organization			Employ	er identification	number
print							
File by the due date for		RE VALLEY LEGACY FU			23-2	802171	
filing your return See		eet, and room or suite no. If a P.O. box, IARKET STREET 18TH	, see instruct FLOOR	lions. 1800			
instructions	City, town or	r post office, state, and ZIP code. For a	foreign addr	ress, see instructions			
	PHILAD	DELPHIA PA	19107	<u> </u>			
Enter the Retu	irn code for the	e return that this application is for (file a	separale ap	oplication for each return)			01
				· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
Application	I		Return	Application			Return
Is For			Code	Is For			Code
Form 990	<del></del>	<del></del>	01	Form 990-T (corporation)			07
Form 990-B		· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A		<del></del>	08
Form 990-E			03	Form 4720			09
		. 408(a) to (a)	04 05	Form 5227 Form 6069			10
	(trust other that	r 408(a) trust)	05	Form 8870		-	11
1 0/11/ 330-1	tung one m	MANAGEMENT	1 00	Form 8870		<del></del>	12
		1234 MARKET STREET, 1	BTH FIO	OCR			
The books :	are in the care of	► PHILADELPHIA		, o. K		PA 191	07
		5-563-6417	FAX No	· · · · · ·			
		not have an office or place of business					▶□
-		urn, enter the organization's four digit G			this is	*****	٠ ـ
	group, check ti		-				
a list with the	names and Ell	Vs of all members the extension is for	•				
1   reques	st an automatic	3-month (6 months for a corporation re	equired to file	e Form 990-T) extension of time			
_				janization named above. The extension	is		
for the	organization's i	return for					
▶ 🗓	calendar year	2010 or					
▶ []	tax year begin	nning , and ending					
2 If this ta	v vear entered	I in line 1 is for less than 12 months, ch	eck toasoo:	Initial return Final return			
	hange in acco		eck leason	IIIIIIarretum Finarretum			
3a If this a	pplication is fo	r Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, enle	r the tentative tax, less any	<del></del>		<del></del>
		See instructions		<u> </u>	3a	\$	
b If this a	pplication is fo	r Form 990-PF, 990-T, 4720, or 6069, e	enter any refu	undable credits and			
		its made Include any prior year overpa	-		3b	s	
c Balanc	e due. Subtrac	et line 3b from line 3a Include your pay	ment with thi	is form, if required, by using EFTPS			
(Electro	nic Federal Ta	ax Payment System). See instructions		· <del></del>	3с	s	
Caution, If yo	ou are going to	make an electronic fund withdrawal wil	th this Form	8868, see Form 8453-EO and Form 887	9-EO for		-

payment instructions For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

Form 8868 (F	Rev. 1-2011)					Page <b>2</b>
• If you are	filing for an Additional (Not Automatic) 3-Month Ex	tension, con	nplete only Part II and check this box			— <u>►</u> ₩
	omplete Part II if you have already been granted an au			8868.	• ••	
	filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E			o copi	es needed	n.
Type or print	Name of exempt organization			_		tion number
File by the	DELAWARE VALLEY LEGACY F	מאוז		23-2	802171	
extended	Number, street, and room or suite no. If a P.O. box		lione	<u> </u>	002111	
due date for	1	FLOOR	1800			
filing your return See	City, town or post office, state, and ZIP code. For a					
instructions		A 19107				
Enter the Ret	urn code for the return that this application is for (file	a separale ap	oplication for each return)			. 01
Application	n	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01				
Form 990-8	3L	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			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 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
STOPI Do no		an automatic	c 3-month extension on a previously f	led Form	88 <u>68.</u>	
	MANAGEMENT					
		18TH FLC	OOR	•		
	are in the care of PHILADELPHIA	PA				19107
-	ne No. ▶ 215-563-6417	FAX No	• • •			. —
	anization does not have an office or place of business					▶ 📙
	or a Group Return, enter the organization's four digit			_		
	· ·	irt of the grou	p, check this box	attach a		
	ames and EINs of all members the extension is for.	/15/11				
-		1/15/11				
	endar year $2010$ , or other tax year beginning ax year entered in line 5 is for less than 12 months, ch		and ending Initial return Final return	•		
	Dispersion of the property of	ieck reason.	Initial return Final return			
	n detail why you need the extension					
1 State II	i detail why you need the extension					
	• • • • • • • • • • • • • • • • • • • •			• •		÷
••	• • • •			•		•
	application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, ente	r the tentative tax, less any			
	undable credits. See instructions		undahta andib and	8a	\$	
	application is for Form 990-PF, 990-T, 4720, or 6069,	-				
	ted lax payments made. Include any prior year overpa	ayment allowe	ed as a credit and any	05	1	
	It paid previously with Form 8868		is form of sourced burning ECTDS	<u>  8b</u>	\$	
	ce Due. Subtract line 8b from line 8a. Include your pa	-	is form, if required, by using EF1PS			
(Electi	onic Federal Tax Payment System). See instructions.		nd Verification	8c	\$	
	is of perjury, I declare that I have examined this form, includin nd complete, and that I am authorized to prepare this form	•		if my know	ledge and beli	2f. it is
Signature >	Chilis y Warl		itle > CPA 28050			<u> 08/08/11</u>
	<i>[</i> ]				Form	8868 (Rev. 1-2011)