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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A For the 2013 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address change DELAWARE VALLEY GRANTMAKERS X Name change 23-2518417 Doing Business As PHILANTHROPY NETWORK GREATER PHI Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Termin-ated 230 S BROAD STREET 402 (215)790-9700Amended return City or town, state or province, country, and ZIP or foreign postal code 750,172. G Gross receipts \$ Applica-tion pending PHILADELPHIA, PA 19102 H(a) Is this a group return Yes X No F Name and address of principal officer DEBRA KAHN for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 」Yes No Tax-exempt status: X 501(c)(3))◀ (insert no.) 4947(a)(1) or __ 501(c) (If "No," attach a list. (see instructions) J Website: ▶ WWW.PHILANTHROPYNETWORK.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: PA Part I | Summary Briefly describe the organization's mission or most significant activities TO INFORM AND INSPIRE Governance PHILANTHROPY THAT SPARKS SOLUTIONS AND HEIGHTENS THE QUALITY OF LIFE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 39 Total number of volunteers (estimate if necessary) 6 4,350. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 492,906. 681,884. Contributions and grants (Part VIII, line 1h) 48,771. 63,105. Program service revenue (Part VIII, line 2q) 903. 677. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,665. 4,506. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 548,245. 750,172. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 387,518. 403,767. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 179,272. 308,582. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 566,790. 712,349. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -18,545. 37,823. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 440,632. 479,661. Total assets (Part X, line 16) 2014 12,742. 13,948. 21 Total liabilities (Part X, line 26) 465,713 427,890. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corpotete. Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge or Kal Signature of officer Sign DEBRA KAHN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 7/22/1 CPA P01685411 DAVID JACOBSON Paid DAVID JACOBSON, CPA sett-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's address 610 W.GERMANTOWN PIKE, STE.400 **Use Only** Phone no. 215-643-3900 PLYMOUTH MEETING, PA 19462 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

9-17

Form 990 (2013)

4e

Other program services (Describe in Schedule O)

Total program service expenses

61,699 . including grants of \$

Form 990 (2013)

DIVERSITY OF OUR MEMBERS AND IN TURN ENHANCE THE ORGANIZATION'S

540,635.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	NO
'	If "Yes," complete Schedule A	1	х	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	X	ĺ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			'
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ <u>.</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			**
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f			v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	\vdash
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	X	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 `~	†	
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2013)

Part IV	Checklist of Required Schedules (continued	I)
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or 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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	İ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	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			
	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, Part II, III, or IV, and		1	l
	Part V, line 1 .	34	 -	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	x	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-:
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	ļ		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		,	
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			:
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?	8		 -
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		\vdash
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	.		
a	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 10b			,
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14.0		†
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	142		x

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

•			02 0510	417	_	•
	990 (2013) DELAWARE VALLEY GRANTMAKERS		23-2518	_		age 6
Par				'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. See i	nstructions.			<u></u>
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					:
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			·
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ct 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 wa	as filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:	-		_
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	s, affiliates,		1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to coi	iflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " a	escribe			
	ın Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	ļ
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				٠ ـ ا
а	The organization's CEO, Executive Director, or top management official			15a	X	L
b	Other officers or key employees of the organization			15b	X	<u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment '	with a			:
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	on's			
	exempt status with respect to such arrangements?	_		16b		L
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 (Sec	tion 501(c)(3)s only) :	avaılat	ole	

for public inspection. Indicate how you made these available. Check all that apply

X Own website X Another's website X Upon request Other (explain in Schedule O)

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - (215)790-9700

19102 230 S BROAD STREET, NO. 402, PHILADELPHIA PA

Form 990 (2013)

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

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

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

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

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck i		than (วกอ	Reportable	Reportable	Estimated
	hours per	box,	unle	ss per	rson	s bot	n an	compensation	compensation	amount of
	week		JG 201		ii ocic	77.11 03	100)	from	from related	other
	(list any	irecto					,	the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(VV-2/1099-WIISC)	organization
	organizations	ruste	ıl trus		e e	mpeu		(** 2 1033 1/1100)		and related
	below	dualt	utrona	_	튙	stco	.			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ŭ
(1) BILL BLACK	1.00									
BOARD MEMBER		X						0.	0.	0.
(2) JENNIFER T. BOHNENBERGER	1.00									
BOARD MEMBER		X		ľ				0.	0.	0.
(3) DENISE BROWN	1.00						ļ			
BOARD MEMBER		X	ļ		<u> </u>			0.	0.	0.
(4) PAUL DILORENZO	1.00	ļ						_	_	_
BOARD MEMBER		X	_		<u> </u>	ļ		0.	0.	0.
(5) MEREDITH A. HUFFMAN	1.00								_	
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(6) RUSSELL JOHNSON	1.00					1				•
SECRETARY		Х	_	X		ļ	ļ	0.	0.	0.
(7) VALERIE K. MARTIN	1.00									
TREASURER		X		X	_	_		0.	0.	0,
(8) SARAH MARTINEZ-HELFMAN	1.00									•
BOARD MEMBER		Х		<u> </u>	<u> </u>	<u> </u>	ļ	0.	0.	0 .
(9) SARA MORAN	1.00	ļ		l						•
VICE PRESIDENT		X	ļ	X	ļ			0.	0.	0
(10) JOSEPH PYLE	1.00						ŀ			•
BOARD MEMBER		X	-	_		-	<u> </u>	0.	0.	0
(11) SUSAN A. SEGAL	1.00			l						
PRESIDENT		X	ļ	X	ļ	ļ		0.	0.	0
(12) ANDREW TOY	1.00	∤		ŀ						•
BOARD MEMBER		X	<u> </u>		⊢	—		0.	0.	0.
(13) BEATRIZ VIEIRA	1.00	∤								_
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>	 	—	<u> </u>	0.	0.	0.
(14) MAILEE WALKER	1.00			ŀ						
BOARD MEMBER		X	-	├	↓ _	╄	<u> </u>	0.	0.	0.
(15) RUTH CLAUSER	1.00	1					ĺ			_
BOARD MEMBER	1 00	X		├-		├		0.	0.	0
(16) ANNA GUARNERI	1.00	-								
BOARD MEMBER	40.00	X	├-	├-	\vdash	┼		0.	0.	0
(17) DEBRA KAHN	40.00	$\{$.		100 000	0.	6 000
EXECUTIVE DIRECTOR 332007 10-29-13			<u> </u>	<u> </u>		X	<u> </u>	108,000.	<u> </u>	6,900 Form 990 (2013

(A)	(B)	ployees, and Highest Co (C)		(D)	(E)	(F)						
Name and title	Average hours per		not cl	Position check more than on ess person is both a				Reportable compensation	Reportable compensation	,	Esti	mated ount of
	week (list any hours for		ficer and		rector	ctor/truster		from the organization	from related organizations (W-2/1099-MIS	,	ot compe	ther ensation
	related organizations	individual trustee or director	Institutional trustee		oyee	Highest compensated employee		(W·2/1099·MISC)	(W-2) 1093-WIG		orgar	nzation related
	below line)	Individua	Institutio	Officer	Key employee	Highest of employe	Former		···-		organ	ızatıons
								-				
										-		
		-										
b Sub-total				l]	<u> </u>	108,000.		0.	6	,900
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<u> </u>	108,000.		0.	6	,900
2 Total number of individuals (including but compensation from the organization		nose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	e ——		
Did the organization list any former offic			e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on			res N
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$	e sum of reportab	le co							the organization		4	2
Did any person listed on line 1a receive	or accrue compe	nsati	ion f	rom	any	unre			dual for services			
rendered to the organization? If "Yes," c ection B. Independent Contractors											5	}
Complete this table for your five highest the organization. Report compensation										pensa ———		om
(A) Name and busine	ess address	N	ONE	<u> </u>				(B) Description of s	ervices	Co	(C) mpens	sation
				_								
								······································				
							- 1		1			
Total number of independent contractor				-1:				Labora V.				

DELAWARE VALLEY GRANTMAKERS 23-2518417 Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 419,735 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 262,149 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 681,884 Total. Add lines 1a-1f Business Code 2 a REGISTRATION FEES 900099 63,105 63,105 Program Service Revenue f All other program service revenue 63,105 Total. Add lines 2a-2f Investment income (including dividends, interest, and 677. 677 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 4,350 4,350 11 a ADVERTISING 900099 156 ь MISCELLANEOUS INCOME d All other revenue <u>4,506.</u> Total. Add lines 11a-11d

750,172.

63,105.

4,350

833.

Form 990 (2013)

Total revenue. See instructions

332009 10-29-13

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (C) (D) not include amounts reported on lines 8b, Total expenses Program service Management and general expenses Statistical Responses Program service Statistical Responses Program service Statistical Responses Program service Statistical Responses Statistical Responses Program service Statistical Responses Statistical Response Statistical Response Statistical Responses Statistical Response Stati
organizations in the United States. See Part IV, line 21 organizations in the United States See Part IV, line 22 organizations, and individuals outside the United States. See Part IV, line 15 and 16 definition of the United States. See Part IV, line 17 organizations, and individuals outside the United States. See Part IV, line 18 and 16 definition of the United States. See Part IV, line 18 organization of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation not included above, to disqualified persons (set officed with section 4958(p)(1)) and persons described in section 4958(p)(1) and persons described in sec
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and nidwiduals outside the United States. See Part IV, line 21 Sand 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(I)(II)) and persons described in section 4958(I)(II) and persons described in section 4958(II)(II) and persons described in section 4958(II)(II) and persons described in section 4958(II)(II) and persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(III) and the persons described in section 4958(IIII) and the persons described in section 4958(IIII) and the persons described in section 4958(IIII) and the persons described in section 4958(IIIII) and the persons described in section 4958(IIIII) and the persons described in section 4958(IIIIII) and the persons described in section 4958(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
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22 Depreciation, depletion, and amortization 2,450. 1,837. 613. 23 Insurance 4,489. 3,368. 1,121. 24 Other expenses. Itemize expenses not covered
23 Insurance
24e amount exceeds 10% of line 25, column (A)
amount, list line 24e expenses on Schedule O.)
a PRINTING AND DESIGN 13,775. 10,332. 3,443.
b PROGRAM SERVICES 11,183. 11,183.
c DUES, SUBSCRIPTIONS, AN 9,214. 6,911. 2,303.
0 2111 221 221 221 2
712 240 525 171 714
26 Joint costs. Complete this line only if the organization
reported in column (B) joint costs from a combined
educational campaign and fundraising solicitation.
Check here

23-2518417 Page 11 DELAWARE VALLEY GRANTMAKERS Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 116,672. 410,970. 1 Cash · non-interest-bearing 348,442. 2 2 Savings and temporary cash investments 10,263. 1,050. 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 10,344. 8,352. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 33,936. 10a basis Complete Part VI of Schedule D 5,145. 28,791 7,595. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 1,460. 0. Other assets. See Part IV, line 11 15 15 440,632. 479,661. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 12,742. 13,948. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 12,742. 13,948. 26 Total liabilities. Add lines 17 through 25

> 479,661. Form 990 (2013)

465,713.

303,875.

161,838.

357,422.

427,890.

440,632.

70,468.

27

28

29

30

31

32

33

Assets or Fund Balances

29

30

32

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2013

Employer identification number Name of the organization 23-2518417 DELAWARE VALLEY GRANTMAKERS Part 1 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in $|\mathbf{x}|$ section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d ___ Type III - Non-functionally integrated c ____ Type III · Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(ni) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the organization in col. (v) Is the organization (v) Did you notify the (vii) Amount of monetary (ii) EIN (iii) Type of organization (i) Name of supported (described on lines 1-9 in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 DELAWARE VALLEY GRANTMAKERS 23-2518 (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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")	474,291.	471,145.	467,380.	492,906.	681,884.	2,587,606.			
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to			ĺ						
	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	474,291.	471,145.	467,380.	492,906.	681,884.	2,587,606.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly		*		*					
	supported organization) included	-								
	on line 1 that exceeds 2% of the									
	amount shown on line 11,			`						
	column (f)				_		284,550.			
6	Public support. Subtract line 5 from line 4						2 303 056			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	474,291.	471,145.	467,380.	492,906.	681,884.	2,587,606.			
8	Gross income from interest,									
	dividends, payments received on						-			
	securities loans, rents, royalties			· ·		_				
	and income from similar sources	7,876.	3,315.	1,643.	903.	677.	14,414.			
9	Net income from unrelated business				ĺ					
	activities, whether or not the	1								
	business is regularly carried on				4,250.	4,350.	8,600.			
10	Other income Do not include gain									
	or loss from the sale of capital				1					
	assets (Explain in Part IV)	10,596.	761.	967.	1,415.	156.	13,895.			
	Total support. Add lines 7 through 10			l	<u> </u>		2,624,515.			
	Gross receipts from related activities					12	235,714.			
13	3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
<u></u>	organization, check this box and stop here									
	Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 87.75 %									
				column (t))		14	00 54			
	y rubino dapport por da maria									
16	6a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	oroh Herei ing a garantan danama a a a banan) a b banan)									
ı	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
4-					a 13 16a or 16h	and line 14 is 10%	or more			
1/6	a 10% -facts-and-circumstances tes									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
						17a. and line 15 in	10% or			
1	10% -facts-and-circumstances tes									
	more, and if the organization meets to organization meets the "facts-and-cir						_			
40	Private foundation. If the organization									
<u> 18</u>	Private foundation. If the organization	on all hot check a	DOKULLINE 13, 10	a, 100, 17a, 01 17		edule A (Form 990				
					3011	Cadio A (i Oilli 530	J. 505 LL, 2516			

Schedule A (Form 990 or 990-EZ) 2013 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 I	the organization fails to
must be under the tests listed below places complete Part II.)	

Section A. Public Support	Ow, piease com	ipiete Fait II j	-			
	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(6) 2010	(C) 2011	(0) 2012	(e) 2013	(I) IOIAI
1 Gifts, grants, contributions, and						
membership fees received (Do not				i		
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				İ	1	
 -				 		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				-		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	-					
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the			!			
amount on line 13 for the year					 	
c Add lines 7a and 7b		ļ	<u> </u>	ļ		
8 Public support (Subtract line 7c from line 6)		<u> </u>	1			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
			-			
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carned on						
12 Other income Do not include gain	~	 -	 		<u> </u>	
or loss from the sale of capital						
assets (Explain in Part IV.)		 		+	 -	
13 Total support (Add lines 9, 10c, 11, and 12)		1	4.6- 3- 55:	<u> </u>	- 501(:)(0)	
14 First five years. If the Form 990 is for	the organization	n's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	·		·			▶∟
Section C. Computation of Publi	c Support P	ercentage				
15 Public support percentage for 2013 (lii	ne 8, column (f)	divided by line 13,	column (f))		15	9
16 Public support percentage from 2012			·		16	9
Section D. Computation of Inves)			
					17	9
			10, COMMIN (1))	•		9
18 Investment income percentage from 2				. 45	18	
19a 33 1/3% support tests - 2013. If the						i / is not
more than 33 1/3%, check this box an						▶∟
b 33 1/3% support tests - 2012. If the	organizatıon did	I not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and	stop here. The org	anızatıon qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization						
332023 09-25-13					hedule A (Form 99	0 or 990-EZ) 20

Schedule A	(Form 990 or 990-EZ) 2013 DELAWARE VALLEY GRANTMAKERS	23-2518417 Page 4
Part IV	Supplemental Information. 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)	
		
		·
		······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III			
Nan	ne of organization			Emp	loyer identification number
	DELAWAR	E VALLEY GRANTMA	KERS		23-2518417
Pa	ort I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities		
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax			▶ :	<u> </u>
	Enter the amount of any excise tax				
_	If the organization incurred a section				Yes No
	Was a correction made?	•	•		Yes No
	o If "Yes," describe in Part IV.		-		
Pa	art I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527	
	exempt function activities			▶:	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	ınd on Form 1120-POL	••	
	line 17b			▶:	Yes No
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	• •	·	_	
	made payments For each organiza				
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC) If	T		·\	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
_					

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

Schedule C (Form 990 or 990-EZ) 2013

332041

Schedule C (Form 990 or 990-EZ) 2013 DELAWARE VALLEY GRANTMAKERS 23-	-2518417 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	2310417 Fage 2
(election under section 501(h)).	
A Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name of the filing organization belongs to an affiliated group (and list in Part IV).	ame, address, EIN,
expenses, and share of excess lobbying expenditures)	
B Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures 712,349).
e Total exempt purpose expenditures (add lines 1c and 1d) 712,349	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 131,852	2.
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000 20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000 \$1,000,000	
20.05	
g Grassroots nontaxable amount (enter 25% of line 1f) 32,963	
, , , , , , , , , , , , , , , , , , ,	0.
).
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	Yes No
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)	
Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013	(e) Total
2a Lobbying nontaxable amount 110,053. 104,705. 110,019. 131,852	2. 456,629.
b Lobbying ceiling amount (150% of line 2a, column(e))	684,944.
c Total lobbying expenditures	
d Grassroots nontaxable amount 27,513. 26,176. 27,505. 32,963	3. 114,157.
e Grassroots ceiling amount (150% of line 2d, column (e))	171,236.

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 DELAWARE VALLEY GRANTMAKERS 23-251841

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

f the	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description (a)		a)	(b)	
	lobbying activity	Yes	No	Amo	ount
1 1	During the year, did the filing organization attempt to influence foreign, national, state or	1			
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of		1		
	Volunteers?		ļ		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
_	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
-	Total Add lines 1c through 1i				
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
				<u> </u>	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or s	ection	
art	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
3 Part	III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c d "No," O)(5), or s R (b) Pa	ection rt III-A, lir	ne 3,
art	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ion 501(c d "No," O	R (b) Pa	ection rt III-A, lir	ne 3,
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	d "No," O)(5), or s R (b) Pa	ection rt III-A, lir	ne 3,
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	d "No," O	R (b) Pa	ection rt III-A, lir	ne 3,
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	d "No," O	R (b) Pa	ection rt III-A, lir	ne 3,
art 1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	d "No," O	1 2a	ection rt III-A, lin	ne 3,
art 1 2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	d "No," O	R (b) Pa	ection rt III-A, lin	ne 3,
1 2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	d "No," O	1 2a 2b 2c	ection rt III-A, lir	ne 3,
Part 1 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	d "No," O	R (b) Pa	ection rt III-A, lir	ne 3,
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	d "No," O	1 2a 2b 2c	ection rt III-A, lir	ne 3,
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d "No," O	R (b) Pa	ection rt III-A, lin	ne 3,
1 2 a b c 3	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	d "No," O	1 2a 2b 2c	ection rt III-A, lin	ne 3,

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization DELAWARE VALLEY GRANTMAKERS 23-2518417 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 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 exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2h Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990. Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 DELAWAR	E VALLEY (RANT	<u>MAKERS</u>				<u>23-25</u>	18417	Page	<u>2</u>
Par	t III Organizations Maintaining C	collections of A	Art, His	torical Tr	easures, o	or Othe	r Simil	ar Asse	ts (continu	ied)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply)·										
а	Public exhibition		d 🔲	Loan or exc	hange progra	ams					
b	Scholarly research		е 🗌	Other							
С	Preservation for future generations				•						
4	Provide a description of the organization's co	ollections and expla	an how th	ney further tl	he organizati	on's exer	npt purp	ose ın Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımılar	assets		_		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No.	<u>o</u>
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	"Yes" to	Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	· · · · · · · · ·	.							_
1a	is the organization an agent, trustee, custod	ian or other interme	ediary for	contribution	ns or other as	sets not	ıncluded		_		
	on Form 990, Part X?							L_	Yes	L No	3
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following t	table [.]							
									Amount		
С	Beginning balance						1c				_
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance		-				1f				_
	Did the organization include an amount on F								Yes	⊢ N)
	If "Yes," explain the arrangement in Part XIII.									<u></u>	
Par	t V Endowment Funds. Complete	<u>-</u>	1		1		-		1		_
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	years back	(e) Four y	ears back	<u>'</u>
1a	Beginning of year balance		 								_
b	Contributions										
C	Net investment earnings, gains, and losses				 						_
d	Grants or scholarships		-	-				-			_
е	Other expenditures for facilities										
_	and programs		 			-					
Ť	Administrative expenses										_
g	End of year balance				<u> </u>					· · · · · ·	-
2	Provide the estimated percentage of the cur	rent year end balan	ice (line 1	g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
D	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages in lines 2a, 2b, and 2c should be there and automate funds not in the peace.		~at.aa th.	at ara bald a	معمرممامم امم	wad faw th					
3a	Are there endowment funds not in the posse	ession of the organi	zauon ina	at are nelo a	ina aaministe	ered for tr	ie organia	zation		<u> </u>	_
	by									es No	<u>'</u>
	(ii) unrelated organizations (iii) related organizations								3a(i)		_
.	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Sobo	dulo D2					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	·							30		—
	t VI Land, Buildings, and Equipm		JOWITHETIL	iuijus.							_
	Complete if the organization answere		0. Part IV	Line 11a S	ee Form 990	. Part X. I	line 10				
	Description of property	(a) Cost or			or other		cumulate	ed	(d) Book	value	
	bosonphon of property	basis (inves		, , ,	(other)	\ - <i>,</i>	preciation		(u) DOOK	+ aiuC	
12	Land				/					-	_
	Buildings		<u> </u>							-	_
	Leasehold improvements										_
	Equipment			3	3,936.		28,7	91.	5	,145	_
	Other				- ,		, '			,	Ť
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pai	rt X, colur	nn (B), line 1	10(c))				5	,145	-

Schedule D (Form 990) 2013

	Liabilities.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DELAWARE VALLEY GRANTMAKER			18417 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements		1	750,172.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains on investments	2a		
b Donated services and use of facilities .	<u>2b</u>		
c Recovenes of prior year grants	2c		
d Other (Describe in Part XIII)	_2d		•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	750,172.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		0
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anta With Evnanca	5 Deturn	750,172.
Part XII Reconciliation of Expenses per Audited Financial Statem	•	s per Return	•
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			712,349.
1 Total expenses and losses per audited financial statements		1 1	/12,349.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 0-1		
a Donated services and use of facilities	2a	 	
b Prior year adjustments	2b		
c Other losses	2c 2d		
d Other (Describe in Part XIII)	20		0
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e 3	712,349.
		3 -	114,547.
to obtain the contract of ded as Form 200. By AVIII the 7th	40		
. 64 (5 1 5 1)	4a 4b		
b Other (Describe in Part XIII) c Add lines 4a and 4b	_ 40		0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	712,349.
Part XIII Supplemental Information.		131	112,547.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	t IV lines 1h and 2h Part	V line 4: Part X	line 2 Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		Ψ, III O ¬, 1 αι τ Λ, 1	mic 2, rait Ai,
miss 2d and 15, and 1 are an, miss 2d and 15 7 too complete and part to provide any dat			
PART X, LINE 2:			
EXPLANATION: THE NETWORK HAS BEEN GRANTED EX	EMPTION FROM	FEDERAL	INCOME
TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INT	ERNAL REV	ENUE
CODE. THE NETWORK IS ALSO EXEMPT FROM STATE	INCOME TAXES	AS DETER	MINED BY
THE COMMONWEALTH OF PENNSYLVANIA. ACCORDINGE	Y, NO PROVIS	ION FOR F	EDERAL
AND STATE INCOME TAX IS INCLUDED IN THE ACCO	MPANYING FINA	ANCIAL SI	ATEMENTS.
THE NETWORK FOLLOWS THE INCOME TAX STANDARD	FOR UNCERTAIL	N TAX POS	SITIONS.
THE APPLICATION OF THIS STANDARD HAS NO IMPA	CT ON THE NE	rworkos f	INANCIAL
STATEMENTS.			
	A		
THE NETWORKOS INFORMATIONAL TAX RETURNS ARE	SUBJECT TO RI	EVIEW AND)
TWINTING BY TENEDS - 100 400 - 100 -	. m.,		
EXAMINATION BY FEDERAL AND STATE AUTHORITIES	THE NETWORD		
09-25-13		Schedule	e D (Form 990) 2013

SCHEDULE 0 '(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

DELAWARE VALLEY GRANTMAKERS	23-251841/
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
IN THE GREATER PHILADELPHIA REGION.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
SPEAKERS WHO INFORMED AND INSPIRED ATTENDEES TO SHARE INFO	ORMATION AND
EMPLOY PHILANTHROPIC PRACTICES AIMED AT STRENGTHENING COM	MUNITIES.
COMBINED, THE NETWORK'S PROGRAMS ATTRACTED MORE THAN 1,40	0
PARTICIPANTS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
AND COMMUNITY PARTNERS IN THE REGION; 4) THE 2013 YEAR IN	REVIEW
PUBLICATION PRESENTING PROGRAM HIGHLIGHTS AND ACCOMPLISHM	ENTS OF 2013.
NETWORK STAFF ALSO CONTINUED TO SUPPORT MEMBERS WITH CUST	OMIZED
RESEARCH AND OTHER SERVICES TO RESPOND TO THEIR INFORMATI	ON NEEDS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
A PHILANTHROPIC LEADER; IN 2013 THE ORGANIZATION ATTRACTE	D 19 NEW
MEMBERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PHILANTHROPY NETWORK SECURED AND ADMINISTERED GRANT FUNDI	NG ON BEHALF
OF THE GREATER PHILADELPHIA FOOD FUNDERS FROM THE NATIONA	L CONVERGENCE
PARTNERSHIP FUND FOR HEALTHY PEOPLE, HEALTHY PLACES. FUN	DS WERE
UTILIZED TO DEVELOP A FIVE-YEAR STRATEGIC PLAN FOR REGION	AL FOOD
FUNDERS AND TO PRODUCE A DONOR GUIDE ON REDUCING CHILDHOO	D OBESITY.
PHILANTHROPY NETWORK ALSO ADMINISTERED DEDICATED FUNDS TO	BUILD
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)

KNOWLEDGE AND LEADERSHIP SKILLS AMONG FOUNDATION AND NONPROFIT

EXECUTIVES IN THE GREATER PHILADELPHIA REGION.

EXPENSES \$ 61,699. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPLANATION: A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS

AFTER IT HAS BEEN REVIEWED BY THE AUDIT COMMITTEE. AFTER THE BOARD OF

DIRECTORS REVIEWS AND APPROVES OF THE 990, THE RETURN WILL BE FILED.

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

EXPLANATION: THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL BASIS. THE DISCLOSURES ARE SUBMITTED TO THE BOARD COMPLIANCE/PRIVACY OFFICER WHO WILL REVIEW ALL STATEMENTS. THE COMPLIANCE OFFICER WILL THEN REPORT TO THE BOARD ANY DISCLOSED CONFLICTS. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD AND THAT PERSON SHALL REMOVE THEMSELVES FROM THE ROOM WHILE A VOTE IS OCCURING. THE MINUTES FROM THE MEETING IN WHICH THE CONFLICT OCCURS WILL REFLECT THE CONFLICT OF INTEREST AND ANY RESOLUTION OR ACTION TO BE TAKEN IN RESPONSE TO THE CONFLICT OF INTEREST.

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

EXPLANATION: IN SEPTEMBER 2007, THE ORGANIZATION COMMISSIONED A

PROFESSIONAL, INDEPENDENT SALARY STUDY WHICH EXAMINED COMPARABILITY DATA

FOR ALL POSITIONS AND RECOMMENDED A SALARY RANGE PROGRAM BASED ON THE DATA.

THE BOARD OF DIRECTORS USED THE STUDY FINDINGS TO DETERMINE THE SALARY OF

THE EXECUTIVE DIRECTOR UPON HIRING AT THE END OF 2008. THE EXECUTIVE

DIRECTOR'S BASE SALARY HAS NOT CHANGED SINCE HIRING. IN 2012, AN UPDATED

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
*Name of the organization DELAWARE VALLEY GRANTMAKERS	Employer identification number 23-2518417
COMPENSATION STUDY WAS COMMISSIONED WITH THE INTENT OF DE	TERMINING A SALARY
PLAN FOR THE EXECUTIVE DIRECTOR AND ALL STAFF POSITIONS,	CONSISTENT WITH
THE STUDY FINDINGS. AT THE END OF 2012, THE BOARD PRESID	ENT AND TREASURER
LED THE FULL BOARD OF DIRECTORS IN EXECUTIVE SESSION TO R	EVIEW THE FINDINGS
AND AUTHORIZE FUTURE SALARY TARGETS AS WELL AS CONSIDER A	YEAR-END
PERFORMANCE-BASED BONUS. THE ORGANIZATION'S MINUTES AND	OTHER
CORRESPONDENCE DOCUMENT THE DELIBERATION AND DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	ITS AND CONFLICT OF
INTEREST POLICY AVAILABLE UPON REQUEST. THE ORGANIZATION'	S FINANCIAL
STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE AND T	O GUIDESTAR.ORG.
	·····
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	100,310.
MANAGEMENT AND GENERAL EXPENSES	15,937.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,247.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	116,247.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR Y	EAR.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

LHA 323841 12-31-13

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev. 1-2014)

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoons [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868	
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a	corporation
equired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension						
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated Wit	h Certain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of	this form,
ısıt www	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		
art I only	,					▶ □
All other c	orporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	
	nme tax returns				r's identifying	number
Гуре or	Name of exempt organization or other filer, see instru	ctions.		Employer	dentification	number (EIN) or
orint						
	DELAWARE VALLEY GRANTMAKERS	S			23-251	8417
le by the lue date for	Number, street, and room or suite no. If a P.O. box, si		tions	Social se	curity number	
iling your	230 S BROAD STREET, NO. 403				•	
eturn See nstructions	City, town or post office, state, and ZIP code For a fo		ress, see instructions.		-	
	PHILADELPHIA, PA 19102					
	2.1.2.2.2.2.2.2.					
nter the	Return code for the return that this application is for (file	e a senara	te application for each return)			0 1
	Tiotal Today for the folding that this application is for the	o a copaia	to application for such totally			سجيت
Application		Return	Application		-	Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
-	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
01111 330	THE ORGANIZATIO		1 0111 007 0			
• Tho ho	ooks are in the care of > 230 S BROAD ST		NO 402 - PHILADE	T.DHTA	DA 19	102
	one No. ► (215)790-9700	(15151)	Fax No F	mt iiTV	, <u> </u>	102
		o io tho l lr			-	ightharpoonup
	organization does not have an office or place of business s for a Group Return, enter the organization's four digit			If this is fo	r the whole are	up shock this
. г		- '	· · · · · · 		•	oup, check this
oox ▶ L	If it is for part of the group, check this box			-	ers the extens	Off is for
1 I re	quest an automatic 3-month (6 months for a corporation				7 1	
	AUGUST 15, 2014 , to file the exemp	t organiza	ition return for the organization nam	ed above	The extension	
	or the organization's return for					
P l	X calendar year 2013 or					
►t	tax year beginning	, an	id ending		_·	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: L Initial return L	Final retur	n	
	Change in accounting period			T	1	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•
	refundable credits. See instructions			3a_	\$	0.
_	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•	•			•
	mated tax payments made Include any prior year overg			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	0.
Caution.	If you are going to make an electronic funds withdrawal	l (direct de	bit) with this Form 8868, see Form 8	8453-EO a	nd Form 8879-	EO for payment
instructio	ns					

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

DELAWARE VALLEY GRANTMAKERS d/b/a PHILANTHROPY NETWORK GREATER PHILADELPHIA

WRITTEN CONSENT OF THE DIRECTORS IN LIEU OF MEETING

The undersigned, being all of the directors of DELAWARE VALLEY GRANTMAKERS d/b/a PHILANTHROPY NETWORK GREATER PHILADELPHIA, a Pennsylvania nonprofit corporation (the "Corporation"), hereby consent in accordance with Section 5727(b) of the Pennsylvania Nonprofit Corporation Law of 1988, as amended, to the adoption of the following resolutions and the taking of the following actions and direct that such resolutions be filed with the Secretary of the Corporation.

WHEREAS, at a meeting of the members of the Corporation held on April 10th, 2014 the members voted on and approved certain amendments to the Articles of Incorporation of the Corporation; and

WHEREAS, the Board of Directors of the Corporation deem it advisable and in the best interests of the Corporation to 1) change the name of the Corporation and 2) change the registered office address of the Corporation.

NOW, THEREFORE, BE IT

RESOLVED, that the Articles of Incorporation be, and they hereby are, amended by changing the paragraph thereof numbered "1" so as to read in full as follows:

1. The name of the corporation is Philanthropy Network Greater Philadelphia.

FURTHER RESOLVED, that the Articles of Incorporation be, and they hereby are, amended by changing the paragraph thereof numbered "2" so as to read in full as follows:

2. The address of its current registered office in this Commonwealth is:

230 South Broad Street, Suite 402 Philadelphia, PA 19102

FURTHER RESOLVED, that the Amended and Restated By-Laws be, and they hereby are, amended by changing the paragraph thereof numbered "1.1" so as to read in full as follows:

1.1 The name of the corporation is Philanthropy Network Greater Philadelphia.

FURTHER RESOLVED, that the Corporation file Articles of Amendment to the Articles of Incorporation (the "Amendment") with the Pennsylvania Secretary of State; and

FURTHER RESOLVED, that the Corporation execute the Amendment in the form presented to this Board, with such modifications, changes, deletions, additions thereto as the authorized officers of this Corporation may determine, in their sole discretion and without the necessity for further action or direction from this Board of Directors; and

FURTHER RESOLVED, that the President, any Vice President, the Secretary, any Assistant Secretary, be, and each of them hereby is, authorized, empowered and directed on behalf of and in the name of this Corporation, to execute and deliver the Amendment with such changes and additions thereof and amendments thereto as the authorized officers may, in their sole discretion, approve, and, without further action or direction from the Board of Directors of this Corporation; and

FURTHER RESOLVED, that any and all actions taken and documents executed by the officers of this Corporation in the name and for the benefit of this Corporation in connection with the preparation and filing of the Amendment including, without limitation, the execution of the Amendment, be, and each of them is hereby ratified, confirmed, approved and adopted as the acts and deeds of this Corporation; and

FURTHER RESOLVED, that the President, any Vice President, and Secretary or Assistant Secretary of this Corporation be, and each of them hereby is, authorized, empowered and directed on behalf of this Corporation, at any time and from time to time hereafter, without further action or direction from the Board of Directors of this Corporation, to make, execute and deliver, or cause to be made, executed and delivered, all such further instruments, agreements and documents, to expend such additional monies, and to do or cause to be done all such further acts and things as said officer or officers may, in his or their sole discretion, approve as being reasonably necessary and advisable in connection with all of the actions hereby authorized, each and every document to be legal, valid and binding obligation of the Corporation.

IN WITNESS WHEREOF, the undersigned has hereunto set their hands this 10th day of April, 2014.

Bill Black

Jennifer T. Bohnenberger

Denise M. Brown

Ruth Clauser

Paul DiLorenzo Tim Durkin Anna Guarneri Meredith Huffman Russell Johnson Dr. Keith Leaphart Valerie Martin Sarah Martinez-Helfman Joseph Pyle Susan Segal **Amy Snyder Andrew Toy** Beatriz Vieira

PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

The amendment shall be effective on:

Articles of Amendment-Domestic Corporation (15 Pa C.S.)

(15 Pa,C.S.) Business Corporation (§ 1915) X Nonprofit Corporation (§ 5915) Document will be returned to the Name name and address you enter to Martha Schwarz - Montgomery, McCracken the left. Address Œ 123 South Broad Street City Zip Code Philadelphia, PA 19109 Fec: \$70 In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that: 1. The name of the corporation is: Delaware Valley Grantmakers 2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department): (a) Number and Street City Zip County 2214 Land Title Bldg, 100 S. Broad Street, Philadelphia, PA 19110 Philadelphia (b) Name of Commercial Registered Office Provider County 0/0 3. The statute by or under which it was incorporated: PA Nonprofit Corporation Law of 1988, as amended 4. The date of its Incorporation: 7/13/1988 5. Check, and if appropriate complete, one of the following: X The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

Date

Hour

DSCB:15-1915/5915-2

6. Check one of the following:					
The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).					
X The amendment was adopted by the board of direct	otors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).				
7. Check, and if appropriate, complete one of the follow	wing:				
The amendment adopted by the corporation, set fo					
The amendment adopted by the corporation, set to	Aut III futt, is as follows				
	forth in full in Exhibit A attached hereto and made a part				
hereof,					
8. Check if the amendment restates the Articles:					
The restated Articles of Incorporation supersede the	ne original articles and all amendments thereto.				
	IN TESTIMONY WHEREOF, the undersigned				
	corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this				
	27 day of MAY				
	2014				
	·				
	DELAWARE VALLEY GRANTMAKERS				
	Name of Corporation				
	Suddegal.				
	Signature				
	TRESIDENT				
	Title				

EXHIBIT A

TO

ARTICLES OF AMENDMENT

FOR

DELAWARE VALLEY GRANTMAKERS

RESOLVED, that the Articles of Incorporation be, and they hereby are, amended by changing the paragraph thereof numbered "1" so as to read in full as follows:

1. The name of the corporation is Philanthropy Network Greater Philadelphia.

FURTHER RESOLVED, that the Articles of Incorporation be, and they hereby are, amended by changing the paragraph thereof numbered "2" so as to read in full as follows:

2. The address of its current registered office in this Commonwealth is:

230 South Broad Street, Suite 402 Philadelphia, PA 19102

Docketing Statement (Changes) BUREAU USE ONLY: DSCB:15-134B ☐ Labor & Industry Revenue ☐ Other File Code Filed Date _____ Part I. Complete for each filling: Current name of entity or registrant (survivor or new entity if merger or consolidation): Delaware Valley Grantmakers Entity number, if known: | 1044997 Incorporation/qualification date in PA: 7/13/1988 State of Inc; Federal EIN: Specified effective date, if any: Part II. Check proper box: X Amendment (complete Section A) ____ Merger, Consolidation or Division (complete Section B,C or D) ____ Division (complete Section D) Consolidation (complete Section C) _ Correction (complete Section A) Conversion (complete Section A & E) Termination (complete Section H) Revival (complete Section G) Dissolution before Commencement of Business (complete Section F) ■ Section A – Check box(es) which pertain to changes: × Name: Philanthropy Network Greater Philadelphia x Registered Office: Number & street/RD number & box number City State County Philadelphia 230 South Broad Street, Suite 402, Philadelphia, PA 19102 ___ Purpose: _ Stock (aggregate number of share authorized):_____ ___ Effective date:_____, ___ Other:____ ___ Term of Existence:___ Section B - Merger Complete Section A if any changes to surviving entity: Morging Entities are: (attach sheet for additional merging entities) Entity #, If known; Name: Effective date; Inc./qual, date in PA. State of Inc. Name: Entity #, if known: Effective date: Inc./qual. date in PA. State of Inc.

Section C - Consolidation	on	
Consolidating Entities are: <i>(atta</i> Name:	ach sheet for additional consolidating entit	tles)
Entity #, If known:	Inc√qual, date in PA.	State of Inc.
Name:		
Entity #, If known:	Inc./qual. date in PA.	State of Inc.
Section D - Division Forming new entity(s) named belo	w: (attached sheet for additional entities)	
Name:		Entity Number:
Name:		Entity Number:
Check one: Entity named in I	Part I survives. (any changes, complete Sec	ation A)
Entity named in I	Part I does not survive.	
Section E - Conversion Check one: Converted from n	(complete Section A) onprofit to profit Converted from	n profit to nonprofit
Section F - Dissolved by S	ihareholders or Incorporators Before Co	ommencement of Business
	Revival (complete Section A for any o	
filed in the D		/are hereby terminated.
(type of filing made) If merger, consolidation or di Name:	month/date/year hour, i	·
Name:		Entity number: