EXTENDED TO MAY 15, 2019

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made publiced to the boundary of the boundar

Open to Public Inspection

		e 2017 calendar year, or tax year beginning JUL 1, 2017 and	ending J		, mapeotion
				D Employer identif	
ap	heck if oplicabl	e			
	Addre chang	DELAWARE COMMUNITY FOUNDATION, INC			
	Name chang			22-2	804785
]Initial return		Room/suite	E Telephone numbe	
	Trinat	D O POV 1636			571-8004
L	Jreturn. termin ated			G Gross receipts \$	128,719,463
	Amen			H(a) Is this a group r	
H	Jreturn]Applic		CK-CAV		
L	Jtiön pendii	SAME AS C ABOVE		H(b) Are all subordinates	
			or 1 507	1	a list (see instructions)
			01		•
		te: > WWW.DELCF.ORG organization: X Corporation Trust Association Other >	l Voor	H(c) Group exemption	M State of legal domicile. DI
			I L Year	oriornialion. 1960[i	M State of legal doffliche, Di
Pa	rt I	Summary	MICCIO	N TO MO TWE	DOME THE
. გ	1	Briefly describe the organization's mission or most significant activities	MISSIC	N IS TO IMP	
ğ		LIVES OF THE PEOPLE OF DELAWARE BY EMPOW			
Ę.	_	Check this box I if the organization discontinued its operations or disposition	560 (D) (TO)		ssets I
ૢૢૼ		Number of voting members of the governing body (Part VI, line 1a)		$\frac{3}{ED}$	2
8		Number of independent voting members of the governing body (Part Wine 16)4	YIR	4	23
Activities & Governance		Total number of individuals employed in calendar year 2017 (Part y, line 2a)	15 20	to 70/ 5	3
- ₹	6	Total number of volunteers (estimate if necessary)	>	' ³ /8/ [<u>e</u>	72
5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	A	79 S 6 7a 7b	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ا بو	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	12,222,176.	32,629,913.
ᇎ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	4,165,380.	16,866,733.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		920,973.	776,200
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,308,529.	50,272,846
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,006,480.	13,326,278
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,804,328.	1,539,402
3Se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,617,0	63.		
ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,865,504.	4,003,666
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,676,312.	
		Revenue less expenses Subtract line 18 from line 12	_		> 31,403,500.
P S S		TOTAL TOTAL STATE OF THE TOTAL		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		23,455,347.	
Ass Bal		Total liabilities (Part X, line 26)	<u>-</u>	35,159,407.	36,791,978
i et		Net assets or fund balances Subtract line 21 from line 20	1	88,295,940.	214,382,087
Pa	rt II	Signature Block		, 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
		lities of perjury I declare that I have examined this return, including accompanying schedule	matete has e	ents, and to the best of o	ny knowledne and helief it is
		it, and complete Declaration of preparer (other than officer) is based on all information of wi			.,omoogo ana bonoi, it is
uue,	COLLEC	As and complete transferance of prepare (other than officer) is based on all information of wi	non preparei	F IN	19
C:-	_	Signature of office		Date	
Sign			λ ΠΤ ΛΝτ		
Here	9	JOYCE DARLING, VP-FINANCE & ADMINISTRATIVE Type or print name and title	MITON		
				Date Check [PTIN
n. · ·		Print/Type preparer's name KATHERINE L. SILICATO Preparen's signature.		10/10 1	
Paid			un		
Prep		Firm's name GUNNIP & COMPANY LLP		Firm's EIN	51-0076769
Use	Only	Firm's address 2751 CENTERVILLE RD., STE. 300			
Use		WILMINGTON, DE 19808		Phone no. 3 C	2-225-5000
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2017) DELAWARE COMMUNITY FOUNDATION, INC 22-28	<u> </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	OUR MISSION IS TO IMPROVE THE LIVES OF THE PEOPLE OF DELAWARE	BY	
	EMPOWERING AND GROWING PHILANTHROPY THROUGH KNOWLEDGE AND		
	RELATIONSHIPS, NOW AND IN THE FUTURE. WE ENVISION A DELAWARE I	WHERE	
	GENEROSITY EXPANDS OPPORTUNITY FOR ALL AND ENHANCES THE COMMO		
		. GOOD	•
2	Did the organization undertake any significant program services during the year which were not listed on the	,	X No
	prior Form 990 or 990-EZ?	L Yes	LAL No
	If "Yes," describe these new services on Schedule O.	 1	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	and
	revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 15,268,850 · including grants of \$ 13,326,278 ·) (Revenue \$	776.	200.)
Tu	IN THE FISCAL YEAR ENDED JUNE 30, 2018, THE DELAWARE COMMUNITY		 ,
	FOUNDATION SUPPORTED COMMUNITY NEEDS BY AWARDING MORE THAN \$1		TON
			1014
	IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND		
	STUDENTS. OVER \$4 MILLION OF THESE AWARDS CAME FROM DONOR-DI		
	COMPONENT FUNDS AT THE DCF. UNRESTRICTED GRANTS ALSO SUPPOR		
	\$298,000 IN CAPITAL AND EQUIPMENT GRANTS FOR 18 NONPROFIT ORG	<u>ANIZAT</u>	IONS_
	IN DELAWARE. THE FOUNDATION'S SCHOLARSHIP PROGRAM OF 50 FUNDS		
	LOCAL STUDENTS BY AWARDING A TOTAL OF \$397,000 IN SCHOLARSHIP	S TO 2	02
	WINNERS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
40	(Code) (Expenses \$ including grants or \$) (Revenue \$)		
			 -
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 15, 268, 850.		
		Form 9	90 (2017)

		•
orm	990	(2017)

Form 990 (2017) DELAWARE COMMUNITY FOUNDATION, INC Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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?	_		7.7
	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	40	v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		į	
а	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Πα		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	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	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		v
	or more? If "Yes," complete Schedule F, Parts I and IV	_14b		<u> </u>
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	45		Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		
. ,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		X
			990	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? 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 or for domestic individuals on			ŀ
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	L
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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 "Yes,"			l
	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)			
	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	_^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Λ	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-50		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u>-</u>	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
		Eorm	990	/2017\

13b 13c X

13a

14a

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a Is the organization licensed to issue qualified health plans in more than one state?

Form 990 (2017) DELAWARE COMMUNITY FOUNDATION, INC 22-2804785 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

•	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions									
	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 23									
	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 23									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	٠X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	İ								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х.						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u> _						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	_X_							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	_X							
b	Other officers or key employees of the organization	15b_	_X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ŀ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		<u> </u>						
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le							
	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)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JOHN STUART COMSTOCK-GAY - 302-571-8004 P.O. BOX 1636 WILMINGTON DE 19899									
	ELL DUA LOSD MILLORINGERUM UD. 19099									

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DELAWARE COMMUNITY FOUNDATION, INC

22-2804785

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

• • •	
OL 1 CO L 1 LO L L CO L L CO L CO L CO L	
Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

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	/40		Pos		1 than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	o d	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		83	ned		(W-2/1099-MISC)		organization and related 🔉
	organizations below	ual tr	lonal		ş	it col	_			organizations
	line)	Individual trustee or director	institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizations §
(1) ANDY STATON	2.00	=		٦	-					
BOARD MEMBER		Х						0.	0.	0.
(2) CINDY L. SZABO, ESQ.	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) DAVID W. SINGLETON	2.00									y.
TREASURER		X		X				0.	0.	0 3
(4) DONALD W. NICHOLSON, JR., CFP A	2.00							_	_	, , , , , , , , , , , , , , , , , , ,
BOARD MEMBER		X			_	ļ		0.	0.	- 0ᢤ
(5) HON, TAMIKA MONTGOMERY-REEVES	2.00									,
BOARD MEMBER		Х			ļ	<u> </u>		0.	0.	0.
(6) GARY STOCKBRIDGE	2.00									•
BOARD MEMBER	2 22	Х			<u> </u>	-		0.	0.	0.
(7) JAMES MAZARAKIS	2.00									•
BOARD MEMBER	2 22	X						0.	0.	0.
(8) JANICE E. NEVIN, MD, MPH	2.00									•
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(9) JENNINGS P. HASTINGS, CPA, ABV	2.00				ŀ					,
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) JOAN L. SHARP	2.00	7,							_	
BOARD MEMBER		X				-		0.	0.	0.
(11) VITA PICKRUM, ED. D, CFRE	2.00	х						0.	0.	0.
BOARD MEMBER	2.00							•		<u> </u>
(12) KATHLEEN FUREY MCDONOUGH, ESQ. BOARD MEMBER		х						0.	0.	0.
(13) KAY KEENAN	2.00						-			-
BOARD MEMBER		х						0.	0.	0.
(14) KELLY FIRMENT	2.00									
VICE-CHAIRPERSON	**	X		x				0.	0.	0.
(15) MARILYN R. HAYWARD	2.00									-
IMMEDIATE PAST CHAIRPERSON		X		Х				0.	0.	0.
(16) MICHELLE A. TAYLOR	2.00									
BOARD MEMBER		X		L		<u> </u>	<u></u>	0.	0.	0.
(17) NANCY KARIBJANIAN	2.00									
BOARD MEMBER		X		l		<u></u>		0.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
·	(B) (C)							(D)	(E)			(F)	
Name and title	Average Position (do not check more than one						one	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	, unless person is both an cer and a director/trustee)			h an	•	compensation	ו		nount	
	week (list any		Cei ai	luau	liecii	T	166)		from related			other	
	hours for	lrect				Ĺ		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	0.0	ite 1			satec		(W-2/1099-MISC)	(44-271099-14113	٥,		anizat	
	organizations	truste	SE SE		, a	mper		(** 27 1000 111100)		•	•	d relat	
	below	Individual trustee or director	Institutional trustee		튙	est co	La					anızatı	
	line)	Indiv	Insbi	Officer	Key employee	Highest compensated employee	Form						
(18) THOMAS E. HANSON, JR., ESQ.	2.00												
BOARD MEMBER		X					<u>_</u> .	0.	_	0.			0.
(19) THOMAS D. WREN	2.00												
BOARD MEMBER		X				<u> </u>		0.		0.			0.
(20) THOMAS L. SAGER, ESQ.	2.00]											
CHAIRPERSON		X		X				0.		0.			0.
(21) WILLIAM C. DUGDALE	2.00		ļ										
CORPORATE SECRETARY		X	ļ	X				0.		0.			0.
(22) DAN CRUCE	2.00	1											_
BOARD MEMBER		X	<u> </u>					0.	<u> </u>	0.			0.
(23) CLAIRE DEMATTEIS	2.00												_
BOARD MEMBER		X		<u> </u>	ļ	<u> </u>		0.		0.	·.		0.
(24) JOHN STUART COMSTOCK-GAY	35.00	1									_		
PRESIDENT & CEO			├	X		┢		242,910.		0.	5	9,8	48.
		1											
1b Sub-total		L		l	L.	!	▶	242,910.		0.	<u>_</u> 5	9,8	48.
c Total from continuation sheets to Part V	II. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)	.,						•	242,910.		0.	5	9,8	48.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	no r		0,000 of reportable				
compensation from the organization													1
										_		Yes	No
3 Did the organization list any former officer,	, director, or tru	uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual									L	3		X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization			. [
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J	for such individual		L	4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr/	elat	ted organization or indiv	idual for services			.	
rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or s	uch	pers	son			· · · · · · · · · · · · · · · · · · ·		5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	-								pensat	tion f	rom	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı	n the organization's tax	year.				
(A)	addraaa							(B)		Ca	(C	C)	

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESTMENT		
P.O. BOX 945794, ATLANTA, GA 30394	INVESTMENT SERVICES	695,920
PMG CONSULTING LLC		
7431 TIMOTHY'S WAY, EASTON, MD 21601	PROGRAM MANAGEMENT	364,056
CHRISTINE CANNON		
131 WYETH WAY, HOCKESSIN, DE 19707	PROGRAM MANAGEMENT	180,000
EASTBURN & GRAY	LEGAL AND TRANSCRIPT	
60 EAST COURT STREET, DOYLESTOWN, PA 18901	SERVICES	137,937
<u> </u>		
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

\$100,000 of compensation from the organization

<u> </u>		Check if Schedule O cont	une a recoonce	or note to any lin	e in this Part VIII			
		Check if Schedule O Cont	ams a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a	31,790.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S E		Fundraising events	1c					
ii ts		Related organizations	1d	-				
S,E		Government grants (contribut	· —	224,755.				
ÖÖ		All other contributions, gifts, gran		. = = •		•		
Per Per	•	similar amounts not included abo		32,373,368.				
풀	a	Noncash contributions included in lines		9,411,031.				
ag	-	Total. Add lines 1a-1f		•	32 629 913			
				Business Code				
0	2 a							
5	b							
Ser	c							
e a	d							,
Program Service Revenue	e							
g	_	All other program service reve	enue					
		Total, Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and		т		
		other similar amounts)		▶	4,000,122.			4,000,122.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties .		>				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents	6,800.					.
	b	Less rental expenses	0.					÷.
	С	Rental income or (loss)	6,800.					•
	d	Net rental income or (loss)			6,800.	6,800,		**
	7 a	Gross amount from sales of	(i) Securities	(II) Other				*
		assets other than inventory	91,313,228.					
	b	Less. cost or other basis						
		and sales expenses	78,446,617.					
	С	Gain or (loss)	12,866,611.					
	d	Net gain or (loss)			12,866,611.			12,866,611.
<u>a</u>	8 a	Gross income from fundraisin	g events (not					
enr		including \$	of					
ev.		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а					
Ę.	b	Less direct expenses	b	L				
		Net income or (loss) from fund	-	_ _				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gam		•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold .	b				-	
	С	Net income or (loss) from sale		P				
		Miscellaneous Revenu	ie	Business Code	-	-	-	
		EVENT INCOME		900099	416,265.	416,265.		
		ADMINISTRATIVE FEE REV	EUNE	561000	331,647.	331,647.		
		LOAN INTEREST INCOME		900099	18,033.	18,033.		
		All other revenue		900099	3,455.	3,455.		
		Total. Add lines 11a-11d			769,400.			16 066 705
	12_	Total revenue See instructions.			50,272,846.	_776_200.	0.	16 866 733

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	polete all columns. All oth	ner organizations must co	mplete column (A)	
2001	Check if Schedule O contains a respon			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				1
	and domestic governments. See Part IV, line 21	12,938,202.	12,938,202.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	388,076.	388,076.		
3	Grants and other assistance to foreign			*	•
	organizations, foreign governments, and foreign				į
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	214 040	F0 006	122 004	101 150
_	trustees, and key employees	314,049.	58,896.	133,994.	121,159.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	911,268.	170,895.	388,809.	351,564.
7 8	Other salaries and wages Pension plan accruals and contributions (include	911,200.	1,0,000		331,304.
8	section 401(k) and 403(b) employer contributions	44,860.	8,413.	19,140.	17,307.
9	Other employee benefits	191,796.	35,969.	81,833.	73,994.
10	Payroll taxes	77,429.	12,850.	31,652.	32,927.
11	Fees for services (non-employees)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Management				•
b	Legal	25,520.	23,773.	1,747.	
C	Accounting	60,809.	11,700.	49,109.	
d	Lobbying	6,900.		6,900.	
е	Professional fundraising services. See Part IV, line 17		-		<u> </u>
f	Investment management fees	843,020.		843,020.	,
g	Other (If line 11g amount exceeds 10% of line 25,				•
	column (A) amount, list line 11g expenses on Sch O.)	1,122,445.	1,079,547.	29,518.	13,380.
12	Advertising and promotion	30,049.	911.	4,222.	24,916.
13	Office expenses	207,420.		158,903.	17,515.
14	Information technology	42,425.	14,096.	28,329.	· · · · · · · · · · · · · · · · · · ·
15	Royalties	106 257	44,769.	61 500	
16	Occupancy	106,357.	44,/69.	61,588.	
17	Travel	•			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	49,060.	18,594.	14,085.	16,381.
19 20	Interest	2,992.	2,992.		
21	Payments to affiliates	2,224	-,		
22	Depreciation, depletion, and amortization	40,756.		40,756.	· - · · · · · · · · · · · · · · · · · · ·
23	Insurance	33,642.	3,516.	30,126.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIDIDDATATAC DEPONDE	921,725.			921,725.
b	TOTAL COLUMN DATE	219,769.	219,769.		
С	SUBSCRIPTIONS & PUBLICA	72,895.	30,019.	32,226.	10,650.
d	IN KIND EXPENDITURES	67,485.	67,485.		
е	All other expenses	150,397.	107,376.	27,476.	15,545.
25	Total functional expenses Add lines 1 through 24e	18,869,346.	15,268,850.	1,983,433.	1,617,063.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2017)

Га	ι,Λ	Dalatice Street				
	••	Check if Schedule O contains a response or not	e to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	·		1	
	2	Savings and temporary cash investments		10,571,300.	2	6,714,189.
	3	Pledges and grants receivable, net		812,129.	3	1,187,324.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensation	ated employees Complete	_		
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under	•	į	
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
ţ		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net		1,180,362.	7	1,234,271.
ä	8	Inventories for sale or use	•		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 541,962.			
	b	Less accumulated depreciation	10b 380,115.	202,604.	10c	161,847.
	11	Investments - publicly traded securities		182,418,848.	11	201,186,444.
	12	Investments - other securities See Part IV, line 1	1	27,316,211.	12	27,811,929.
	13	Investments - program-related. See Part IV, line	11		_13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		953,893.	_15	12,878,061.
	16	Total assets.'Add lines 1 through 15 (must equa	223,455,347.	16	251,174,065.	
	17	Accounts payable and accrued expenses	370,142.	17	444,119.	
	18	Grants payable	-		18	•
	19	Deferred revenue	•		19	` `
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability Complete I			21	
es	22	Loans and other payables to current and former				
ij		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	· ·		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa				,
		parties, and other liabilities not included on lines	17-24) Complete Part X or	34,789,265.	25	36,347,859.
	00	Schedule D		35,159,407.	26	36,791,978.
	26_	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	<u> </u>	20	30,131,310.
(A		complete lines 27 through 29, and lines 33 an				
ĕ	27	Unrestricted net assets	u 34.	187,537,105.	27	213,240,828.
lan	28	Temporarily restricted net assets		758,835.	28	1,141,259.
Ba	29	Permanently restricted net assets	•	750,055.	29	
n n	29	Organizations that do not follow SFAS 117 (A	SC 958) check here	_		
Net Assets or Fund Balances		and complete lines 30 through 34.	oo oog, cheek liefe 🗲 🗀	•		
ts c	30	Capital stock or trust principal, or current funds			30	
3Se	31	Paid-in or capital surplus, or land, building, or eq	upment fund		31	
ţ	32	Retained earnings, endowment, accumulated in		-	32	
Se	33	Total net assets or fund balances	ooo, or outlor failed	188,295,940.	33	214,382,087.
	34	Total liabilities and net assets/fund balances	•	223,455,347.	34	251,174,065.
	<u> </u> →	rotal liabilities and het assets/fullu palatices				1 221 1 1 2 1 0 0 0 0

orm	1990 (2017) DELAWARE COMMUNITY FOUNDATION, INC	<u> 22-</u>	<u>-2804</u>	<u> 785</u>	<u>Pa</u>	ge 12
Pa	rt,XI Reconciliation of Net Assets					
	" Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>9,3</u>	
3	Revenue less expenses Subtract line 2 from line 1	3				<u>00.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u>40.</u>
5	Net unrealized gains (losses) on investments	5	<5	<u>, 31</u>	<u>7,3</u>	<u>53.</u> >
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	214	<u>, 38</u>	2,0	<u>87.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					LX.
					Yes	No
1	Accounting method used to prepare the Form 990.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both				-	
	Separate basis Consolidated basis Both consolidated and separate basis				١.	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,		ł	
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	. X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt	 	ļ ÷	
	Act and OMB Circular A-133?			3a_	ļ	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred au	dıt			
	er audita, avalain why in Schodula O and describe any stone taken to undergo such audits			2h	1	i

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

		DELA	WARE COMMU	NITY FOUNDAT	'ION,	INC		2	2-2804785	
Pa	ırt I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	e instructions	3		
The 1 2 3 4	orga	nization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organizative, and state	nurches, or association tion 170(b)(1)(A)(ii). (hospital service org	on of churches describe Attach Schedule E (Forr anization described in s	d in sectio n 990 or 99 e ction 170	in 170(b)(1 90-EZ)) 9(b)(1)(A)(i	1)(A)(i). ii).	OJ)(iii). Enter	the hospital's name) ,
5 6 7 8 9	X	An organization operated for section 170(b)(1)(A)(iv). (Condition of A federal, state, or local good an organization that normal section 170(b)(1)(A)(vi). (Condition of A community trust described an agricultural research organization or university or a non-land-	Complete Part II.) Evernment or governr ally receives a substa Complete Part II) ed in section 170(b) ganization described	mental unit described in antial part of its support (1)(A)(vi). (Complete Par I in section 170(b)(1)(A)	section 17 from a gov t II) (ix) operate	70(b)(1)(A) ernmental ed in conju	(v). unit or from the standard	he general land-grant	public described in college	
10		university An organization that normal activities related to its exeruncome and unrelated business.	mpt functions - subje ness taxable income	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investn	ńent
11 12		See section 509(a)(2). (Co An organization organized An organization organized more publicly supported or lines 12a through 12d that	and operated exclus and operated exclus rganizations describe	eively for the benefit of, to ed in section 509(a)(1) o	o perform to or section	the functio 509(a)(2)	ons of, or to ca See section 5	609(a)(3). ⁽		r
a	_	Type I. A supporting orgathe supported organization You must organization Type II. A supporting organization organization You must organize II. A supporting organization organization You must organize II. A supporting organization organiza	anization operated, s on(s) the power to re complete Part IV, Se	supervised, or controlled egularly appoint or elect elections A and B.	by its sup a majority (ported org of the dire	ganization(s), t ctors or truste	ypically by es of the s	supporting is	, de la companya de l
		control or management of organization(s) You mus	of the supporting org	anization vested in the s			=	-	-	
С		Type III functionally inte its supported organization	· ·					ly integrate	ed with,	
d		Type III non-functionally that is not functionally in requirement (see instructionally in the second	tegrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and		* *	
е		Check this box if the organization of the character of th					Type I, Type	II, Type III		
f	Ent	ter the number of supported	organizations							
9	Pro	ovide the following information (i) Name of supported organization	n about the supporte	(III) Type of organization (described on lines 1-10	(iv) is the orga		(v) Amount of	-	(vi) Amount of othe	
		o gamation		above (see instructions))	Yes	No				
										
_										
	al .									

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		•				
	membership fees received (Do not						
	include any "unusual grants ")	21112680.	40430829.	17606886.	12222176.	32629913.	124002484
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21112680.	<u>40430829.</u>	17606886.	12222176.	32629913.	124002484
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)		 				44487898.
	Public support. Subtract line 5 from line 4				,		79514586.
	ction B. Total Support			T			,
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	21112680.	40430829.	1/606886.	12222116.	32629913.	124002484
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2788052.	3220998.	2142005	3475926.	4000122	16628093.
_	and income from similar sources	2/00052.	3220330.	3144333.	34/3920.	4000122.	10020093.
9	Net income from unrelated business	<u> </u>					4
	activities, whether or not the						,
10	business is regularly carried on Other income Do not include gain						
10	or loss from the sale of capital	}					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						140630577
	Gross receipts from related activities	etc (see instruction	ons)	.l	l .	12	
	First five years. If the Form 990 is fo	•	•	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	_			•		
Sec	tion C. Computation of Publ	lic Support Pe	rcentage	<u> </u>			
14	Public support percentage for 2017 ((line 6, column (f) d	ivided by line 11, o	column (f))		14	56.54 %
15	Public support percentage from 2016	6 Schedule A, Part	II, line 14			15	52.86 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶ [X]
b	33 1/3% support test - 2016. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua		• • •				▶∟」
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"		•		_		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t					•	e
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	on did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17t	o, check this box a	ind see instruction	ns D

	edule A (Form 990 or 990 EZ) 2017 Dart III Support Schedule for (ELAWARE C Organizations	Described in	FOUNDATIC Section 509(a	<u>)N, INC</u>)(2)	22-2804	1 / 85 Páge 3
	· (Complete only if you checked	_				art II If the organiza	ation fails to
Sec	qualify under the tests listed b	elow, please com	olete Part II)	<u> </u>			/
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(8) 2010	(5) 2014	(6) 2010	(4)2010	/ /	(i) rota.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						•
5	The value of services or facilities furnished by a governmental unit to					_	
	the organization without charge			/		7	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				,		,
t	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						
	Public support. (Subtract line 7c from line 6)	<u> </u>					
	ction B. Total Support	ĭ			1		•
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest.	<i> </i> -					<u> </u>
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources			. ,,,,,			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,7					
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>		L	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	r the organization	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ition,
Sa	check this box and stop/here	ic Support Pe	rcentage				
	Public support percentage for 2017 (-	column (fl)		15	%
	Public support percentage from 2016			Joidinin (1))		16	
	ction D. Computation of Inves			 		, 10	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from			,		18	%
	33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than 3		
	more than 33/1/3%, check this box a						ightharpoons
t	33 1/3% sypport tests - 2016. If the	="					nd
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

Part IV Supporting Organizations

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

Section	Δ	ΔII	Supporting	Organizations
OCCHOIL	Л.	\sim	OUDDOLULE.	4 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
<u>-</u> -		
2	-	
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
,		
5a		
5b		
5c		
j		
6		
7		
8		
_9a		
_9b		
9c		ļ
_10a		
10b		2017

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2017 DELAWARE COMMUNITY FOUNDATION, INC 22-28	<u>0478</u>	<u>5 Pa</u>	ige 5
Pa	rt,IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L,	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		r	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		٦	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	tructions		_
2	Activities Test Answer (a) and (b) below.		Yes	_No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	;		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990 EZ) 2017 DELAWARE COMMUNITY FOU			22-2804785 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 ·· Check here if the organization satisfied the Integral Part Test as a qualify	=		Part VI) See instructions. All
other Type III non-functionally integrated supporting organizations must	complete Se	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			,
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		ţ.
e Discount claimed for blockage or other		•	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		**
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		\\
6 Multiply line 5 by 035	6		± ,
7 Recoveries of prior-year distributions	7	_	ŧ.
8 Minimum Asset Amount (add line 7 to line 6)	8		,
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ord	ianization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	dule A (Form 990 or 990-EZ) 2017 DELAWARE COMM			22-2804785 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI) See instructions			-
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	,		
	able cause required- explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2017			
_ <u>a</u>				•
b	From 2013			3.7
<u> </u>	From 2014			- A.K.
d	From 2015			
e	From 2016			<u> </u>
f_	Total of lines 3a through e			47.
· g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			i
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f	,		4.3
4	Distributions for 2017 from Section D,			1/2 2mV
	line 7 \$			
а	Applied to underdistributions of prior years			,
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.			•
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			<u> </u>
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.		•	
8	Breakdown of line 7.			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016		•	,

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	<u>(Form 990 or 990-EZ)</u>	<u> 2017 DELAWA</u>	<u>RE COMMUN</u>	ITY FOUNDAT	TION, INC	<u> 22-2804</u>	.785 Page 8
Part VI	Supplemental II Part IV, Section A, III line 1, Part IV, Section	nformation. Prones 1, 2, 3b, 3c, 4b, on D, lines 2 and 3,	vide the explanation, 4c, 5a, 6, 9a, 9b, Part IV, Section E,	ons required by Part 9c, 11a, 11b, and 11 lines 1c, 2a, 2b, 3a,	II, line 10, Part II, line 1 c, Part IV, Section B, li and 3b; Part V, line 1, f lete this part for any ac	7a or 17b, Part III, Iir nes 1 and 2, Part IV, Part V, Section B, Iine	ne 12, Section C,
	(See instructions)						
		 					
							
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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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• ;	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III				
Nam	ne of organization				Employ	er identification number
	DELAWAR	E COMMUNITY FOUN	NDATION, INC			22-2804785
Pa	art I-A Complete if the org	ganization is exempt une	der section 501(c)	or is a section 5	27 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures	cal campaign activities	ın Part IV	> \$	
3	Volunteer flours for political campa	igh activities				
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).		3.I. 8.7
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		> \$	<u> </u>
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5	. > \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?			Yes No
4a	Was a correction made?					L Yes L No
b	If "Yes," describe in Part IV					
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section	501(c)	(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	tion activities	▶\$_	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527		
	exempt function activities				▶ \$_	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POL	- 1		у .
	line 17b				▶ \$_	
4	Did the filing organization file Form	1120-POL for this year?				└─ Yes └─ No
5	Enter the names, addresses and er	mployer identification number (E	EIN) of all section 527 p	olitical organizations t	o which t	he filing organization
	made payments. For each organiza					
	contributions received that were pr				separate	segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Par	t IV 		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds If none, ent	on's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-
						If none, enter ·0-
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-
						If none, enter -0-

Schedule C. (Form 990 or 990-EZ) 2017 D Part II-A Complete if the orga	ELAWARE CO	MMUNITY FOU	NDATION, INC	22- ed Form 5768 (e	2804785 Page 2
section 501(h)).				(
	on belongs to an aff	 iliated group (and list ii	Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check ▶ ☐ If the filing organization	on checked box A a	nd "limited control" pro	ovisions apply		
	on Lobbying Expe tures" means amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influe			Ī	-	
c Total lobbying expenditures (add line	_	, (),			
d Other exempt purpose expenditures	· ·				-
e Total exempt purpose expenditures		d)			
f Lobbying nontaxable amount Enter			h columns		
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,		00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	* -	00 plus 5% of the exce			,
Over \$17,000,000	\$1,000,				
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				No.
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a if zero	•		[
Subtract line 1f from line 1c If zero contact.		•	,	- · · · · · -	ţ
J If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		í
reporting section 4911 tax for this ye		_			Yes No
(Some organizations that	it made a section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		·
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total 🔭
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Oreservate martinishle amount					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(13070 of life 2d, Coldifili (e))			 		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C.(Form 990 or 990 EZ) 2017 DELAWARE COMMUNITY FOUNDATION, INC 22-2804785 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter		1		
or referendum, through the use of				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	1)?	Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	<u> </u>	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X		- (5,900.
j Total Add lines 1c through 1i			(5,900.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912	i			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<u>`</u>
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c))(5), or se	ction	••
501(c)(6).	<u>.</u>			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	-	
3 Did the organization agree to carry over lobbying and political campaign activity expenditure:			- 4.*	· · ·
Part III-B Complete if the organization is exempt under section 501(c)(4),) i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered IIV-a II	wered "No," O	R (b) Pan	i III-A, III	ie 3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		·
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	of political			
expenses for which the section 527(f) tax was paid).				
a Current year	•	2a		
b Carryover from last year		2b		
c Total .	_	_2c_		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)		_ 3		
	f the excess			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbyil expenditure next year?		4		
 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 		<u>4</u> 5		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	ng and political	5		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated)	ng and political	5	and 2 (see	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ng and political	5	and 2 (see	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated)	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:	ng and political	5	and 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	DELAWARE COMMUNITY	FOUNDATION, INC		22-2804785
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	228		975
2	Aggregate value of contributions to (during year)	7,014,760.		25,585,240.
3	Aggregate value of grants from (dunng year)	3,746,475.		10,008,509.
4	Aggregate value at end of year	90,392,835.		122,847,993.
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advised fui	nds	
	are the organization's property, subject to the organization's ex			X Yes No
	Did the organization inform all grantees, donors, and donor adv		only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring	
	impermissible private benefit?			X Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Part IV	/, line 7	7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (e.g., recreation or edit	ucation) Preservation of a historicall	y impo	rtant land area
	Protection of natural habitat	Preservation of a certified h	nistoric	structure
	Preservation of open space			stre:
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a c	onserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	\$
b	Total acreage restricted by conservation easements	_	2b	**
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c	•
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structure		
	listed in the National Register		2d	X
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	ınızatıo	on during the tax
	year▶			Ę
4	Number of states where property subject to conservation ease	ement is located ➤		
5	Does the organization have a written policy regarding the perio	odic monitoring, inspection, handling of		- T
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservat	tion eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	aseme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)((B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	ement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the or	rganıza	ition's accounting for
	conservation easements			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement a	and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance of	f public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and I	balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of public se	ervice,	provide the following amounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$ \$
	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gain		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items		
	Revenue included on Form 990, Part VIII, line 1	-	>	\$
	Assets included in Form 990. Part X			\$

		E COMMUNIT						<u>04785</u>	
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or	Othe	r Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a sig	gnificant	use of its	collection i	tems
	(check all that apply).								
а	Public exhibition	d	Loan or exc	hange program	ıs				
b	Scholarly research	е	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization	's exen	not purpo	ose in Part	t XIII	
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma				O	400010		Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang				es" on l	Eorm 990) Part IV		110
	reported an amount on Form 990, Par		ote ii tile organizatio	ii answered Ti	05 011	, 0,,,,	,, . a,		
4-	Is the organization an agent, trustee, custodia		liany for contribution	e or other acce	te not i	included			
ıa	on Form 990, Part X?	an or other intermed	nary for contribution	is of other asse	its not i	included		Yes	□ No
	· ·	and annualists the fo	llavena tabla				_	_1 162	140
þ	If "Yes," explain the arrangement in Part XIII a	and complete the lo	llowing table						
								Amount	
С	Beginning balance	-				1c			
d	Additions during the year					1d			
е	Distributions during the year					• 1e			
f	Ending balance							-	
2a	9					ty?	L_	Yes	No No
_	If "Yes," explain the arrangement in Part XIII					_			
Pai	rt V Endowment Funds. Complete if	the organization an							
	-	(a) Current year	(b) Prior year	(c) Two years t	back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	1,650,497.	1,554,921.	1,681,	455.	1,7	45,843.	1,7	11,179.
b	Contributions				500.		875.		86,851.
C	Net investment earnings, gains, and losses	104,943.	184,150.	<47.	<u>999.></u>		<1,053.	<u> </u>	26,033.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	103,819.	88,574.	79.	035.		64,210.	2	78,220.
f	Administrative expenses								
g	End of year balance	1,651,621.	1,650,497.	1,554,	921.	1.6	81,455.	1,7	45.843.
2	Provide the estimated percentage of the curr					•	• •		
а	Board designated or quasi-endowment	100.00	%					•	
b	Permanent endowment ► .00	%	_						
	Temporarily restricted endowment ▶	•00 %							
Ū	The percentages on lines 2a, 2b, and 2c show								
32	Are there endowment funds not in the posses	· ·	ation that are held a	nd administere	d for th	e organiz	ation		
Oa	by	oo.orr or the organiza	a.,					[v	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		••					3a(II)	X
		tions listed as requir	rad an Sahadula D2					3b	
	If "Yes" on line 3a(ii), are the related organizar Describe in Part XIII the intended uses of the							[SD]	
Pai	t VI Land, Buildings, and Equipm		willent lunus				-		
	Complete if the organization answered) Part IV line 11a 9	See Form 990 F	Part X I	line 10			
	Description of property	(a) Cost or o		or other		cumulate	vd	(d) Book v	value.
	Description of property	basis (investr		(other)	• •	reciation		(u) DOOK (value
	l and	24013 (111463111	nong basis	(5.1101)	чор	. 50.0001			
	Land								
	Buildings	-							
	Leasehold improvements	-	F A	1 062		00 1	1 =	161	017
	• • •	<u> </u>	54	1,962.	3	80,1	T 2 •	<u> </u>	<u>,847.</u>
	Other (7)	15	V 22/2007 (D) 1 = 3	(0-)			_	161	,847.
Lota	I. Add lines 1a through 1e (Column (d) must ed	uuai roim 990. Part	A. COIUITITI (B). IINE T	IUC I				TOT	,04/.

Schedule D (Form 990) 2017

Juliedale D	(1 01111 330) 2017	
Dort VIII	Investments	Other See

Part VII Investments - Other Securit	ies.				·			
· Complete if the organization answere	d "Yes"							
(a) Description of security or category (including name of	security)	(b)	Book va	lue	(c) Method of v	aluation	: Cost or end	-of-year market value
(1) Financial derivatives								
(2) Closely-held equity interests	. [
(3) Other			••					
(A) MULTI-STRATEGY HEDGE	FUND		173,	063.	END-OF-Y	EAR	MARKET	VALUE
(B) SEI - FLAGSHIP -								
(C) MULTI-STRATEGY HEDGE	FUND	27	,638,	866.	END-OF-Y	EAR	MARKET	VALUE
(D)								•
(E)						_		•
(F)				•				
(G)							<u> </u>	
(H)					_			
Total (Col. (b) must equal Form 990, Part X, col. (B) line	12.)	2.7	,811,	929.			-	
Part VIII Investments - Program Rela			, , , , , ,		I			
Complete if the organization answere		on Form	990 Par	t IV line	11c. See Form 990	Part X I	ine 13	
(a) Description of investment	100		Book va					of-year market value
		(-/			(-)			
(1)								
(2)								
(3)								
								-\$1 ₁₄ ,
(5)								7 17
(6)								1 1
(7)								2 1
(8)							· · · · · · · · · · · · · · · · · · ·	
(9)	12 \		 -				·,	
Total (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets.	13.)				<u> </u>			······································
<u></u>	d "Voo"	an Earm	000 Bos	+ IV/ line	11d Soc Form 000	Dort V	.no 15	. 7
Complete if the organization answere		Descripti		t IV, IIIIe	Tru. See Form 990,	rait A,	ine 13	(b) Book value
O DEAL ECMAND ACCEM	(4)	Descripti						255; 000.
(1) REAL ESTATE ASSET	т							2,531,063
(2) CASH - INVESTMENT POO								
(3) SOCIAL RESPONSIBLE PO								412,050.
(4) INTERMEDIATE-TERM IND	EX P	ÓОГ						9,373,675.
(5) STOCK AWAITING SALE	_						-	<u>255,000</u> .
(6) HRA DEPOSIT								2,500.
(7) PREPAID EXPENSES	. D. T. D							2,500.
(8) ACCRUED INCOME RECEIV	<u> VRPE</u>		· · · -					46,273.
(9)								10 070 061
Total. (Column (b) must equal Form 990, Part X, co	ol (B) line	e 15.)					<u> </u>	12,878,061.
Part X Other Liabilities.	1 03 4 11		000 D	. 0	44 446. 0 5	- 000 5	1 V I 05	
Complete if the organization answere (a) Description of liabilit		on Form	990, Par		(b) Book value	n 990, P	art X, line 25	
1	<u> </u>				(b) Book value			
(1) Federal income taxes					454 512			
(2) CHARITABLE GIFT ANNUI					454,513.			
(3) NON PROFIT ENDOWMENTS				3	5,893,346.			
(4)							•	
(5)								
(6)								
(8)			-				•	

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 X

36,347,859.

Total. (Column (b) must equal Form 990, Part X, col_(B) line 25)

Schedule D (Form 990) 2017 DELAWARE COMMUNITY FOUNDAT			2804785 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per H	etur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			11 E20 E21
1 Total revenue, gains, and other support per audited financial statements			44,538,524.
 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 	2a < 5,363,626.		
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	1	
d Other (Describe in Part XIII.)	2d	i	
e Add lines 2a through 2d	24	2e	<5,363,626.>
3 Subtract line 2e from line 1		3	49,902,150.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b 370,696.		
c Add lines 4a and 4b		4c	370,696.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	50,272,846.
Part XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		,	
1 Total expenses and losses per audited financial statements		1_	18,498,650.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		•
c Other losses	2c		
d Other (Describe in Part XIII)	2d	} _	· .
e Add lines 2a through 2d		_2e	18,498,650.
3 Subtract line 2e from line 1	•	3_	10,490,030.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 370,696.	ł	,`
b Other (Describe in Part XIII) c Add lines 4a and 4b	<u>46</u>	4c	370,696.
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	18,869,346.
Part XIII Supplemental Information.		1. 5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part	X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional an			5
			٠,
PART X, LINE 2:			
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER	ACC 740. TNCOME	NTO	ת ספו אתפה
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER	MAC 140: INCOME	110	I REDATED
TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY B	E SUBJECT TO TAX	ATI	ON AS
			·
UNRELATED BUSINESS INCOME. ACCOUNTING PRINCIPAL PRINCIPA	PLES GENERALLY A	CCE	PTED IN THE
UNITED STATES OF AMERICA IMPOSE A THRESHOLD	FOR DETERMINING	WHE	N AN INCOME
MAY DENDETH CAN BE DECOCNIZED IN DECADD HO II	מרפים האדאו האע פרם	ттт	ONG THE
TAX BENEFIT CAN BE RECOGNIZED IN REGARD TO U	NCERTAIN TAA POS	<u> </u>	OND THE
FOUNDATION HAS DETERMINED THAT NO LIABILITY	FOR UNCERTAIN TA	ХР	OSITIONS IS
REQUIRED TO BE ACCRUED AND INCLUDED IN THE ST	PATEMENTS OF FIN	ANC	IAL
POSITION AS OF JUNE 30, 2018 AND 2017.			
POSITION AS OF DOME 30, ZUIO AND ZUIT.			
		<u></u>	
			
PART XI, LINE 4B - OTHER ADJUSTMENTS:	-		
EXPLANATION: ADMIN FEE REVENUE REPORTED AS RI	EVENUE ON 990 -		•1
732054 10-09-17			dule D (Form 990) 2017

Schedule D.(Form 990) 2017 DELAWARE COMMUNITY FOUNDATION, Part XIII Supplemental Information (continued)	INC 22-2804785 Page 5
NETTED WITH EXPENSES FROM FINANCIAL STATEMENTS \$371	,353
EXPLANATION: INTERCO INCOME REPORTED AS REVENUE ON	990-
NETTED WITH EXPENSES FROM FINANCIAL STATEMENTS (\$65	7)
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
EXPLANATION: ADMIN FEE REVENUE REPORTED AS REVENUE	
NETTED WITH EXPENSES FROM FINANCIAL STATEMENTS \$371	, 353
EXPLANATION: INTERCO INCOME REPORTED AS REVENUE ON	990-
NETTED WITH EXPENSES FROM FINANCIAL STATEMENTS (\$65	
PART V, LINE 4	
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS: THE	FOUNDATION'S ENDOWMENT
CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED TO HELP	SUPPORT THE ;
FOUNDATION'S FUTURE OPERATIONS.	
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

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

Employer identification number 22-2804785 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC FOUNDATION, DELAWARE COMMUNITY General Information on Grants and Assistance Name of the organization Part I

crite	criteria used to award the grants or assistance?	° □
2 Desc	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II car	n be duplicated if additiv	onal space is need	per			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21ST CENTURY FUND FOR DELAWARE'S CHILDREN - PO BOX 368 - HOCKESSIN, DE 19707	20-2869892	501(c)(3)	11,000.	0			CHILDREN & YOUTH SERVICES
AMERICAN CANCER SOCIETY 320 BILMAR DRIVE PITTSBURGH, PA 15205	13-1788491	501(C)(3)	38 500	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY
AMERICAN HEART ASSOCIATION 200 CONTINENTAL DR., SUITE 101 NEWARK, DE 19713	13-5613797	501(¢)(3)	17,250,	0			, HEALTH CARE & HEART BALL
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	10,000.	0			WILDLIFE PRESERVATION & PROTECTION
ATTACK ADDICTION FOUNDATION PO BOX 36 BEAR, DE 19701	. 32-0404094	501(C)(3)	25,000,	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET							DESIGNATED ENDOWMENT DISTRIBUTION & HIGHMARK BLUEPRINTS FOR THE
DOVER, DE 19901-3530	22-2559843	501(c)(3)	79,490.	0			COMMUNITY

3 Enter total number of otner organizations are the Instructions for Form 990.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	COMMUNITY Assistance to Gov	FOUNDATION vernments and Organ	INC izations in the Un	nited States (Sche	edule I (Form 990), Pa		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501(C)(3)	62,664,	0			HOSPITALS
BETHANY HOUSE SERVICES 1841 FAIRMOUNT AVE, CINCINNATI, OH 45214	31-1101401	501(C)(3)	6,500	0			TO SUPPORT SERVICES PROVIDED TO HOMELESS FAMILIES
BETHLEHEM UNITED METHODIST CHURCH 4 WESTTOWN RD. THORNTON, PA 19373	58-2424339	501(C)(3)	26,000,	0			RELIGION-RELATED
BIG BROTHERS BIG SISTERS OF DELAWARE - 413 LARCH CIRCLE - WILMINGTON, DE 19804	51-6018399	501(C)(3)	19,540,	0			BIG BROTHERS & BIG SISTERS
BLOOD BANK OF DELMARVA 100 HYGEIA DRIVE NEWARK, DE 19713	51-0078596	501(C)(3)	400,000	0			NEW BUS
BOYS AND GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST. NOBLESVILLE, IN 46060	35-1054426	501(C)(3)	7,000,	0			THREE IMPACT AREAS-ACADEMIC SUCCESS, GOOD CHARACTER & HEALTHY LIFESTYLES
BOYS AND GIRLS CLUBS OF DELAWARE, INC 669 SOUTH UNION ST WILMINGTON, DE 19805	51-0068712	501(C)(3)	360,063,	0			BOYS & GIRLS CLUBS
BRANDYWINE CONSERVANCY P.O. BOX 141 CHADDS FORD, PA 19317	51-6020908	501(C)(3)	10,500,	0			BRANDYWINE CONSERVANCY
BRANDYWINE VALLEY SPCA 600 SOUTH STREET NEW CASTLE, DE 19720	23-1381030	501(C)(3)	24,250,	. 0			GEORGETOWN SITE
		•					Schedule I (Form 990)

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gov	FOUNDATION,	, INC	ited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant '; or assistance
BREASTCANCER.ORG 120 E. LANCASTER AVE., SUITE 201 ARDMORE, PA 19003	23-3082851	501(C)(3)	10,000,	0			НЕАЦТН САКЕ
CANCER SUPPORT COMMUNITY OF DELAWARE - 4810 LANCASTER PIKE - WILMINGTON, DE 19807	51-0351863	501(C)(3)	12,850,	0			UNRESTRICTED
CAPE HENLOPEN SCHOOL DISTRICT 1270 KINGS HIGHWAY LEWES, DE 19958	51-6000279	501(C)(3)	8,942,				UNRESTRICTED
CARING HEARTS HELPING HANDS, INC. P.O. BOX 415 CAMDEN, DE 19934	81-0573899	501(C)(3)	11,000,	.0			HOLIDAY SEASON ASSISTANCE FOR LOW INCOME WORKING FAMILIES
CARLISLE FIRE COMPANY P.O. BOX 292 MILFORD, DE 19963	51-0063613	501(C)(4)	6,326,	0			UNRESTRICTED
CATHOLIC CHARITIES, INC. 2601 W. 4TH STREET WILMINGTON, DE 19805	51-0065685	501(C)(3)		0			PROVIDE FINANCIAL ASSISTANCE, COACHING AND DTHER RESOURCES & HIGHMARK BLUEPRINTS FOR
CATHOLIC DIOCESE OF WILMINGTON P.O. BOX 2030 WILMINGTON, DE 19899	51-0095439	501(C)(3)	11,344.	0			UNRESTRICTED
CENTER FOR THERAPEUTIC & EDUCATIONAL RIDING, INC 3491 HARRIS ROAD - TOWNSEND, DE 19734	54-2078062	501(C)(3)	16,487,	0			UNRESTRICTED
CERTS, INC. 1501 CASHO MILL ROAD, SUITE 1 NEWARK, DE 19711	01-0592853	501(C)(3)		0			UNRESTRICTED Schedule I (Form 990)

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Schedule (Form 990) DELAWARE (COMMUNITY	COMMUNITY FOUNDATION	INC			-	22-2804785 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pa	(= 1	•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant con assistance
CHEER, INC. 546 SOUTH BEDFORD STREET GEORGETOWN, DE 19947-1852	51-0112599	501(C)(3)	40,000	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY AND GENERAL PURPOSES
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	S01(C)(3)	7,000,	0			UNRESTRICTED
CHILDREN & FAMILIES FIRST 809 N. WASHINGTON STREET WILMINGTON, DE 19801	51-0065731	501(C)(3)	15,613,	0			UNRESTRICTED, GEORGETOWN SITE AND YPB KENT CO. GRANT
CHILDREN'S BEACH HOUSE 100 w. 10TH ST., SUITE 411 WILMINGTON, DE 19801	51-0070966	501(C)(3)	14,750,	0			UNRESTRICTED, SERVING SUSSEX COUNTRY CHILDREN
CHOIR SCHOOL OF DELAWARE 2013 NORTH MARKET STREET WILMINGTON DE 19802	20-5486245	501(C)(3)	23,600,	0			
CHRIST EPISCOPAL CHURCH CHRISTIANA HUNDRED - P.O. BOX 3510 - WILMINGTON, DE 19807-0510	20-8521736	501(C)(3)		0			UNRESTRICTED
CHRIST FOR ALL NATIONS P.O. BOX 590588 ORLANDO, FL 32859-0588	94-2742504	501(C)(3)	8,000,	0			UNRESTRICTED
CHRISTIANA CARE HEALTH SYSTEMS, INC 13 READ'S WAY - NEW CASTLE, DE 19720	51-0103684	501(C)(3)	36,817,	. 0	İ		SPECIAL NEEDS FUND, MEDICAL STUDENT TEACHING AWARD AND UNRESTRICTED
CHRISTINA CULTURAL ARTS CENTER 705 MARKET STREET WILMINGTON, DE 19801	51-0064300	501(C)(3)	100,328,	0			YOUTH VIOLENCE PREVENTION PROGRAM, CCAC EDUCATION PROGRAMS, AND UNRESTRICTED
							Schedule I (Form 990)

22-2804785 Page 1	•
INC	tions in the United States (Schedule I (Form 990), Part II)
FOUNDATION,	ernments and Organiza
DELAWARE COMMUNITY FOUNDAT	Assistance to Gov
DELAWARE	f Grants and Other

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	COMMUNITY Assistance to Go	COMMUNITY FOUNDATION Assistance to Governments and Organ	, INC nizations in the Ur	ited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ; or assistance
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB - 669 S. UNION ST WILMINGTON, DE 19805	51-0068712	501(C)(3)	21,240,	0			UNRESTRICTED
CLAUDE E. PHILLIPS HERBARIUM, DELAWARE STATE UNIVERSITY - 1200 N. DUPONT HWY - DOVER, DE 19901	51-0305893	501(C)(3)	5,040.	0			UNRESTRICTED
CODE PURPLE KENT COUNTY 412 N. GOVERNORS AVENUE DOVER, DE 19904	47-4195022	501(C)(3)	10,000,	0			EMERGENCY SHELTER, FOOD AND ITEMS FOR PEOPLE IN NEED
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W. LOOCKERMAN STREET SUITE 2A DOVER, DE 19904	51-0343981	501(C)(3)	36,156,	0			IDENTIFY & ASSESS NEEDS IN KENT CO, SCHOOLS & UNRESTRICTED
COMMUNITY EDUCATION BUILDING 1200 N. FRENCH STREET WILMINGTON, DE 19801	45-4797267	501(C)(3)	1,512,000,	,0			UNRESTRICTED
. 7 100 1	51-6000158	501(C)(3)	8,500,	0			ALLIANCES & ADVOCACY
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BLVD. WILMINGTON, DE 19803	51-6001225	501(C)(3)	9	0			UNRESTRICTED
CREATIVE COASTAL CONNECTIONS CORP. 20474 OLD MEADOW LANE LEWES, DE 19958	81-2042125	501(C)(3)	15,000,	0			ARTS, CULTURE & HUMANITIES
DELAWARE ADOLESCENT PROGRAM, INC. 2900 N. VAN BUREN STREET WILMINGTON, DE 19802	51-0108498	501(C)(3)	.19,000	.0			PREGNANCY CENTERS & FFW GRNT/EDUCATION PROFICIENCY FOR TEEN MOTHERS
							Schedule I (Form 990)

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22-2804785		(h) Purpose of grant or assistance	UNRESTRICTED
2	IT)	(g) Description of non-cash assistance	
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)	
	nited States (Sche	(d) Amount of cash grant of non-cash assistance	0
ION, INC	izations in the Ur	(d) Amount of cash grant	276,237,
FOUNDATION	ernments and Organ	(c) IRC section if applicable	501(C)(3)
COMMUNITY	Assistance to Gov	(a)	51-0065746 501(C)(3)
DELAWARE COMMUNITY FOUNDATI	of Grants and Other	address of government	M WAY 06
Schedule I (Form 990)	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	DELAWARE ART MUSEUM 2301 KENTWERE PARKWAY WILMINGTON, DE 19806

Schedule I (Form 990)						
UNRESTRICTED		1	.4 .8.8 100.	501(C)(3)	51-0378138	1104 N. ADAMS ST. WILMINGTON DE 19801
						DELAWARE FUTURES
UNRESTRICTED	0.		75,000.	501(C)(3)	51-6000279	WILMINGTON, DE 19801
						STATE OFFICE BUILDING -
			·			820 NORTH FRENCH STREET CARVEL
						DELAWARE DIVISION OF THE ARTS
UNRESTRICTED	0		5,155,	501(C)(3)	52-2027415	WILMINGTON, DE 19801
						600 NORTH MARKET STREET
						DELAWARE COLLEGE OF ART & DESIGN
ENVIRONMENT	0.		18,426.	501(C)(3)	51-0365565	BEACH, DE 19971
						BAYS - 39375 INLET ROAD - REHOBOTH
						DELAWARE CENTER FOR THE INLAND
UNRESTRICTED	0.	,	60,540,	501(C)(3)	51-0252857	WILMINGTON, DE 19806-3308
						1810 NORTH DUPONT STREET
						DELAWARE CENTER FOR HORTICULTURE
COALITION-BUILDING	0		90,000	501(C)(3)	20-5806345	WILMINGTON DE 19801
COMMUNICATIONS &						1313 N. MARKET ST., SUITE 140A
DELAWARE LEGISLATIVE,						DELAWARE CAN
EXPANSION, JUNTOS	_					
BREAST CANCER TREATMENT &	0		31,000.	501(C)(3)	52-2045298	WILMINGTON, DE 19801
RESIDENTS UNDERGOING						100 W. 10TH STREET SUITE 209
ASSISTANCE FOR KENT						DELAWARE BREAST CANCER COALITION
EMERGENCY FINANCIAL						
CAPITAL GRANT	0.		25,000.	501(C)(3)	32-0371538	OCEAN VIEW, DE 19970
						P.O. BOX 1390
						DELAWARE BOTANIC GARDENS INC.

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gov	FOUNDATION vernments and Organ	, INC nizations in the Un	nited States (Sche	dule I (Form 990), Par		22-2804785 Fage 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ', or assistance
DELAWARE HISTORICAL SOCIETY 505 N. MARKET STREET WILMINGTON, DE 19801	51-0066731	\$01(C)(3)	8 900.	0			UNRESTRICTED, EDUCATION PROGRAM FOR DE HISTORY STUDENTS, HISTORY MAKERS AWARD EVENT
DELAWARE HOSPICE, INC. 16 POLLY DRUMMOND CENTER, 2ND FLOOR NEWARK, DE 19711	s 51-0258883	501(C)(3)	141, 581,	•0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY & UNRESTRICTED
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	143,052,	•0			UNRESTRICTED AND GRANT FOR EQUIPMENT
DELAWARE LAW SCHOOL AT WIDENER UNIVERSITY - 4601 CONCORD PIKE - WILMINGTON, DE 19803-0474	23-1386178	501(C)(3)	,000,9	,0			DIGNITY RIGHTS PROJECT
DELAWARE MAGIC SOFTBALL PO BOX 7024 NEWARK, DE 19714	56-2430762	501(C)(3)	6,494,	0			BASEBALL AND SOFTBALL
DELAWARE NATURE SOCIETY P.O. BOX 700 HOCKESSIN, DE 19707-0700	51-6018321	S01(C)(3)	12,500,	0			UNRESTRICTED
DELAWARE RESTAURANT ASSOCIATION P.O. BOX 8004 NEWARK, DE 19714	47-3001109	501(c)(3)	*000*9	0			ALLIANCES AND ADVOCACY
DELAWARE SEASHORE PRESERVATION FOUNDATION - P.O. BOX 981 - OCEAN VIEW, DE 19970	51-0372783	501(c)(3)	000'9	0			SAVE THE TOWER PROJECT
DELAWARE SHAKESPEARE P.O. BOX 7567 WILMINGTON, DE 19803	36-4535637	501(C)(3)	. 14,500	,			UNRESTRICTED Schedule I (Form 990)

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COMMUNITY	Assistance to Gov
DELAWARE	f Grants and Other
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(a) Name and address of corporation or government or government (b) EIN (c) IRC section organization or government (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) organization or government (h) Method of (g) IRC section (d) Amount of (h) Method of (g) organization or government (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) IRC section (d) Amount of (g) IRC section (d) IRC s	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ''.
DELAWARE SYMPHONY ASSOCIATION 100 W. 10TH ST. STE. 1003 WILMINGTON, DE 19801	51-6017449	501(C)(3)	164 313.	0			UNRESTRICTED
1 2 4 1	51-6000279	501(C)(3)	7,425,	,			JNRESTRICTED
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON, DE 19801	51-0229918	501(C)(3)	87,819,	0			UNRESTRICTED & CAPITAL
DELAWARE WILD LANDS, INC. PO BOX 505 ODESSA, DE 19730	51-0101678	501(C)(3)	32,000,	0			NATURAL RESOURCES CONSERVATION AND PROTECTION & FUNDS TO BE- USED IN SUSSEX COUNTY
DELMAR SCHOOL DISTRICT 200 NORTH EIGHTH STREET DELMAR, DE 19440	51-6000279		28,614,	0			UNRESTRICTED
DELMARVA ACES BASEBALL & SOFTBALL, INC 11046 GRAYS CORNER ROAD BUILDINGS 1&2 - BERLIN, MD 21811	47-1605254	501(C)(3)	28,964.				BASEBALL & SOFTBALL
DIVINE PROVIDENCE VILLAGE 686 OLD MARPLE RD SPRINGFIELD, PA 19064	23-2313873	501(C)(3)	9,765,				JNRESTRICTED
DOCTORS WITHOUT BORDERS USA, INC. 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001.	13-3433452	501(C)(3)	5,500	0			NRESTRICTED
DOVE POINTE FOUNDATION, INC. 1225 MT. HERMON ROAD SALISBURY, MD 21804	52-1229295	501(C)(3)	0 0 0 0 0 0 1 1	0			HUMAN SERVICES & CHARITY GOLF TOURNAMENT
							Schedule 1 (Form 990)

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22_	ırm 990), Part II.)	
	the United States (Schedule I (Fo	
FOUNDATION, INC.	ernments and Organizations in	
DELAWARE COMMUNITY FOUNDATI	er Assistance to Gov	
	ion of Grants and Othe	
e I (Form 990)	Continuat	

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Portunuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	COMMUNITY Assistance to Go	FOUNDATION,	, INC	nited States (Sche	dule I (Form 990), Pa		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant : or assistance
DOVER INTERFAITH MISSION FOR HOUSING, INC P.O. BOX 1148 - DOVER, DE 19903	41-2280212	501(C)(3)	.000,6	0			UNRESTRICTED & TO CREATE ACCESS TO SERVICES FOR HOMELESS ADULTS
DUFFY'S HOPE INC. 100 W. 10TH ST., SUITE 9 WILMINGTON, DE 19801	06-1652976	501(C)(3)	7,500,	0			TO SUPPORT HOPE, MENTORING AND FINANCIAL LITERACY PROGRAMS
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	, 26-4549213	501(c)(3)	20,000	0			UNRESTRICTED
EASTER SEALS OF DE AND MD'S EASTERN SHORE, INC 61 CORPORATE CIRCLE - NEW CASTLE, DE.19720-2405	51-0066728	501(c)(3)	30,750.	Ô			REHABILITATIVE CARE & CAMP FAIRLEE
EISENHOWER FELLOWSHIPS 250 SOUTH 16TH STREET PHILADELPHIA, PA 19102	23-1505095	501(c)(3)	12,000.	0			FUNDRAISING & FUND DISTRIBUTION
ELIZABETH W. MURPHEY SCHOOL 42 KING'S HIGHWAY EAST DOVER, DE 19901	51-0064321	501(C)(3)	23,500.	0			TNG SOUTH GRANT, CAPITAL GRANT, & UNRESTRICTED
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH - 1006 WILSON ROAD - WILMINGTON, DE 19803	51-6000137	501(C)(3)	12,000.	0			UNRESTRICTED
EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302	54-0506326	501(c)(3)	20,000,	0			JOHN MINOT WALKER JR. ENDOWMENT FUND
ESF DREAM CAMP FOUNDATION 750 E. HAVERFORD ROAD BRYN MAWR, PA 19010	23-3045020	501(C)(3)	~: 10 000.	0 .		-	UNRESTRICTED
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Page 1	
22-2804785	

INC	
DELAWARE COMMUNITY FOUNDATION,	
COMMUNITY	
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Schedule I (Form 990) DELAWARE	COMMUNITY	COMMUNITY FOUNDATION,	, INC				22-2804785 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	izations in the Un	ited States (Scher	dule I (Form 990), Par	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant contractions or assistance
FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGYON DE 19804	51-0410508	501(C)(3)	23 499	0			UNRESTRICTED
FAMILY COUNSELING CENTER OF ST. PAUL'S - 301 N. VAN BUREN ST - ELSMERE, DE 19805	27-3361236	501(C)(3)		0			UNRESTRICTED, CLINICAL TRAINING PROFESSIONAL DEVELOPMENT, & SUPPORT FOCUS PROGRAM
FIND-'M FRIENDS, INC. 8752 N. BRIARPATCH AVE. CRYSTAL RIVER, FL 34428	46-5514778	501(C)(3)	150,000,	0			UNRESTRICTED
FIRST BOOK 820 N. FRENCH ST. WILMINGTON, DE 19801	52-1779606	501(C)(3)	25,000	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY
FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK, ME 03908-1509	01-6013734	501(C)(3)	65,171.	0		•	UNRESTRICTED
FIRST PRESBYTERIAN CHURCH OF NEWARK - 292 W, MAIN STREET - NEWARK, DE 19711	23-6393377	501(C)(3)		0			UNRESTRICTED
FIRST STATE ROBOTICS, INC. P.O. BOX 116 HOCKESSIN, DE 19707	20-0613902	501(C)(3)	5,039.	. 0			ENGINEERING & TECHNOLOGY
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	118,300,	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY, FOOD BANKS & PANTRIES, & MILFORE SITE
FOR ALL SEASONS, INC. 300 TALBOT STREET EASTON, MD 21601	52-1496434	501(C)(3)	14,000	ريما گُونڌ بهتاري			HUMAN SERVICES

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). Part II)	COMMUNITY Assistance to Go	FOUNDATION,	INC izations in the Ur	nited States (Sche	dule I (Form 990). Pa		22-2804785 Page 1
4	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORGE YOUTH AND FAMILY ACADEMY, INC PO BOX 1635 - BERLIN, MD 21811	81-3234918	501(C)(3)	. 8 000	0			ING SOUTH GRANT YPB
FRESH START SCHOLARSHIP FOUNDATION, INC P.O. BOX 7784 - WILMINGTON, DE 19803	51-0378642	501(C)(3)	26,865,				TUITION SCHOLARSHIPS AND SCHOLAR FEES
FRIENDS OF ANIMALS 777 POST ROAD SUITE 205 DARIEN, CT 06820	13-6018549	501(C)(3)	7,241.	.0			UNRESTRICTED
FRIENDS OF THE NEWARK FREE LIBRARY, INC 750 LIBRARY AVENUE - NEWARK, DE 19711	23-7098836	501(C)(3)	7,492,	0			UNRESTRICTED
FRIENDSHIP HOUSE, INC. P.O. BOX 1517 WILMINGTON, DE 19899	51-0306759	501(C)(3)	35,000.	0			NEW START PROGRAM, UNRESTRICTED
GAUDENZIA, INC. 604 W. 10TH ST. WILMINGTON, DE 19801	23-1706895	501(C)(3)	37,500.	0			HIGHMARK BLUEPRINTS FOR THE COMMUNITY

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35-1483868 501(C)(3)

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501(C)(3)

51-0064337

GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL - 225 OLD BALTIMORE PIKE -

NEWARK DE 19702

GIRLS ON THE RUN DELAWARE INC.

GLEANERS FOOD BANK OF INDIANA

WILMINGTON, DE 19802

615 W 18TH ST

INDIANAPOLIS, IN 46241

3737 WALDEMERE AVE.

501(C)(3)

20-2751642

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Go	FOUNDATION,	, INC	nited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL AWAKENING 1451 CLARK STREET MECHANICSBURG, PA 17055	20-3938700	501(C)(3)	19,000,	0			UNRESTRICTED
GLOBAL CELEBRATION PO BOX 10 GRAND PRAIRIE, TX 75053	91-1341558	501(C)(3)	22,000,	0			YOUTH DEVELOPMENT
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON, DE 19801	51-0116569	501(C)(3)	322,697	0			ANNUAL DISTRIBUTION & GRANT FOR SENSORY-FRIENDLY PERFORMANCE
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	20 000	0			TO SUPPORT HABITAT HAMMERS BACK INITIATIVE RESPONDING TO HURRICANE MARIA IN PUERTO RICO
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY - 1920 HUTTON STREET - WILMINGTON, DE 19802	51-0294138	501(C)(3)	46,800	0,			FAMILY PROMISE RENOVATIONS & UNRESTRICTED
HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON, DE 19807	51-0070531	501(C)(3)	11,500,	0			SUPPORT OF THE HAGLEY PODCAST PROJECT
HARRY K FOUNDATION 313 SOUTH BOARDWALK REHOBOTH BEACH, DE 19971	46-2934019	501(C)(3)	10,000,	0			SINGLE ORGANIZATION SUPPORT
HEALTHCORPS, INC; 33 IRVING PLACE, 3RD FLOOR NEW YORK, NY 10003	26-1269358	501(C)(3)	10,000	0			UNRESTRICTED
HEALTHY FOODS FOR HEALTHY KIDS PO BOX 847 HOCKESSIN, DE 19707	30-0444914	501(C)(3)	10,365	vi. 0			GREENING FUND
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Schedule I (Form 990) DELAWARE	COMMUNITY	FOUNDATION,	, INC				22-2804785 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	overnments and Organ	nizations in the Ur	Inted States (Sche	dule I (Form 990), Pa	IT !!)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ; or assistance
HENRY FRANCIS DU PONT WINTERTHUR MUSEUM - 5105 KENNETT PIKE - WINTERTHUR, DE 19735	51-0066038	501(C)(3)	11,905,	0		,	UNRESTRICTED
HISTORIC CHARLESTON FOUNDATION P.O. BOX 1120 CHARLESTON, SC 29402-1120	. 57-6000599	501(C)(3)	15,000	0			UNRESTRICTED
HOPPY'S HOPE TO END HUNTINGTON'S DISEASE - 7 MARTIN ROAD - NEWTOWN SQUARE, PA 19073	27-0708797	501(C)(3)	10,000,	0			UNRESTRICTED
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	35-1186290	501(C)(3)	10,000,	0			STUDENT MATINEES & EDUCATION PROGRAMMING
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST., SUITE 600 INDIANAPOLIS, IN 46060	35-0998627	501(¢)(3)	8,500,	0			TO SUPPORT THE METROPOLITAN YOUTH ORCHESTRA
INGLESIDE HOMES, INC. 1005 N. FRANKLIN STREET WILMINGTON, DE 19806	51-0113243	501(C)(3)	12,000,	0			CAPITAL GRANT
INTERNATIONAL LITERACY ASSOCIATION PO BOX 8139 NEWARK, DE 19714-8139	46-3994293	501(c)(3)	101,320,	o	•		UNRESTRICTED
JEFFERSON AWARDS FOR PUBLIC SERVICE - 100 W. 10TH ST. STE. 215 - WILMINGTON, DE 19801	52-0959336	501(C)(3)	10,000.	0			UNRESTRICTED
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903	05-0306206	501(c)(3)	XX 2 2 2 6 5000 5	*** * * * * * * * * * * * * * * * * *	21		UNRESTRICTED

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Schedule I	Part II	

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of valuation (f) Method of valuation (f)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSHUA M. FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	20-8592383	501(C)(3)	15,000,	0			PERFORMING ARTS
JUNIOR ACHIEVEMENT OF DELAWARE, INC 522 SOUTH WALNUT STREET - WILMINGTON, DE 19801-5230	51-0078199	501(C)(3)	7,736,	.0			UNRESTRICTED & 5TH GRADE CLASSES AT CARRIE DOWNIE ELEMENTARY/BIZTOWN
JUSST SOOUP MINISTRY, INC. 18483 COOL SPRING RD. MILTON, DE 19968	59-3820809	501(C)(3)	, 20,553,	0			UNRESTRICTED
KENT-SUSSEX INDUSTRIES, INC. 301 NORTH REHOBOTH BOULEVARD MILFORD, DE 19963-1305	51-0097856	501(C)(3)	8,840,	0			UNRESTRICTED & SHELTERED
KIMMEL CENTER FOR THE ARTS 1500 WALNUT STREET, FLOOR 17 PHILADELPHIA, PA 19102	23-2865855	501(C)(3)	.000,08	0			SHOWSTOPPERS
KIND TO KIDS FOUNDATION 100 W. 10TH ST., SUITE 606 WILMINGTON, DE 19801	80-0641000	501(C)(3)	6,000,6	0,			CHILDREN & YOUTH SERVICES.
KUTZ HOME AUXILLIARY 704 RIVER ROAD WILMINGTON, DE 19809	51-0136951	501(C)(3)	7,000.	o			ANNUAL KUTZ HOMME AUXILARY SPRING LUNCHEON & FORGET-ME-NOT-GALA
LA ACADEMIA ANTONIA ALONSO 4403 LANCASTER PIKE, BARLEY MILL PLAZA, BLDG. 26 - WILMINGTON, DE 19805	23-7047048	501(C)(3)	11,400,				MINDFULNESS STUDENT SUPPORT PROGRAM
LA RED HEALTH CENTER 21444 CARMEAN WAY GEORGETOWN, DE 19947	14-1850828	501(C)(3)	78,500,	0		-	HIGHMARK BLUEPRINTS FOR THE COMMUNITY Schedule! (Form 990)

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Schedule (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Go	COMMUNITY FOUNDATION Assistance to Governments and Organi	I, INC nizations in the Ur	ited States (Sche	dule I (Form 990), Pa		22-2804785 Page 1
(a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant : or assistance
LAND CONSERVANCY FOR SOUTHERN CHESTER COUNTY - 541 CHANDLER MILL ROAD - AVONDALE PA 19311	23-2817418	501(0)(3)	10,000,	0			UNRESTRICTED
1 2 - 2 1	52-0799246	501(C)(3)	10 000	0			UNRESTRICTED
LEADERSHIP DELAWARE, INC. 1207 DELAWARE AVENUE WILMINGTON, DE 19806	26-3527196	501(C)(3)	10,500,	*0			UNRESTRICTED
LEADERSHIP WILKES-BARRE 4 PUBLIC SQUARE WILKES-BARRE, PA 18701	23-2205981	501(C)(3)	7,000,1	0			CORE, EXECUTIVE, MASTERS, JUNIOR & IMPACT PROGRAMS
LEADING YOUTH THROUGH EMPOWERMENT 1313 N. MARKET STREET, SUITE 110 A WILMINGTON, DE 19801	47-1867733	501(C)(3)	13,000,	0			PLANNING GRANT TO INCREASE SIZE & DIVERSITY (LATINO YOUTH)
LEGAL SERVICES CORPORATION OF DELAWARE, INC 100 W. 10TH STREET, SUITE 203 - WILMINGTON, DE 19801-1641	. 51-0372955	501(C)(3)	20,000,	0			ALLIANCES AND ADVOCACY
LEUKEMIA & LYMPHOMA SOCIETY, DE CHAPTER - 100 W. 10TH ST. STE. 209 - WILMINGTON, DE 19801	13-5644916	501(C)(3)	9 000	0			TO SUPPORT LIGHT THE NIGHT WALK AT NEMOURS & LEGISLATIVE HALL
LEWES HISTORICAL SOCIETY 110 SHIPCARPENTER STREET LEWES, DE 19958	51-6017951	501(C)(3)	10,000,	0		:	UNRESTRICTED
LEWES PUBLIC LIBRARY, INC. 111 ADAMS AVENUE LEWES, DE 19958	51-0350650	501(C)(3)	7, 000;	.0			THE FUTURE IS FEMALE: STEM PROFESSIONALS
							Schedule I (Form 990)

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Go	FOUNDATION vernments and Organ	I, INC nizations in the Ur	ited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWES SENIOR ACTIVITY CENTER, INC. 32083 JANICE ROAD LEWES, DE 19958	51-0105685	501(c)(3)	70,000,	.0			SENIOR CENTERS
LIMEN HOUSE, INC. P.O. BOX 1306 WILMINGTON, DE 19899	23-7029073	501(c)(3)	11,300,	0			
LITERACY DELAWARE INC. P.O. BOX 2083 WILMINGTON, DE 19899-2083	51-0410054	501(c)(3)	21,900,	0			REMEDIAL READING & ENCOURAGEMENT, UNRESTRICTED, & WOMEN'S ENGLISH CONVERSATION
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BOULEVARD WILMINGTON, DE 19802	51-0102403	501(c)(3)	10,877.	0			UNRESTRICTED
LUZERNE COUNTY HEAD START 23 BEEKMAN STREET WILKES-BARRE, PA 18702	23-2038753	501(c)(3)	9,000,	0.0			UNRESTRICTED, SCHOLARSHIP FOR A STUDENT
LYME DISEASE ASSOCIATION OF THE EASTERN SHORE OF MARYLAND - PO BOX 5360 - SALISBURY, MD 21801	74-3102097	501(C)(3)	24, 200,	0			UNRESTRICTED
M150 PENN NEW JERSEY CHAPTER OF MUSKIES, INC 207 W. 5TH AVENUE - COLLEGEVILLE, PA 19426	41-6056119	501(C)(3)	. 7,500,	0			ENVIRONMENT
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND, SUITE 201 TOPSHAM, ME 04086	23-7099105	501(C)(3)	10,000,	0			UNRESTRICTED
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04102-3643	01-0211530	501(C)(3)		¥0			MAINE EATS EXHIBITION Schedule I (Form 990)

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III)	COMMUNITY Assistance to Gov	FOUNDATION vernments and Organ	I, INC	inted States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ', or assistance
MARY CAMPBELL CENTER 4641 WELDIN ROAD WILMINGTON, DE 19803	23-7089122	501(C)(3)	26,000,	0,		,	HUMAN SERVICES, AND CAPITAL GRANT
MCCA 1111 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	13-3920905	501(C)(3)	10,000,	0		;	UNRESTRICTED
MEALS ON WHEELS DELAWARE 100 WEST 10TH ST., SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	19,604,	0			UNRESTRICTED & TO SUPPORT PROVIDING HOT MEALS TO HOMEBOUND SENIORS
MEALS ON WHEELS OF REHOBOTH AND LEWES, INC 32409 LEWES GEORGETOWN HIGHWAY - LEWES, DE 19958	51-0188109	501(C)(3)	5,250,	0			UNRESTRICTED
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW <u>YORK, NY 10021</u>	13-1624182	501(C)(3)	15,000.	0			RESEARCH INSTITUTES AND PUBLIC POLICY ANALYSIS
MHDC 977 E. MASTEN CIRCLE MILFORD, DE 19963	51-0218904	501(C)(3)	40,500.	0		·	EMERGENCY HOME REPAIRS FOR LOW INCOME HOMEOWNERS
NANTICOKE HEALTH SERVICES 801 MIDDLEFORD, ROAD SEAFORD, DE 19973	51-0293888	501(C)(3)	204,750,	0			UNRESTRICTED
NANTICOKE HEALTH SERVICES FOUNDATION - 613 HIGH STREET - SEAFORD, DE 19973	81-2731803	, 501(C)(3)	14,625,	0			BREAST CANCER COMMUNITY DUTREACH & SCREENING PROGRAM
NATIONAL COALITION OF 100 BLACK WOMEN - DELAWARE CHAPTER - 100 WEST 10TH ST., SUITE 1004 - WASHINGTON, DE 19801	51-0378158	501(C)(3)	13,325.	0			MARY SHADD CARY-SEN, MARGARET ROSE HENRY CIVIC ENGAGEMENT PROJECT Schedule I(Form 990)
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Schedule I (Form 990) DELAWARE (COMMUNITY	COMMUNITY FOUNDATION,	, INC			2	22-2804785 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990),	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Par	Part II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant contractions or assistance
NATIONAL WILDLIFE FEDERATION P.O. BOX 1691							
MERRIFIELD, VA 22116-1691	53-0204616	501(C)(3)	11,694.	0			UNRESTRICTED
NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC 1515 LINDEN STREET - WILMINGTON, DE 19805	22-3884703	501(C)(3)	5,200,	0			TO SUPPORT 2018-2019 SCHOLARSHIPS & PRIMARY/ELEMENTARY SCHOOLS
NCALL RESEARCH							EMERGENCY ASSISTANCE IN THE RESTORING CENTRAL
363 SAULSBURY ROAD	52_6054476	501(0)(3)	40 000	C		٠	DOVER PLAN AREA AND
2007 77		/6//3/466					TO SUPPORT OPERATING
NEMOURS FUND FOR CHILDREN'S HEALTH							EXPENSES, TO SPONSOR
WILMINGTON DE 19803	59-0634433	501(C)(3)	166,211,	0			REMEMBERANCE ROOM/CHILD
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD., #103 NEWARK, DE 19702-5417	51-0191916	501(C)(3)	10,954,	0			FCL. GRANT
NEWARK COUNTRY CLUB 300 WEST MAIN STREET NEWARK DE 19711	51-0035715	501(C)(7)	30 000	0			UNRESTRICTED
	51-0104695	501(C)(3)	25 831.	0	•		IMPROVE POOL & LOCKER ROOM & UNRESTRICTED
OPERADELAWARE .* 4 SOUTH POPLAR STREET WILMINGTON, DE 19801	51-6018055	501(C)(3)	55,502,	0.			UNRESTRICTED
OSTERHOUT FREE LIBRARY			:	•			LITERACY DEVELOPMENT
71 S. FRANKLIN STREET WILKES-BARRE PA 18701	24-0795971	\$01(C)(3)	10 000	0			PROGRAMS & TEEN ADVISORY COUNCIL,
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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDAT Part II Continuation of Grants and Other Assistance to Governments and	COMMUNITY Assistance to Gov	FOUNDATION,	INC izations in the U	nited States (Sche	TON, INC Organizations in the United States (Schedule I (Form 990), Part II.)		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ; or assistance
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	51-0095439	501(C)(3)	12,100.	0			, UNRESTRICTED AND SCHOLARSHIPS
PARENT INFORMATION CENTER OF DELAWARE, INC 6 LARCH AVENUE, SUITE 404 - WILMINGTON, DE 19804	51-0271546	501(C)(3)	5,500.	0			IFSP & IEP ADVOCACY BOOTCAMP
PATHWAYS TO SUCCESS, INC. 231 S. RACE STREET GEORGETOWN, DE 19947	76-0811283	501(C)(3)	21,250.	0			UNRESTRICTED & HUMAN SERVICES
PAWS FOR PEOPLE PO BOX 9955 NEWARK, DE 19714	76-0780197	501(C)(3)	13,465.	0			FCL GRANT & UNRESTRICTED
PEOPLE'S PLACE II, INC. 1129 AIRPORT ROAD MILFORD, DE 19963	51_0113062	501(C)(3)	53,512.	0			SHELTER FOR HOMELESS & DOMESTIC VIOLENCE VICTIMS IN TWO KENT SHELTERS & FFW GRANT
PETE DU PONT FREEDOM FOUNDATION PO BOX 221 MONTCHANIN, DE 19710	82-1237132	501(C)(3)	247,247.	0			UNRESTRICTED
PHILANTHROPY DELAWARE INC. 100 W. 10TH ST. STE. 500 WILMINGTON. DE 19801	27-2529635	501(C)(3)	36,152,	0.			UNRESTRICTED
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON, MD 21601	13-1624102	S01(C)(3)	7,000.	0,			ENVIRONMENT
PILOT SCHOOL, INC. 208 WOODLAWN ROAD WILMINGTON, DE 19803	51-0080692	S01(C)(3)	10,750.	, 0			PRIMARY AND ELEMENTARY SCHOOLS
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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC	COMMUNITY Assistance to Go	FOUNDATION,	INC In the Ur	uted States (Sche	dule I (Form 990) Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ; or assistance
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON, DE 19801	51-0066725	501(C)(3)	31,027,	0			REPRODUCTIVE HEALTH CARE
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	000 6	0			UNRESTRICTED
POWER UP GAMBIA TABELING & COMPANY, LLC - 3825 LANCASTER PIKE - WILMINGTON, DE 19805	27-1568958	501(C)(3)	40,000,	0	`,		COMMUNITY HEALTH SYSTEMS & UNRESTRICTED
PRIMEROS PASOS PO BOX 1003 20648 SAVANNAH ROAD GEORGETOWN, DE 19947	51-0375288	<u>501(c)(3)</u>	15,850.	.0		1	CAPITAL GRANT & PRESCHOOLS
READ ALOUD DELAWARE 100 W. 10TH ST. STE. 309 WILMINGTON, DE 19801	51-0280486	501(C)(3)	23,446,	0			FCL GRANT & REMEDIAL READING & ENCOURAGEMENT
READING ASSIST INSTITUTE 100 W. 10TH ST., SUITE 910 WILMINGTON, DE 19801	51-0317415	501(C)(3)	36,454,	0			UNRESTRICTED & BILINGUAL AMERICORPS TUTORS
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVE, NW, SUITE 11 WASHINGTON, DC 20036	52-0976257	501(C)(3)	26,983,	o			TO SUPPORT 6 RIF PROGRAMS IN 4 NAVIENT COMMUNITIES
REHOBOTH ART LEAGUÉ, INC. 12 DODDS LANE REHOBOTH BEACH, DE 19971	51-0097839	501(C)(3)	69,658,	0			UNRESTRICTED
REHOBOTH BEACH HISTORICAL SOCIETY & MUSEUM, I - 511 REHOBOTH AVENUE - REHOBOTH BEACH, DE 19971	51-0203755	501(C)(3)	~ 25, 060,	0			HISTORCIAL SOCIETIES & HISTORIC PRESERVATION Schedule (Form 990)

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Schedule (Form 990) DELAWARE COMMUNITY FOUNDATION, INC	COMMUNITY	FOUNDATION,	I, INC	School served bear	1 /Com 000)		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant : or assistance
RICK VANSTORY RESOURCE CENTER 500 W. 2ND STREET	. 700 000 000		6	c		-	damo a dano a data
WILMINGTON, DE 19801. RODEL CHARITABLE FOUNDATION 100 W. 10TH ST., SUITE 704 WILMINGTON, DE 19801.	21-22/8283	501(C)(3) 501(C)(3)	30,000,	0			UNKESIKLUIED DELAWARE READINESS, TEAMS-KINDERGARTEN, REGISTRATION & FAMILY DUTREACH PROJECT, AND
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803-3627	51-0295320	501(C)(3)	16,850,	0	,		FAMILY SERVICES, HOUSING & SUPPORT FOR DE MOTHERS WITH INFANTS IN NICU
ROSE HILL COMMUNITY CENTER 19 LAMBSONS LANE NEW CASTLE, DE 19720	51-0247156	501(C)(3)	20,000,	0			TO SUPPORT TEEN SOCIETY PROGRAM & TO SUPPORT YOUTH PROGRAMS
SCARED HEART HOUSING, INC. 115 E. 14TH ST WILMINGTON, DE 19801	51-0384441	501(C)(3)	15,000,	0			: CAPITAL GRANT
SCHC OM S	51-0066743	501(C)(3)		ö			SECONDARY & HIGH SCHOOLS
RMY 08 DE	13-5562351	501(C)(3)		0			
SAN MATEO POLICE ACTIVITIES LEAGUE 200 FRANKLIN PARKWAY SAN MATEO, CA 94403	31-1593896		10 000	0			UNRESTRICTED
SEAFORD SENIOR HIGH SCHOOL 399 N. MARKET ST. EXT. SEAFORD, DE 19973	51-6000279	501(C)(3)	11,500.	10			SECONDARY & HIGH SCHCOLS

Schedule I (Form 990) DELAWARE COMMUNITY FOUNDAT Part II Continuation of Grants and Other Assistance to Governments and	COMMUNITY Assistance to Go		, INC lizations in the Ur	ited States (Sche	ION, INC Organizations in the United States (Schedule I (Form 990), Part II.)		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ', or assistance
SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	10,000.	o			UNRESTRICTED
SERVIAM GIRLS ACADEMY, INC. 14 HALCYON DRIVE NEW CASTLE, DE 19720	26-0792594	501(C)(3)	14,950,	0			PRIMARY & ELEMENTARY SCHOOLS
SOJOURNERS PLACE 2901 NORTHEAST BOULEVARD WILMINGTON, DE 19802	51-0324770	501(C)(3)	10,400,	0			UNRESTRICTED
ST, EDMOND'S HOME FOR CHILDREN 320 SOUTH ROBERTS ROAD ROSEMONT, PA 19010	23-1365399	501(C)(3)	9,765,	0			UNRESTRICTED
ST. ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	51-0095439	501(C)(3)	20,137,	0			SECONDARY & HIGH SCHOOLS & SCHOLARSHIP FUND
ST. FRANCIS FOUNDATION 701 N.CLAYTON STREET,MSB 7TH FLOOR WILMINGTON, DE 19805	51-0374158	501(C)(3)	6,000,6	0			UNRESTRICTED
ST. JOHN'S UNITED METHODIST CHURCH 300 NORTH PINE STREET				·			

UNRESTRICTED & SCHOLARSHIPS

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51-0095439 501(C)(3)

ST, THOMAS MORE ACADEMY 133 THOMAS MORE DRIVE

MAGNOLIA DE 19962

14,350,

501(C)(3)

51-0066741

ST. MICHAEL'S SCHÖÖL NURSERY, INC. 700 N. WALNUT STREET

WILMINGTON, DE 19801

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23-7259492 501(C)(3)

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) DELAWARE COMMUNITY FOUNDATION, INC

(a) Name and address of (b) EIN (c) IRC se organization or government if applica	(b) EIN		ction (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV.	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		TO SUPPORT CAREER
STARFISH INITIATIVE		•					EXPLORATION PROGRAMMING,
6958 HILLSDALE COURT							=
INDIANAPOLIS, IN 46250	56-2442758	501(c)(3)	10,000.	0			RESOURCES, MENTOR/SCHOLAR
STATE OF DELAWARE - OFFICE OF THE							
STATE TREASURER - 802 SILVER LAKE			•		-		SCHOLARSHIP FUND FOR
BOULEVARD, SUITE 100 - DOVER, DE				r			WOODBRIDGE SCHOOL
19904	51-6000279	501(C)(3)	553,000.	0			DISTRICT
							UNRESTRICED, TO SUPPORT
SUNDAY BREAKFAST MISSION							MEALS AND EMERGENCY
110 N. POPLAR STREET							HOUSING, & SUPPLIES AND
WILMINGTON, DE 19801	51-0073080	501(c)(3)	40,010.	0			UNIFORMS FOR STUDENTS.
SURFERS HEALING FOUNDATION							
PO BOX 1267							
SAN JUAN CAPISTRANO, CA 92693	33-0931538	501(C)(3)	8,000.	0			UNRESTRICTED
SURVIVORS OF ABUSE IN RECOVERY,							
NGTON, DE 19803	51-0345109	501(C)(3)	6,250.	0			YPB GRANTS & UNRESTRICTED
SUSSEX CHILD HEALTH PROMOTION							
COALITION - 21133 STERLING AVENUE, SUITE 12 - GEORGETOWN, DE 19947	22-2804785	501(C)(3)	50,000,	0.			HIGHMARK BLUEPRINTS FOR THE COMMUNITY
SISSEY COINTY COINCIL				٠			
PO BOX 589 2 THE CIRCLE							
GEORGETOWN DE 19947	51-6000161	501(C)(3)	250,000.	0			ECONOMIC DEVELOPMENT
SUSSEX COUNTY HABITAT FOR HUMANITY							
P. O. BOX 759							
GEORGETOWN, DE 19947	51-0334057	501(C)(3)	41,250.	0.			HOUSING REHABILITATION
TEENSHARP, INC.			,				. ,
1200 N. FRENCH ST. WILMINGTON, DE 19801	27-2246880	501(C)(3)	61,500,	,0			COLLEGE ACCESS AMBASSADOR TRAINING
•							Schedule I (Form 990)

Schedule I (Form 990)

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Page 1	•	
22-2804785		
Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BENEDICTINE SCHOOL FOR EXCEPTIONAL CHILDREN, INC 14259 BENEDICTINE LANE - RIDGELY, MD 21660	52-0787237	501(C)(3)	19,940,	0.			UNRESTRICTED
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET EXT WILMINGTON, DE 19802	51-0066934	501(C)(3)	98,916,	0			MUSIC
THE NATURE CONSERVANCY 100 W, 10TH ST, STE, 1107 WILMINGTON, DE 19801	53-0242652	501(C)(3)	22,000.	o			TO FUND ECO-TOURS IN SUSSEX CO. SUMMER 2018 & ENVIRONMENT
THE RIVERSIDE SCHOOL 30 LILY POND ROAD LYNDONVILLE, VT 05851	03-0282244	501(C)(3)	20,000	0			PRIMARY & ELEMENTARY SCHOOLS
THE SUMMER LEARNING COLLABORATIVE 1313 N. MARKET ST., SUITE 1150 NW WILMINGTON, DE 19801	47-5494358	501(C)(3)	255,500,	0			LA COLECTICA DE DELAWARE & TYLER'S CAMP
THE WAY HOME, INC. PO BOX 1103 GEORGETOWN, DE 19947-1601	13-4264074	501(C)(3)	17,000.	0			FFW GRANT/DETERMINING YOUR FREEDOM & HUMAN SERVICES
TORONTO AIRPORT CHRISTIAN FELLOWSHIP - CATCH THE FIRE TORONTO - 272 ATWELL DRIVE - TORONTO, ONTARIO, CANADA	98-0163869	501(C)(3)	9,778,	0			RELIGION-RELATED
TOWER HILL SCHOOL 2813 W. 17TH STREET WILMINGTON, DE 19806	51-0065745	501(C)(3)	23,328,	0			ELEMENTARY & SECONDARY SCHOOLS & ANNUAL FUND
TOWN OF LEIPSIC 207 MAIN STREET LEIPSIC, DE 19901	51-0112512	501(C)(3)	000 6	,0	t ~~		ROOF REPAIR/TOWN HALL & MUSEUM
							Schedule I (Form 990)

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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gow	FOUNDATION	, INC	ited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant ', or assistance
TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY, MA 01915	04-2105780	501(C)(3)	10,000,	0			2018-2019 ANNUAL FUND
UCSF FOUNDATION BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	115,000,	0.			BIRTH DEFECTS & GENETIC DISEASES RESEARCH & MEDICAL RESEARCH
UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	, 501(C)(3)	11, 382,	0			UNRESTRICTED
UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 W. STATE ST KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	11,350,	0			FEDERATED GIVING PROGRAMS & UNRESTRICTED
UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES-BARRE, PA 18711		\$01(C)(3)	22,000,	0			UW AGENCIES (\$16,000) & JUMP START PROGRAM (\$6,000) AT LUZERNE COUNTY HEAD START
UNIVERSITY OF DELAWARE 104 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	212,704,	0			UNIVERSITIES
URBAN PROMISE MINISTRIES WILMINGTON - 2401 THATCHER ST WILMINGTON, DE 19802	20-8156160	501(C)(3)	15,000.	0.			STREET LEADER YOUNG WOMEN'S JOB TRAINING PROGRAM
URI FOUNDATION PO BOX 1700 KINGSTON, RI 02881	05-6014351	<u>501(c)(3)</u>	10,000,	0			KENELM W. COONS MARINE AFFAIRS & SCHOLARSHIP AT URI
VANDERBILT UNIVERSITY 2201 WEST END AVENUE NASHVILLE, TN 37240	62-0476822	501(C)(3)	(000:08***	**************************************	a di a		UNIVERSITIES VS. Schedule (Form 990)
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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY FOUNDA Assistance to Governments ar	FOUNDATION Vernments and Organ	, INC izations in the Ur	ni ted States (Sche	dule I (Form 990), Par		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant :. or assistance
WAKĘ FOREST UNIVERSITY PO BOX 727 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	.000,005	0		;	SCHOLARSHIP & GRADUATE/PROFESSIONAL SCHOOLS
WEBB INSTITUTE OF NAVAL ARCHITECTURE - 298 CRESCENT BEACH ROAD - GLEN COVE, NY 11542	11-1630912	501(C)(3)	10,000	0			HIGHER EDUCATION
WESLEY COLLEGE 34 N. STATE STREET, ALUMNI HOUSE DOVER, DE 19901	51-0064335	501(C)(3)	111,259,	0			UNRESTRICTED
WEST END NEIGHBORHOOD HOUSE 710 N. LINCOLN STREET WILMINGTON, DE 19805	51-0064301	501(C)(3)	20,535.	0	,		NEIGHBORHOOD CENTERS
WESTSIDE FAMILY HEALTHCARE 300 WATER STREET, SUITE 20 WILMINGTON, DE 19801	22-2488654	501(C)(3)	22,500.	o		-	CAPITAL GRANT
WHYY, INCORPORATED 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	5, 250.	0			MEDIA COMMUNICATIONS
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013-5792	23-1386178	501(C)(3)	12,000.	0			UNIVERSITIES & LATINO MENTAL HEALTH WORKFORCE PROGRAM
WILLIAM P. FRANK SCHOLARSHIP, INC. 700 GREENWOOD RD WILMINGTON, DE 19807	51-0371156	501(C)(3)	20,000.	0			UNRESTRICTED
WILMINGTON DELAWARE AREA ROTARY CLUBS COMMUNITY FUND - 1104 PHILADELPHIA PIKE - WILMINGTON, DE 19809	27-0070014	501(C)(3)	1.0 000	,0	Ħ		ALAPOCAS CAN-DO PLAYGROUND
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Schedule I (Form 990) DELAWARE COMMUNITY FOUNDATION, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gov	FOUNDATION,	LINC INZ	iited States (Sche	dule I (Form 990), Par		22-2804785 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD WILMINGTON, DE 19803	51-0064310	501(C)(3)	52,250,	0			ELEMENTARY & SECONDARY SCHOOLS
WILMINGTON HEAD START 100 W. 10TH ST. STE. 1016 WILMINGTON, DE 19801	51-0276298	501(C)(3)	10,954,	0			FCL GRANT
WILMINGTON LIBRARY P.O. BOX 2303 WILMINGTON, DE 19899	51-0064340	501(C)(3)	120,488.	0		:	FCL GRANT
WILMINGTON SENIOR CENTER, INC. 1901 MARKET STREET WILMINGTON, DE 19802	51-0078398	501(C)(3)	13,000,	0			UNRESTRICTED
WOODBRIDGE SCHOOL DISTRICT 16359 SUSSEX HIGHWAY BRIDGEVILLE, DE 19933	51-6000279	501(C)(3)	6,528,	0		-	SBMHC & SCHOLARSHIPS
WYOMING COUNTY COMMUNITY ACTION, INC 6470, ROUTE 20A, SUITE 1 - PERRY, NY 14530	16-1488538	501(C)(3)	000 9	0			ACTION ANGELS PROGRAM
YMCA OF DELAWARE 100 W. 10TH ST. STE. 1100 WILMINGTON, DE 19801	51-0065748	501(c)(3)	.035.69	0			YOUNG MEN'S OR YOUNG MOMEN'S ASSOCIATION
YOUTH MENTORING INITIATIVE PO BOX 743 FISHERS, IN 46038	26-2543447	501(C)(3)	8,000	0			LIONS LEAD BEHAVIORAL ASSESSMENT
YWCA DELAWARE 100 W. 10TH STREET, SUITE 515 WILMINGTON, DE 19801	51-0064344	501(C)(3)	000 08	0,	77 4		HIGHMARK BLUEPRINTS FOR THE COMMUNITY Schedule I (Form 990)

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DELAWARE COMMUNITY FOUNDATION, INC Schedule I (Form 990) (2017)

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

22-2804785

Page 2

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE BREAST CANCER COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE FOR

KENT RESIDENTS UNDERGOING BREAST CANCER TREATMENT. & .. 2018 RACE FOR THE

PINK RIBBON

732102 11-01-17

NAME OF ORGANIZATION OR GOVERNMENT: STARFISH INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CAREER EXPLORATION

PROGRAMMING, CAREER INTEREST RESOURCES, MENTOR/SCHOLAR MATCHES, AND

Schedule I (Fo	rm 990)	DELAWARE	COMMUNITY	FOUNDATION,	INC	22-2804785 Page 2
Part IV S	upplemental	DELAWARE Information				
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COUCT AD	CITED OD III	CEDITTOEC				
SCHOLAR	SUPPORT	SERVICES		*		
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number 22-2804785

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

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2017

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

DELAWARE COMMUNITY FOUNDATION, INC

Schedule J (Form 990) 2017

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

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

(i) Base (ii) Bonus & (iii) Other reportable compensation compensation 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
1) JOHN STUART COMSTOCK-GAY (1) 242,910, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		ın column (B) reported as deferred on prior Form 990
10 0. 0. 0. 0. 0. 0. 0.	JOHN STUART COMSTOCK-GAY	Ξ	,910	0.	0	18,000.	41,848.	302,758.	0
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Schedule J (Form 990) 2017

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SCHEDULE M (Form 990)

Noncash Contributions

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

2017

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Employer identification number

22-2804785 DELAWARE COMMUNITY FOUNDATION, Types of Property Part I (d) (a) (b) (c) Noncash contribution Number of Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes Intellectual property 8 9,088,545.FMV 214.847 Х Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 255,000 VALUE FROM APPRAISER Х Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 67,485.FAIR MARKET VALUE X 218 25 Other IN KIND GIFTS 26 Other Other 27 28 Other -29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes_ No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes." describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2017

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the oil is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also this part for any additional information	rganization
SCHEDULE M, LINE 32B:	
THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL CONTRIBUTIONS (OF
PUBLICLY TRADED SECURITIES.	· - · · · · · · · · · · · · · · · · · ·
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number 22-2804785

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PHILANTHROPY THROUGH KNOWLEDGE AND RELATIONSHIPS, NOW AND IN THE
FUTURE. WE ENVISION A DELAWARE WHERE GENEROSITY EXPANDS OPPORTUNITY FOR
ALL AND ENHANCES THE COMMON GOOD. AS A FACILITATOR, INFORMATION
RESOURCE AND MANAGER OF CHARITABLE FUNDS, THE DELAWARE COMMUNITY
FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS FOCUS CHARITABLE
RESOURCES FOR THE GREATEST COMMUNITY BENEFIT STATEWIDE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AS A FACILITATOR, INFORMATION RESOURCE AND MANAGER OF CHARITABLE FUNDS, To
THE DELAWARE COMMUNITY FOUNDATION HELPS COMMUNITIES AND PHILANTHROPISTS
FOCUS CHARITABLE RESOURCES FOR THE GREATEST COMMUNITY BENEFIT
STATEWIDE.
FORM 990, PART VI, SECTION A, LINE 6:
THE CORPORATION'S MEMBERS (THE "MEMBERS") SHALL CONSIST OF (1) THE
CORPORATION'S DIRECTORS (THE "DIRECTORS"), (2) SIX TO TWELVE INDIVIDUALS,
EACH OF WHOM IS A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A DONOR
ADVISED OR ENDOWMENT FUND HELD BY THE CORPORATION, ELECTED BY THE
DIRECTORS, AND (3) SIX TO TWELVE INDIVIDUALS, EACH OF WHOM ARE FORMER
MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SELECTED BY THE DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS NOMINATIONS FOR THE BOARD
OF DIRECTORS TO THE MEMBERS WHO VOTE ON EACH CANDIDATE FOR A SEAT ON THE
DCF BOARD.

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number 22-2804785
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990 AN	D RELATED
SCHEDULES PRIOR TO FILING ONCE THE FORM 990 IS REVIEWED,	THE AUDIT
COMMITTEE REPORTS TO THE BOARD OF DIRECTORS ABOUT THE RET	URN.
FORM 990, PART VI, SECTION B, LINE 12C:	
IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDA	TE HIS OR HER
CONFLICT OF INTEREST STATEMENT AND TO BRING TO THE ATTENT	ION OF THE
PRESIDENT ANY POTENTIAL CONFLICT OF INTEREST, OR APPEARAN	CE OF CONFLICT OF
INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUAL	LY. AN EMPLOYEE
COMPLETES CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT A	ND RETURNS ITETO
THE CHIEF FINANCIAL OFFICER FOR FILING IN THE EMPLOYEE'S	PERSONNEL RECORD.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS REVIEWED ANNUALLY BY THE CHIEF FINANCIAL	OFFICER AND THE
CHIEF EXECUTIVE OFFICER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	THROUGH THEIR
WEBSITE.	
<u> </u>	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	<u> </u>

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

OMB No 1545-0047

Open to Public , Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. INC DELAWARE COMMUNITY FOUNDATION, Department of the Treasury Internal Revenue Service

Employer identification number Direct controlling 22-2804785 entity Part II organization of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt or ganizations during the tax year End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

. (a)	(q)	(2)	(p)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(E)(1)	12(tc)(13) olled
oi related organization		foreign country)	section	status (if section	entity	entil	137
				((c)(a))		Yes	No
RODEL CHARITABLE FOUNDATION - 91-1944585	INVESTED IN EFFORTS GEARED						
PO BOX 1636	TOWARD IMPROVING STUDENT						
WILMINGTON, DE 19899	ACHIEVEMENT IN DELAWARE	DELAWARE	501(C)(3)	12A	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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22-2804785

Schedule R (Form 990) 2017 DELAWARE COMMUNITY FOUNDATION, INC

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

		domicile (state or foreign country)	entity	recomment income (related, unrelated, excluded from tax under sections 512-514)	onare of total	Snare or end-of-year assets	allocations? Yes No	amount in box 20 of Schedule K 1 (Form 1065)	managing lile partner? (55) Yes No	variation of references partner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year (a) (b)	ganizations Taxable a	is a Corportion is a Corportita is a Corportion is a Corportion is a Corportion is a Corportio	oration or Trust. Co year (b)	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related (c) (d) (e) (f) (g) (h)	ion answered "Yes	s" on Form 990	, Part IV, line (34, because it ha	ad one or m (h)	ore related
Name, address, and EIN of related organization	Z _I c	Prim	Primary activity	Legal domicile (state or foreign country)	rolling Type of entity (C corp., S corp., or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
732162 08-11-17								Scho	dulo D (Eorg	Schedule B (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017 DELAWARE COMMUNITY FOUNDATION, INC

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	n Parts II:IV	+
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>-			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				¥
g Sale of assets to related organization(s)				Tg X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				ı: X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				× ×
	anization(s)	•		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1n X
o Sharing of paid employees with related organization(s)				\vdash
 Reimbursement paid by related organization(s) for expenses 				1q X
r Other transfer of cash or property to related organization(s)				*
				_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved
	type (a-s)			
(1) RODEL CHARITABLE FOUNDATION - DE	Ц	77,635.	635. ADMIN FEES PAID	
8				
(3)				
. (4)				
(5)	•	•		
(9)				
732163 209-11-17			Schedul	Schedule R (Form 990) 2017

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

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

(h) (i) (j) (k)

DisproporCode V-UBI General or Percentage undiations? of Schedule K-1

Ves No (Form 1065) Yes No Schedule R (Form 990) 2017 end-of-year Share of assets Share of total income In Predominant income parties sec (related, unrelated, 501(c)(3) excluded from tax under sections 512-514) (state or foreign Legal domicile country) <u>છ</u> Primary activity Name, address, and EIN of entity

Schedule R	(Form 990) 2017	DELAWARE	COMMUNITY	FOUNDATION,	INC	22-2804785 Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.				
*	Provide additional inform	nation for responses	to questions on Sch	nedule R. See instruction	ns	
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Schedule R (Form 990) 2017