990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

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For calendar year 2018 or tax year beginning 2018, and ending A Employer identification number Name of foundation WSFS FOUNDATION 13-4229063 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 500 DELAWARE AVENUE 302-571-7279 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. WILMINGTON, DE 19801 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change X | Section 501(c)(3) exempt private foundation H Check type of organization О If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method | X | Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 2, 032, 940 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per income ıncome purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 7,500 Contributions, gifts, grants, etc., received (attach schedule) Check > 255 255 3 Interest on savings and temporary cash investments. 55,094 54,857 Dividends and interest from securities b Net rental income or (loss) -2,353 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 580,026 0 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. Income modifications OGDEN. UT 10 a Gross sales less returns and allowances . . . Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 60,496 55,112 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach schedule) Administrative E Other professional fees (attach schedule) 10,194 10,194 17 2,035 566 Taxes (attach schedule) (see instructions). . Depreciation (attach schedule) and depletion. 21 Travel, conferences, and meetings P 21 Printing and publications 四23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 10,760 12,229 Add lines 13 through 23. 25 548,333 548,333 Contributions, gifts, grants paid 560,562 10,760 548,333 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 -500,066 a Excess of revenue over expenses and disbursements 44,352 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

Form 990	-PF (2018)			Page 2
Part II	Attached schedules and amounts in the	Beginning of year	End of	year
r art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	1,535,805	21,428	<u>21,</u> 428
	Accounts receivable			
	Less allowance for doubtful accounts ▶			
	Less allowance for doubtful accounts ▶			
l.	Grants receivable			
1	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
	Less allowance for doubtful accounts ▶			
	Inventories for sale or use			
ַ וַשָּ	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule).	91,395	791,722	791,518
J	Investments - corporate stock (attach schedule)	450,888	227,136	225,163
1	Investments - corporate bonds (attach schedule)	377,809	915,545	994,831
111	Investments - land, buildings,	0.17000		
	and equipment basis Less accumulated depreciation		·	
1	(attach schedule)			
	Investments - mortgage loans			
14	Land, buildings, and		-	
	equipment basis Less accumulated depreciation			
- i	(attach schedule) Other assets (describe)			
	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	2,455,897	1,955,831	2,032,940
		2,455,051		2,032,340
1	Accounts payable and accrued expenses			
	Grants payable			
크	Deferred revenue	·	_ 	
20	Loans from officers, directors, trustees, and other disqualified persons	-		
	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			<u> </u>
23	Total liabilities (add lines 17 through 22)			'
				
တ္က	Foundations that follow SFAS 117, check here ▶ X and complete lines 24 through 26, and lines 30 and 31.			
2	·	2,455,897	1,955,831	
	Unrestricted	2,433,631	1,933,631	
25	Temporarily restricted			
26 26	Permanently restricted			
∄ .	Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.	İ		
. '				
27	Capital stock, trust principal, or current funds			
ນ 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ø 29 ₹	Retained earnings, accumulated income, endowment, or other funds	2 455 007	1 055 031	
되 30	Total net assets or fund balances (see instructions)	2,455,897	1,955,831	
4	Total liabilities and net assets/fund balances (see	0 455 007	1 055 001	
	Instructions)	2,455,897	1,955,831	
	Analysis of Changes in Net Assets or Fund Balar			
	I net assets or fund balances at beginning of year - Part I		-	0 455 00-
	of-year figure reported on prior year's return)			2,455,897
	r amount from Part I, line 27a			-500,066
	r increases not included in line 2 (itemize) ▶			
	lines 1, 2, and 3			1,955,831
	eases not included in line 2 (itemize)		5	
6 Tota	I net assets or fund balances at end of year (line 4 minus	<u>line 5) - Part II, column (b),</u>	Ine 30 6	1,955,831

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Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List and des	scribe the kind(s) of property sold (for erick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
			D - Donation		
	NT SECURITIES - SEE ST	AIEMENI Z	P -	VARIOUS_	VARIOUS
<u> </u>		·	 		· · · · · · · · · · · · · · · · · · ·
					-
d		 			
_е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 580,026		582,379			-2,353
b					
C			-		
d					
e					
	howing gain in column (h) and owned	by the foundation on 12/31/69	///	Gaine (Col. (b) as	no minue
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) ga (k), but not less til Losses (from col	han -0-) or
				<u> </u>	-2,353
ab	 				2,333
				· · · · · · · · · · · · · · · · · · ·	
			 	 _	
<u>d</u>					
<u>e</u>		on also astes in Bart Line 7	 -		
2 Capital gain net income	or (not conital loce)	ain, also enter in Part I, line 7	2		_2 252
· =		oss), enter -0- in Part I, line 7	 		-2,353
2 Not about to an accutation	ain or (loss) as defined in sections	1222(5) and (6)			
3 Net short-term capital g					
If gain, also enter in Pa	art I, line 8, column (c) See inst	tructions If (loss), enter -0- in	_		5 015
If gain, also enter in Part I, line 8	art I, line 8, column (c) See inst	tructions If (loss), enter -0- in	3 ncome		-5,215
If gain, also enter in Part I, line 8	art I, line 8, column (c) See inst	tructions If (loss), enter -0- in	ncome	me)	-5,215
If gain, also enter in Part I, line 8	art I, line 8, column (c) See inst	tructions If (loss), enter -0- in	ncome	me)	-5,215
If gain, also enter in Part I, line 8 Part V Qualification L (For optional use by domestic	Inder Section 4940(e) for Receptivate foundations subject to the	tructions If (loss), enter -0- in	ncome	me)	-5,215
If gain, also enter in Part I, line 8	Inder Section 4940(e) for Receptivate foundations subject to the	tructions If (loss), enter -0- in	ncome	me)	-5,215
If gain, also enter in Part I, line 8	Jnder Section 4940(e) for Recommendations subject to the leave this part blank	tructions If (loss), enter -0- in	ncome ment incor		
If gain, also enter in Part I, line 8	Jnder Section 4940(e) for Recommendations subject to the leave this part blank	tructions If (loss), enter -0- in divided Tax on Net Investment In	ncome ment incor		-5,215 Yes X No
If gain, also enter in Part I, line 8	Inder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribute qualify under section 4940(e).	tructions If (loss), enter -0- in duced Tax on Net Investment Interpretation 4940(a) tax on net investment interpretation and the base of the complete this part	ment incor	17	
If gain, also enter in Part I, line 8	Inder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distributed that the section 4942 tax on the distributed that the section 4940(e) Demount in each column for each year	tructions If (loss), enter -0- in duced Tax on Net Investment In e section 4940(a) tax on net investre utable amount of any year in the base on not complete this part ar, see the instructions before making	ment incor	tries	
If gain, also enter in Part I, line 8	Inder Section 4940(e) for Receptivate foundations subject to the leave this part blank the section 4942 tax on the distribute qualify under section 4940(e) Demount in each column for each year (b)	tructions If (loss), enter -0- in duced Tax on Net Investment In e section 4940(a) tax on net investre utable amount of any year in the base on not complete this part ar, see the instructions before making (c)	ncome ment incor ase period	tries (d) Distribution ra	Yes X No
If gain, also enter in Part I, line 8 Part V Qualification L (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation doesn 1 Enter the appropriate an (a) Base penod years Calendar year (or tax year beginning in)	Inder Section 4940(e) for Recomplete private foundations subject to the leave this part blank the section 4942 tax on the distributed qualify under section 4940(e) Mount in each column for each year (b) Adjusted qualifying distributions	duced Tax on Net Investment In e section 4940(a) tax on net investre utable amount of any year in the best on to complete this part ear, see the instructions before making (c) Net value of nonchantable-use assets	ncome ment incor ase period	tries (d)	Yes X No
If gain, also enter in Parat I, line 8 Part V Qualification L (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation doesn 1 Enter the appropriate an (a) Base penod years Calendar year (or tax year beginning in) 2017	Inder Section 4940(e) for Recomplete private foundations subject to the leave this part blank the section 4942 tax on the distributed qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 313,333	tructions If (loss), enter -0- in duced Tax on Net Investment In e section 4940(a) tax on net investre utable amount of any year in the base on ont complete this part ear, see the instructions before making (c) Net value of nonchantable-use assets 1,179,737	ncome ment incor ase period	tries (d) Distribution ra	Yes X No
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	7 .				
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Рa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	· see in	<u>ıstrı</u>	<u>iction</u>	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				ł
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				444
	here ► X and enter 1% of Part I, line 27b				ì
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Deart I, line 12, col (b)			d Lorum.	
_					
2	The shoet desired to the short				444
3	7.00 17.00 1 0.10 2 ,				
4	Castille 71 (mostle) tax (defines to section 4047 (a)(1) trade and texasis realisations only, ethers, ether of				444
5	The based on investment machine. Countries with the Artistic of the Countries of the Countr				444
6	Credits/Payments 2018 estimated tax payments and 2017 overpayment credited to 2018 6a				- (
а	Zoto datinated tax payment disables to Zoto.				1
D	Exempt foreign organizations that withhold at observe				1
С	Tox pare with application for extension of time to the (Commodos), , , , ,				
_d	Bushey Williams Chronicously Williams Chronic Court of the Court of th				
7	Total create and payments rad integrated and a second and				
8	Enter any periody for direct payment or commerce tax officer from 2220 to direct for				444
9	Tax data in the total of mice of and o to more than the right and an arrangement of the right and th				444
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
1 201	rt VII-A Statements Regarding Activities				
_					N
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	10 11 F	1a	Yes	No_X
	participate or intervene in any political campaign?	·	ıa.		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See	tne	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	· · ·	10		
	· · · · · · · · · · · · · · · · · · ·	ariais			
_	published or distributed by the foundation in connection with the activities	-	1c	•	-
	Did the foundation file Form 1120-POL for this year?	· · ·			<u> </u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers \$\$				1
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose				1
е		:0			
_	on foundation managers \$	-	2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• +			<u> </u>
	If "Yes," attach a detailed description of the activities	4.0100			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art	- 1	3		X
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4b		A
, p	If "Yes," has it filed a tax return on Form 990-T for this year?	ſ	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-		
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		l		}
	By language in the governing instrument, or				!
	By state legislation that effectively amends the governing instrument so that no mandatory directions and the state law services in the superior party and the state law services are the superior party.	ınat .		X	[']
_	conflict with the state law remain in the governing instrument?	::	7	_ <u>^</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	^			- ;
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. DELAWARE				;
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gel	neral			
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	-	8b .	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV if "\text{1}"	ľ	-	>	

10 X Form 990-PF (2018)

Pai	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	1	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		_	
	person had advisory privileges? If "Yes," attach statement See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶		'	·——
14	The books are in care of ▶ CHARLES MOSHER Telephone no ▶ 302-571-	-7279	9	
	Located at ► 500 DELAWARE AVENUE, WILMINGTON, DE ZIP+4 ► 19801			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	• • •		ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			· ·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	'		
	termination of government service, if terminating within 90 days)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N	
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	'		
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	N	Α
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	}	i	
	at any time during the year?]		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b	N	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		m 990	0-PF	(2018)

Pai	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (conti	nued)			
5a	During the	e year, did the foundation pay or incur any am	ount to		_			Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	Yes	X No	, ·		
	(2) Influer	nce the outcome of any specific public el	ection (see section	4955), or to carry or	n,		İ		{
	directi	y or indirectly, any voter registration drive?			. Yes	X No	,		
	(3) Provid	le a grant to an individual for travel, study, or	other similar purposes?		. Yes	X No			1
	(4) Provid	e a grant to an organization other than a	a charitable, etc., org	janization described i	n				
		n 4945(d)(4)(A)? See instructions				X No	>		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
		ses, or for the prevention of cruelty to children				X No			
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	cribed in	י]
	Regulation	is section 53 4945 or in a current notice rega	rding disaster assistan	ce? See instructions.			<u>5b</u>	N	Α
	-	ons relying on a current notice regarding disa				🟲			
C	If the ans	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax —			1	
		maintained expenditure responsibility for the	•		. Yes	No	•		į
	If "Yes," a	ttach the statement required by Regulations s	section 53 4945-5(d)					1 1	
6a		bundation, during the year, receive any fu				.			
		nal benefit contract?			Yes	X No			لمحيا
b		undation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict?	 .	6b		<u> </u>
_		6b, file Form 8870				Ѿ			1
7a		e during the tax year, was the foundation a p				X No			<u> </u>
b		id the foundation receive any proceeds or ha	•		on /		7b	N_	<u>A</u>
8		ndation subject to the section 4960 tax on pa			□ v	X No		}	
Dar		ion or excess parachute payment(s) during the Information About Officers, Directo						<u> </u>	
_		and Contractors							
7	LIST All OT	ficers, directors, trustees, and foundat	ION MANAGES AND			ions			
			(b) Title, and average	(c) Compensation	(d) Contribution	ons to	(a) Evnen		unt .
		(a) Name and address				ons to	(e) Expension		
	IARD WR	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benef	ons to			
RICI	IARD WR	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contribution employee benef	ons to			
RICI	IARD WR	(a) Name and address IGHT RE AVE, WILMINGTON, DE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benef	ons to it plans pensation			es .
RICI	IARD WR DELAWA RLES MO	(a) Name and address IGHT RE AVE, WILMINGTON, DE	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benef	ons to it plans pensation			es .
RICI 500 CHAI	IARD WR DELAWA RLES MO	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benef	ons to fit plans pensation			0
RICE 500 CHAI SAME	IARD WR DELAWA RLES MO C	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benef	ons to fit plans pensation			0
RICE 500 CHAE SAME VERN	IARD WR DELAWA RLES MO C	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benef	ons to it plans pensation 0			0
RICH 500 CHAI SAMI VERI JENI SAMI	HARD WR DELAWA RLES MO HITA DO HITA DO HITER D	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee benef and deferred com	ons to it plans pensation O O O	other al	lowance	0 0
RICH 500 CHAH SAMI SAMI JENN SAMI	HARD WR DELAWA RLES MO CHITA DO CHIFER D COmpens	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee benef and deferred com	ons to it plans pensation O O O	other al	lowance	0 0
RICH 500 CHAH SAMI SAMI JENN SAMI	HARD WR DELAWA RLES MO HITA DO HITA DO HITER D	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir	ons to one to	other al	one, (0 0 0 0 enter
RICE 500 CHAE SAME VERI SAME JENE SAME 2	HARD WR DELAWA RLES MO HITA DO HITA DO C HIFER D C Compensa	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	other al	one, (0 0 0 enter
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benefined com and deferred com 1 - see ir (d) Contribute employee be	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAE SAME VERI SAME JENE SAME 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI VERI SAMI JENI 2	HARD WR DELAWA RLES MO CHITA DO (a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos	(c) Compensation (If not paid, enter -0-) 0 0 0 ce included on line	(d) Contribute employee benef and deferred com 1 - see ir (d) Contribute employee	ons to it plans pensation O O O struction	ons). If n	one, (0 0 0 enter	
RICE 500 CHAI SAMI JENI SAMI SAMI (a)	HARD WR DELAWA RLES MO GUITA DO GUITA DO CUITA D	(a) Name and address IGHT RE AVE, WILMINGTON, DE SHER RSEY AVIS ation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR/ PRESIDENT DIRECTOR/ TREASURER DIRECTOR DIRECTOR (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0 0 0 ce included on line (c) Compensation	(d) Contribute employee benefined and deferred com and deferred com (d) Contribute employee benefined employee benefined compensations and decompensations are compensations.	ons to one fit ferred toon to	ons). If n	one, (0 0 0 enter

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional service	ces. See instructions. If none, enter "NONI	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	 }	
		
Total number of others receiving over \$50,000 for professional services .		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include religions and other beneficiaries served, conferences convened, research papers produce		Expenses
1 SOLE DIRECT CHARITABLE ACTIVITY DURING 2018 CONSISTED OF GRA	NTS DISCLOSED	
IN PART XV RELATED TO EDUCATIONAL IMPROVEMENT	IN THE STATES OF DELAWARE	
AND PENNSYLVANIA. NO EXPENSES WERE INCURRED FO	OR THESE ACTIVITIES.	(
2		
		
2		
·		
4	*	
Part IX-B Summary of Program-Related Investments (see insti	ructions)	
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
<u> </u>		
2		
<u> </u>		
All other program-related investments See instructions		
3		
-		<u> </u>
Total. Add lines 1 through 3		(

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
а	Average monthly fair market value of securities	1a	2,319,225
b		1b	4,043
c		1c	
d		1d	2,323,268
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,323,268
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	34,849
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,288,419
6	Minimum investment return. Enter 5% of line 5	6	114,421
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	114,421
2 a	Tax on investment income for 2018 from Part VI, line 5		
b]	
C	Add lines 2a and 2b	2c	_ 444
3	Distributable amount before adjustments Subtract line 2c from line 1		113,977
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	113,977
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	113,977
	Qualifying Distributions (see Instructions)	, , , , , , , , , , , , , , , , , , , 	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		540 222
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		548,333
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
<i>a</i> h	Suitability test (prior IRS approval required)		
4	Cash distribution test (attach the required schedule)	3b	E40 222
5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	4	548,333
•			
6	Enter 1% of Part I, line 27b See instructions. Adjusted qualifying distributions. Subtract line 5 from line 4	6	548,333
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	alculating \	whether the foundation

Form 990-PF (2018)

Pa	rt XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				113,977
2	Undistributed income, if any, as of the end of 2018				
	Enter amount for 2017 only				
b	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2018				}
а	From 2013				
b	From 2014				,
C	From 2015				
d	From 2016				1
	From 2017	100 646			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e	488,646			
4	Qualifying distributions for 2018 from Part XII,				}
_	line 4 > \$ 548,333,				1
	Applied to 2017, but not more than line 2a			-	
b	Applied to undistributed income of prior years (Election required - see instructions)			• 	i
c	Treated as distributions out of corpus (Election	43.4 35.6			ĺ ,
	required - see instructions)	434,356			113,977
	Applied to 2018 distributable amount Remaining amount distributed out of corpus			 _	113,911
	Excess distributions carryover applied to 2018	<u> </u>	·	<u>-</u>	
	(If an amount appears in column (d), the same amount must be shown in column (a))	·			
6	Enter the net total of each column as				
_	indicated below:	923,002			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	923,002		·	
þ	Prior years' undistributed income Subtract				<u>'</u>
c	line 4b from line 2b				
Ī	income for which a notice of deficiency has				i
	been issued, or on which the section 4942(a) tax has been previously assessed				
ч	Subtract line 6c from line 6b Taxable				,
ч	amount - see instructions				†
e	Undistributed income for 2017 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2018 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2019			<u>·</u> <u>·</u>	
7	Amounts treated as distributions out of corpus				•
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		`		
	required - see instructions)			 -	<u> </u>
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)		·		
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	923,002			
0	Analysis of line 9				,
a	Excess from 2014				
	Excess from 2015 100, 613				
	Excess from 2016 132,218				
	Excess from 2017				
e	Excess from 2018 434, 356				- 000 DE (22.0)

1

Рa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)					
1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling										
		•	_							
_	Check box to indicate v		is a private operating		n section 4942()(3) or 4942(j)(5)				
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015					
	return from Part X for each									
	year listed				ļ					
b	85% of line 2a									
C	Qualifying distributions from Part									
	XII, line 4 for each year listed .		<u> </u>							
đ	Amounts included in line 2c not used directly for active conduct of exempt activities		· · · · · · · · · · · · · · · · · · ·							
е	Qualifying distributions made									
	directly for active conduct of exempt activities Subtract line			}						
•	2d from line 2c				/					
3	Complete 3a, b, or c for the alternative test relied upon					}				
а	"Assets" alternative test - enter									
	(1) Value of all assets									
	(2) Value of assets qualifying under section									
	4942(j)(3)(B)(i)				<u> </u>					
b	"Endowment" alternative test-					[
	enter 2/3 of minimum invest- ment return shown in Part X,									
	line 6 for each year listed		/	<u> </u>						
C	"Support" alternative test - enter									
	Total support other than gross investment income			}		†				
	(interest, dividends, rents,									
	payments on securities loans (section 512(a)(5)),									
	or royalties)									
	(2) Support from general public and 5 or more									
	exempt organizations as									
	provided in section 4942 (j)(3)(B)(iii)									
	(3) Largest amount of sup-									
	port from an exempt organization		<u> </u>							
_	(4) Gross investment income.									
Pa		ntary Information (C		only if the founda	ation had \$5,000 o	r more in assets at				
		uring the year - see								
	Information Regarding									
а	List any managers of					ved by the foundation				
	before the close of any	tax year (but only if th	ey nave contributed r	nore than \$5,000) (S	ee section 507(a)(2))					
<u> 10</u> 1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	 						
b	List any managers of					y large portion of the				
	ownership of a partner	snip or other entity) of	which the foundation	nas a 10% or greater	Interest					
NOI				 						
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:						
		he foundation only r								
	unsolicited requests for		• •	ints, etc., to individua	ils or organizātions ur	nder other conditions,				
	complete items 2a, b, c					 				
а	The name, address, ar	nd telephone number (or email address of th	e person to whom ap	olications should be add	Iressed				
	NITA DORSEY, 500									
b	The form in which appl	ications should be sub	mitted and information	on and materials they	should include					
<u>101</u>										
C	Any submission deadling	nes								
NON						 				
d	Any restrictions or lif	mitations on awards,	such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other				
	factors									

Form 990-PF (2018)

Part XV Supplementary Information (continued)

Grants and Contributions Paid Du	If recipient is an individual			
Recipient	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year ELAWARE COLLEGE SCHOLARS ACADEMY E EAST 8TH STREET, SUITE 300 FILMINGTON, DE 19801	N/A	PUBLIC	EDUCATION PROGRAM	50,000
READING ASSIST INSTITUTE 00 WEST 10TH STREET ILMINGTON, DE 19801	N/A	PUBLIC	READING REFORM	25,000
THE SUMMER COLLABORATIVE 313 N. MARKET ST, SUITE 1150 ILMINGTON, DE 19801	N/A	PUBLIC	SUMMER LEARNING PROGRAM	33,333
HE CHESTER FUND FOR EDUCATION 500 HIGHLAND AVE HESTER, PA 19013	N/A	PUBLIC	EDUCATION PROGRAM	50,000
EACH FOR AMERICA 00 WEST 10TH ST ILMINGTON, DE 19801	N/A	PUBLIC	TEACHER EVALUATION PROGRAM	60,000
ELAWARE BUSINESS ROUNDTABLE 201 ORANGE ST, SUITE 1010 ILMINGTON, DE 19801	N/A	PUBLIC	EDUCATION REFORM PROGRAM	25,000
ITYFEST, INC. 00 N. FRENCH ST ILMINGTON, DE 19801	N/A	PUBLIC	ARTS/CULTURAL PROGRAMS	50,000
EENSHARP 200 N. FRENCH ST ILMINGTON, DE 19801	N/A	PUBLIC	COLLEGE ACCESS PROGRAM	80,000
EE STATEMENT 1	N/A	PUBLIC	EDUCATION PROGRAMS	175,000
Total	*		▶ 3a	548,333
b Approved for future payment	1			
			l l	

Part XV	I-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross	s amounts unless otherwise indicated	Unrel	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Prograi	m service revenue	Business code	Amount	Exclusion code		(See instructions)
a						
_						
е						
f						
g Fees	and contracts from government agencies					
2 Membe	ership dues and assessments			14	255	_
	on savings and temporary cash investments -	 		14	255 54,857	
	nds and interest from securities			14	54,657	
	ntal income or (loss) from real estate			 		
	ot-financed property					
	debt-financed property		<u>-</u>			
	tal income or (loss) from personal property			 		
	nvestment income			18	0	
	(loss) from sales of assets other than inventory			10		
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
		· -				
. —						
e		_				
12 Subtota	al Add columns (b), (d), and (e)				55,112	
	Add line 12, columns (b), (d), and (e)				13	55,112
(See works	sheet in line 13 instructions to verify calc					
Part XVI	-B Relationship of Activitie	s to the A	ccomplish <u>ment</u> of E	xempt Pur	poses	
Line No.	Explain below how each activit	y for whicl	n income is reported	ın column (e	e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation	n's exemp	t purposes (other than	by providing	funds for such purposes	(See instructions)
	TAMECEMENT TACOME DED	4TMC 3DI	STOTONIAL DECOME	CEC FOR	EVENDE DUDDOGE	
	INVESTMENT INCOME PERM	ITS ADI	DITIONAL RESOUR	CES FOR	EXEMPT PURPOSE.	
				-		
						
	 					-
	 	-		··		
				·		
					····	
				-		
_					· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u> </u>						

									•		4.6
Part	XVII	`		ansfers to and Tr	ansaction	s and Relation	onships V	ith Nonc	harit		ge 13
1	Did th	e organization direct	ly or indirectly	engage in any of the	following w	ith any other o	rganization	described		Yes	No
1	ın se	ction 501(c) (other	than section	501(c)(3) organizat	ions) or in	section 527,	relating to	political			
	_	ızatıons?									
				o a noncharitable exer						-	
											X
	` '						• • • • •	• • • • • •	1a(2)		X
		transactions							-		
				mpt organization							X
				able exempt organization							X
			•	assets							X
		_								-	X
		•									X
				hip or fundraising solic							X
		•		ts, other assets, or pa						لــــا	X
		•		es," complete the foll	_	•	•	•			
				ices given by the rep gement, show in colu							
(a) Lin	$\overline{}$	(b) Amount involved		noncharitable exempt organi		(d) Description of tr					
N/A	10 10	(b) Amount involved	(c) Name of	noncharitable exempt organi	zation	(a) Description of the	ansiers, transac	uons, and snar	ing arra	ngeme	
N/A	\dashv										
	\dashv	 									
	\dashv										
											
				 _							
	\dashv	 	 .							_	
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					-	<u> </u>					
		-	· - -		· · · · ·						
			<u> </u>								
		· <u>-</u> -	-		•						
									•		
				filiated with, or relate				ations			
			=	ction 501(c)(3)) or in s	ection 527			• • • • • • •	Ye	es] No
D	r re:	s," complete the follow (a) Name of organization		(b) Type of orga	noration		(c) Descript	on of relations	h.n		
		(a) Name of Organization	'' 	(b) Type of orga	sinzation		(c) Descript	or relations	nib.		
											
	.	<u>-</u> -		<u> </u>							
											
							<u>.</u>				
				ined this return, including acco			nd to the best of	of my knowledge	and b	elief, it	ıs true
0:	COLLE	ct, and complete-Declaration of	preparer other than t	axpayer) is based on all informat	ion of which prepa	arer has any knowledge					
Sign			1	5/7/19		TREASURER		May the IRS with the pre			retum elow?
Here	Sig	nature of officer or trustee		Date	Title			See instructions		Yes	No

Preparer's signature

Form 990-PF (2018)

PTIN

] if

Check

Firm's EIN

Phone no

self-employed

Date

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name

Firm's address

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number Name of the organization WSFS FOUNDATION 13-4229063 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

WSFS FOUNDATION

Employer identification number 13-4229063

Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed.
		

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
	ENVOY MORTGAGE 5100 WESTHEIMER ROAD, SUITE 320 HOUSTON, TX 77056	\$ 7,500.00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization WSFS FOUNDATION

Employer identification number

13-4229063

Part II	Noncash Property	(see instructions)	 Use duplicate co 	ppies of Part II if additio	nal space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	NONE	_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	19
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		- \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization 13-4229063 WSFS FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from (d) Description of how gift is held (b) Purpose of aift (c) Use of gift

Part í					
	N/A				
_					
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held	
		_			
		(e) Transfer of gift			
		(1)			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held	
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
				<u> </u>	
(a) No. from Part I	4.5	4.3.11	(4) Barrieria est a restauration de la companya della companya de la companya della 4 % 6 4 4		
rrom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is neid	
		<u> </u>			
	(e) Transfer of gift				
		.,			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
		 			
					

WSFS FOUNDATION EIN 13-4229063

Part I, Line 16 (c) – Other Professional Fees

Investment Management Fees	\$10,194
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Part I, Line 18 - Taxes

2017 Tax on Net Investment Income	\$ 1,469
Foreign Taxes Paid	<u> 566</u>
Total Taxes	\$ 2,035

Part XV - 2018 Grants

Delaware Restaurant Assoc. 500 Creek View Road Newark, DE 19711	N/A	Public	Prostart Education Program	\$25,000
Teen Warehouse Wilmington, DE 19801	N/A	Public	Educational Program Disadvantaged Youth	\$75,000
Year Up Wilmington 320 N Dupont Highway New Castle, DE 19720	N/A	Public	Education Program	\$25,000
Delaware Prosperity Partnership Inc. 1201 N. Orange St Wilmington, DE 19801	N/A	Public	Entrepreneurial Program	\$50,00 <u>0</u>
Total Additional Grants				<u>\$175,000</u>

WSFS Foundation Gains (Losses) on Sales of Securities

Statement 2

Security	Date Acquired	Date Sold	Proceeds	Cost	Gain(Loss)_
See Attached Detail from Schwab	Various °	Various	580,026	582,379	(2,353)
-					
Total Realized Gain (Loss)			580,026	582,379	(2,353)
Total Short Term Gain (Loss) Total Long Term Gain (Loss)			205,926 374,101 580,026	211,140 371,239 582,379	(5,215) 2,862 (2,353)