

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable, C Name of organization (DELAWARE COMMUNITY FOUNDATION, INC), D Employer identification number (22-2804785), E Telephone number (302-571-8004), F Name and address of principal officer (JOHN STUART COMSTOCK-GAY), G Gross receipts (\$128,959,122), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.DELCF.ORG), K Form of organization, L Year of formation (1986), M State of legal domicile (DE)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block fields: Sign Here (Signature of officer: JOYCE DARLING, VP-FINANCE & ADMINISTRATION), Paid (Preparer's name: KATHERINE L. SILICATO, CP), Preparer Use Only (Firm's name: GUNNIP & COMPANY LLP, Firm's address: 2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO STRENGTHEN DELAWARE BY MAXIMIZING COMMUNITY-BASED PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 23,769,364. including grants of \$ 21,498,402.) (Revenue \$ 1,868,269.) IN THE FISCAL YEAR ENDED JUNE 30, 2025, THE DELAWARE COMMUNITY FOUNDATION INVESTED IN BUILDING OPPORTUNITY THROUGHOUT THE STATE BY AWARDING OVER \$23 MILLION IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND LOCAL STUDENTS. THE MAJORITY OF THAT AMOUNT WAS GRANTED FROM DONOR ADVISED FUNDS. THE DCF ALSO AWARDED \$848,500 IN SCHOLARSHIPS TO 245 STUDENTS, \$3,204,419 IN DIRECT GRANTS TO DOZENS OF DELAWARE NONPROFIT ORGANIZATIONS STATEWIDE THROUGH OUR COMMUNITY IMPACT GRANTS PROGRAM, AND \$2,351,365 IN DIRECT GRANTS STATEWIDE THROUGH HEALTHY COMMUNITIES DELAWARE'S HEALTHY EQUITY GRANTS PROGRAM AND COMMUNITY PARTNER GRANTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 23,769,364.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 59	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOYCE DARLING - 302-504-5251
P.O. BOX 1636, WILMINGTON, DE 19899

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	35.00			X				322,078.	0.	71,495.
(2) JOYCE DARLING VP FINANCE AND ADMINISTRAT	35.00				X			150,500.	0.	41,412.
(3) SARAH HENCH EXECUTIVE VP STRATEGIC ENG	35.00				X			158,750.	0.	31,427.
(4) ROBERTA TARPLEY RAFFISH VP COMM. & MKTG	35.00					X		116,786.	0.	47,008.
(5) EVO DIPALO VP PHILANTHROPIC SERVICES	35.00					X		121,042.	0.	36,374.
(6) ASHLEY R. ALTSCHULER, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(7) DREW N. FENNEL CHAIRPERSON	2.00	X		X				0.	0.	0.
(8) KELLY E. FIRMENT BOARD MEMBER	2.00	X		X				0.	0.	0.
(9) LOSSIE FREEMAN BOARD MEMBER	2.00	X						0.	0.	0.
(10) CHANTA HOWARD-WILKINSON VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(11) PETER S. KENNEDY TREASURER	2.00	X		X				0.	0.	0.
(12) HON. TAMIKA MONTGOMERY-REEVES BOARD MEMBER	2.00	X						0.	0.	0.
(13) LOUISA PHILLIPS BOARD MEMBER	2.00	X						0.	0.	0.
(14) VITA PICKRUM, ED. D, CFRE BOARD MEMBER	2.00	X						0.	0.	0.
(15) HON. GREGORY M. SLEET (RET.) BOARD MEMBER	2.00	X						0.	0.	0.
(16) CINDY L. SZABO, ESQ. CORP. SECRETARY	2.00	X		X				0.	0.	0.
(17) MICHELLE A. TAYLOR BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA LOPEZ WAITE BOARD MEMBER	2.00	X						0.	0.	0.
(19) DAN CRUCE, JR BOARD MEMBER	2.00	X						0.	0.	0.
(20) FRANCES GAUTHIER BOARD MEMBER	2.00	X						0.	0.	0.
(21) MARIAH CALAGIONE BOARD MEMBER	2.00	X						0.	0.	0.
(22) LYNN EVANS BOARD MEMBER	2.00	X						0.	0.	0.
(23) CHRISSI RAWAK BOARD MEMBER	2.00	X						0.	0.	0.
(24) CHARLES ELSON BOARD MEMBER	2.00	X						0.	0.	0.
(25) MOLLY GIORDANO BOARD MEMBER	2.00	X						0.	0.	0.
(26) ALONA BERRY BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								869,156.	0.	227,716.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								869,156.	0.	227,716.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESTMENT ONE FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT SERVICES	939,051.
COMMUNITY COUNSELLING SERVICES LLC, 527 MADISON AVENUE 5TH FLOOR, NEW YORK, NY	PROFESSIONAL SERVICES	290,060.
COASTAL COTTAGE RENOVATIONS LLC 344 PILOTTOWN ROAD, LEWES, DE 19958	BUILDING RENOVATIONS	208,236.
CHRISTINE A CANNON INC 131 WYETH WAY, HOCKESSIN, DE 19707	PROGRAM SERVICES	180,000.
EPIC MARKETING CONSULTANTS CORP 10 JACKIE CIRCLE, MIDDLETOWN, DE 19709	PROGRAM SERVICES	127,719.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,592,105.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	28,459,575.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			31,051,680.			
Program Service Revenue	2 a	PROGRAM INCOME	Business Code	900099	773,915.	773,915.		
	b	ADMINISTRATIVE FEE INCOME	Business Code	561000	445,869.	445,869.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,219,784.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			8,083,780.		8083780.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	70,642,144.	76,357.			
	c	Gain or (loss)	7c	16,863,249.	373,643.			
d	Net gain or (loss)			17,236,892.		17236892.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	EVENT INCOME	Business Code	900099	424,566.	424,566.		
	b	OTHER INCOME	Business Code	900099	159,401.	159,401.		
	c	LOAN INTEREST INCOME	Business Code	900099	64,518.	64,518.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			648,485.			
12	Total revenue. See instructions			58,240,621.	1,868,269.	0.	25320672.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,649,902.	20,649,902.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	848,500.	848,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	657,760.	324,424.	166,668.	166,668.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,612,564.	502,196.	628,919.	481,449.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,148.	37,106.	46,469.	35,573.
9 Other employee benefits	551,445.	171,735.	215,070.	164,640.
10 Payroll taxes	159,769.	49,756.	62,312.	47,701.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	290,060.			290,060.
f Investment management fees	1,407,608.		1,407,608.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,139,925.	880,855.	242,217.	16,853.
12 Advertising and promotion	247,902.	74,299.	110,603.	63,000.
13 Office expenses	178,606.	18,168.	110,815.	49,623.
14 Information technology	232,793.	19,782.	206,037.	6,974.
15 Royalties				
16 Occupancy	171,146.		163,010.	8,136.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	119,930.	51,022.	29,824.	39,084.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,222.		59,222.	
23 Insurance	38,453.	69.	38,384.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER	182,228.	150,850.	2,513.	28,865.
b GIFT ANNUITY DISTRIBUTI	-9,300.	-9,300.	0.	0.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	28,657,661.	23,769,364.	3,489,671.	1,398,626.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,723,226.	2	11,747,081.
	3 Pledges and grants receivable, net	1,865,897.	3	834,518.
	4 Accounts receivable, net	5,136.	4	12,955.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,398,290.	7	1,350,590.
	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 1,372,677.		
	b Less: accumulated depreciation	10b 120,350.	1,004,301.	10c 1,252,327.
	11 Investments - publicly traded securities	291,289,174.	11	330,836,317.
	12 Investments - other securities. See Part IV, line 11	40,745,213.	12	46,336,255.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	115,932.	15	116,196.
16 Total assets. Add lines 1 through 15 (must equal line 33)	346,147,169.	16	392,486,239.	
Liabilities	17 Accounts payable and accrued expenses	277,004.	17	298,590.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,548,705.	25	49,519,412.
	26 Total liabilities. Add lines 17 through 25	45,825,709.	26	49,818,002.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	298,473,586.	27	340,157,769.
	28 Net assets with donor restrictions	1,847,874.	28	2,510,468.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	300,321,460.	32	342,668,237.
33 Total liabilities and net assets/fund balances	346,147,169.	33	392,486,239.	

Part 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	58,240,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,657,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,582,960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	300,321,460.
5	Net unrealized gains (losses) on investments	5	12,763,817.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	342,668,237.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41112270.	23415854.	15750493.	8480948.	31051680.	119811245
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41112270.	23415854.	15750493.	8480948.	31051680.	119811245
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)						37889773.
6 Public support. Subtract line 5 from line 4.						81921472.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	41112270.	23415854.	15750493.	8480948.	31051680.	119811245
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4208040.	6620855.	7184531.	7364238.	8083780.	33461444.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						153272689
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	53.45	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	53.16	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number (EIN) 22-2804785
---	---

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc., with a total amount of 7,500.

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

Table with 3 columns: Question, Yes, No. Rows 1-3 regarding dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows 1-5 regarding dues, non-deductible lobbying expenses, and taxable amount.

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES: MISCELLANEOUS LOBBYING EXPENSE

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including dollar amounts for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,104,515.	1,645,980.	1,492,455.	1,749,877.	1,505,670.
b Contributions	336,056.	1,736,667.	216,735.		
c Net investment earnings, gains, and losses	327,126.	228,002.	138,793.	-186,934.	314,605.
d Grants or scholarships					
e Other expenditures for facilities and programs	426,117.	506,134.	202,003.	70,488.	70,398.
f Administrative expenses					
g End of year balance	3,341,580.	3,104,515.	1,645,980.	1,492,455.	1,749,877.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 26.0220 %
- b** Permanent endowment 73.9780 %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		261,000.		261,000.
b Buildings		868,963.	33,701.	835,262.
c Leasehold improvements				
d Equipment		242,714.	86,649.	156,065.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,252,327.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SEI - FLAGSHIP -		
(B) MULTI-STRATEGY HEDGE FUND	29,174,546.	END-OF-YEAR MARKET VALUE
(C) ENERGY DEBT LP	457,792.	END-OF-YEAR MARKET VALUE
(D) REIT - CORE PROPERTY	7,525,230.	END-OF-YEAR MARKET VALUE
(E) GLOBAL PRIVATE ASSETS, LP	9,178,687.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	46,336,255.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	235,708.
(3) NON PROFIT ENDOWMENTS	49,283,704.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	49,519,412.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 YOUTH PRODUCTIONS INC 1900 SUPERFINE LANE, SUITE 9 WILMINGTON, DE 19802	30-0787786	501 (C) (3)	7,500.	0.			FREE PHOTOGRAPHY TO SUPPORT PET ADOPTION
50CAN INC P.O. BOX 3594 WILMINGTON, DE 19807	27-3069592	501 (C) (3)	20,000.	0.			UNRESTRICTED SUPPORT FOR DELAWARECAN
A BETTER CHANCE FOR OUR CHILDREN, INC. - 1307 PHILADELPHIA PIKE - WILMINGTON, DE 19809	27-1621216	501 (C) (3)	11,000.	0.			HEALING TRAUMA THROUGH PLAY , UNRESTRICTED SUPPORT
ACADEMIA ANTONIA ALONSO CHARTER SCHOOL - 300 N. WAKEFIELD DRIVE - NEWARK, DE 19702	46-0667836	501 (C) (3)	19,729.	0.			EQUESTERIAN THERAPY PROGRAM , DOCUMENT CAMERAS FOR SCIENCE EDUCATION , EXPRESSIVE
ACTS LEGACY FOUNDATION 726 LOVEVILLE ROAD HOCKESSIN, DE 19707	91-2161987	501 (C) (3)	10,869.	0.			UNRESTRICTED FUND OF COKESBURY VILLAGE, RESTRICTED SUPPORT FOR PENINSULA UNITED
AIDS DELAWARE, INC. 100 W. 10TH STREET, SUITE 315 WILMINGTON, DE 19801	22-2805481	501 (C) (3)	302,482.	0.			MENTAL HEALTH COUNSELING PROGRAM EXPANSION , UNRESTRICTED SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 350.

3 Enter total number of other organizations listed in the line 1 table 355.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC. PO BOX 30386 PHILADELPHIA, PA 19803	13-1788491	501 (C) (3)	6,365.	0.			UNRESTRICTED SUPPORT , FOR WORK IN MILFORD, DEL.
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA ASPCA - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
ARTS CONSORTIUM OF DELAWARE INC 818 N MARKET ST; FLOOR 2R WILMINGTON, DE 19801	51-0351748	501 (C) (3)	20,170.	0.			UNRESTRICTED SUPPORT
AUTISM DELAWARE INC 924 OLD HARMONY ROAD, SUITE 201 NEWARK, DE 19713	20-2110190	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
BARD COLLEGE P.O. BOX 5000 ANNANDALE-ON HUDSON, NY 12504	14-1713034	501 (C) (3)	7,500.	0.			SUPPORT FOR THE BARD PRISON INITIATIVE
BAYHEALTH FOUNDATION 640 S STATE ST DOVER, DE 19901	22-2559843	501 (C) (3)	39,790.	0.			RESTRICTED TO SUPPORT THE HOSPITAL IN MILFORD, PASTORAL CARE DEPT.
BE READY COMMUNITY DEVELOPMENT CORPORATION - 1411 WEST 4TH STREET - WILMINGTON, DE 19805	51-0381849	501 (C) (3)	116,246.	0.			HILLTOP NEIGHBORHOOD REVITALIZATION PROJECT
BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN - PO BOX 7819 - WILMINGTON, DE 19803	47-4507397	501 (C) (3)	55,448.	0.			UNRESTRICTED SUPPORT , SUPPORT FOR UPCOMING EVENT , THE BBF SHIELD OF PROTECTION FOR DELAWARE
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501 (C) (3)	67,980.	0.			UNRESTRICTED SUPPORT, EARLY LITERACY PROGRAM (BEEBE BABIES), PERSONAL HYGIENE WOUND CARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF DELAWARE INC. - 1001 S BRADFORD ST - DOVER, DE 19904	51-6018399	501 (C) (3)	6,711.	0.			UNRESTRICTED SUPPORT
BOYS AND GIRLS CLUBS OF DELAWARE 669 SOUTH UNION STREET WILMINGTON, DE 19805	51-0068712	501 (C) (3)	248,950.	0.			UNRESTRICTED SUPPORT, UP NEXT LIFE AND WORKFORCE READINESS PROGRAM AND ACT/SAT PREP AND COLLEGE
BRANDYWINE CONSERVANCY AND MUSEUM OF ART - P.O. BOX 141 - CHADDS FORD, PA 19317	51-6020908	501 (C) (3)	11,500.	0.			UNRESTRICTED SUPPORT
BRANDYWINE RED CLAY ALLIANCE 1760 UNIONVILLE-WAWASET ROAD WEST CHESTER, PA 19382	51-0058593	501 (C) (3)	7,077.	0.			UNRESTRICTED SUPPORT
BRIDGEVILLE PUBLIC LIBRARY, INC. 600 S. CANNON STREET BRIDGEVILLE, DE 19933	51-0242487	501 (C) (3)	15,000.	0.			COMMUNITY BRIDGE TO WELLNESS
BUDDHIST GLOBAL RELIEF 2020 ROUTE 301 CARMEL, NY 10512	26-2852923	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 19807	20-0581573	501 (C) (3)	13,344.	0.			UNRESTRICTED SUPPORT , SCHOLARSHIPS FOR CAB CALLOWAY STUDENTS TO PARTICIPATE IN ADDITIONAL
CAMP POSSIBILITIES FOUNDATION PO BOX 182 PORT DEPOSIT, MD 21904	51-0412903	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
CANCER SUPPORT COMMUNITY DELAWARE INC - 4810 LANCASTER PIKE - WILMINGTON, DE 19807	51-0351863	501 (C) (3)	15,474.	0.			UNRESTRICTED SUPPORT , EMOTIONAL SUPPORT ROOM PATIO DOORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANINE PARTNERS FOR LIFE P.O. BOX 170 COCHRANVILLE, PA 19330-0170	23-2580658	501 (C) (3)	6,122.	0.			UNRESTRICTED SUPPORT
CAPE HENLOPEN EDUCATIONAL FOUNDATION - 1270 KINGS HIGHWAY - LEWES, DE 19958	51-0403370	501 (C) (3)	9,500.	0.			UNRESTRICTED SUPPORT
CAPE HENLOPEN FOOTBALL BOOSTERS CLUB, INC. - 17310 MERLIN LN - LEWES, DE 19958	88-3098171	501 (C) (3)	5,050.	0.			UNRESTRICTED SUPPORT
CARLISLE FIRE COMPANY INC 615 NW FRONT STREET MILFORD, DE 19963	51-0063613	501 (C) (4)	17,831.	0.			UNRESTRICTED SUPPORT
CARSON SCHOLARS FUND, INC. 215 WASHINGTON AVENUE TOWSON, MD 21204	52-1851346	501 (C) (3)	55,982.	0.			SUPPORT OF DELMARVA CHRISTIAN HS STUDENTS , RESTRICTED SUPPORT FOR 2025 SCHOLARSHIP AWARDS
CATHOLIC DIOCESE OF WILMINGTON P.O. BOX 2030 WILMINGTON, DE 19899	51-0095439	501 (C) (3)	40,219.	0.			UNRESTRICTED SUPPORT, THEATRE PROGRAM
CENDEL FOUNDATION 101 WEST LOOCKERMAN ST. DOVER, DE 19904	26-3590221	501 (C) (3)	245,010.	0.			UNRESTRICTED SUPPORT
CENTER FOR STRUCTURAL EQUITY 813 NORTH TATNALL STREET WILMINGTON, DE 19801	84-5026978	501 (C) (3)	10,000.	0.			CFSE COMMUNITY RESILIENCE PROJECT
CENTER FOR THE CREATIVE ARTS, INC. P.O. BOX 146 YORKLYN, DE 19736	51-0255687	501 (C) (3)	10,000.	0.			CAPITAL IMPROVEMENT PROJECT-PHASE 3

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CENTER FOR THE INLAND BAYS INC. 39375 INLET ROAD REHOBOTH BEACH, DE 19971	51-0365565	501 (C) (3)	51,500.	0.			UNRESTRICTED SUPPORT
CENTRAL BAPTIST COMMUNITY DEVELOPMENT CORPORATION - 839 PINE STREET - WILMINGTON, DE 19801	27-3011150	501 (C) (3)	77,250.	0.			UNRESTRICTED SUPPORT, EASTSIDE CAREER DEVELOPMENT CENTER
CENTRAL DELAWARE HABITAT FOR HUMANITY, INC. - 2311 SOUTH DUPONT HIGHWAY - DOVER, DE 19901	51-0376650	501 (C) (3)	170,163.	0.			COMMUNITY EMPOWERMENT , HEALTHY HOME REPAIRS
CENTRAL DELAWARE HOUSING COLLABORATIVE - 801 WEST DIVISION ST - DOVER, DE 19904	83-0589199	501 (C) (3)	7,500.	0.			CAPITAL UPGRADES TO HOUSE OF HOPE WOMEN'S SHELTER ENHANCE SERVICES
CENTREVILLE LAYTON SCHOOL, INC. 6201 KENNETT PIKE CENTREVILLE, DE 19807	51-0232858	501 (C) (3)	6,000.	0.			PERFORMING ARTS PROGRAM , ANDREW N. YATZUS SCHOLARSHIP
CENTRO METROPOLITANO DE SERVICIOS COMUNITARIOS INC - 908 CALLE 1 SE - SAN JUAN, PR 00921	66-0791001	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
CERTS, INC. 52 READS WAY NEW CASTLE, DE 19720	01-0592853	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
CHALLENGE PROGRAM 1124 EAST 7TH STREET WILMINGTON, DE 19801	51-0386369	501 (C) (3)	20,000.	0.			UNRESTRICTED SUPPORT
CHEER, INC. 546 SOUTH BEDFORD STREET GEORGETOWN, DE 19947-1852	51-0112599	501 (C) (3)	26,000.	0.			UNRESTRICTED SUPPORT

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CHESAPEAKE AUDUBON SOCIETY & PICKERING CREEK AUDUBON CENTER - PO BOX 3173 - CATONSVILLE, MD 21228	52-1038833	501 (C) (3)	7,500.	0.			UNRESTRICTED SUPPORT
CHESTER COUNTY COMMUNITY FOUNDATION, INC. - 28 W. MARKET ST., LINCOLN BLDG - WEST CHESTER, PA 19382	23-2773822	501 (C) (3)	35,000.	0.			GRANT MAKING, OPERATING SUPPORT, UNITED WAY SCC ENDOWMENT, ADLER ENDOWMENT
CHILDREN & FAMILIES FIRST 555 JUSTISON STREET WILMINGTON, DE 19801	51-0065731	501 (C) (3)	113,537.	0.			SEAFORD COMMUNITY OF HOPE CHANDLER HEIGHTS PROJECT IMPLEMENTATION, SEAFORD HOUSE RENOVATION,
CHILDRENS BEACH HOUSE INC 1800 BAY AVENUE LEWES, DE 19958	51-0070966	501 (C) (3)	43,250.	0.			UNRESTRICTED SUPPORT, YOUTH DEVELOPMENT PROGRAM, BEACON SOCIETY, TRIPLE DOOR REFRIGERATOR
CHRIST CHURCH CHRISTIANA HUNDRED 505 E. BUCK ROAD WILMINGTON, DE 19807	51-0073395	501 (C) (3)	9,000.	0.			UNRESTRICTED SUPPORT
CHRIST EPISCOPAL CHURCH DOVER PO BOX 1374 DOVER, DE 19903	51-0082118	501 (C) (3)	6,216.	0.			RENOVATION EXPENSE
CHRIST FOR ALL NATIONS P.O. BOX 590588 ORLANDO, FL 32859-0588	94-2742504	501 (C) (3)	36,000.	0.			UNRESTRICTED SUPPORT
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER ROAD NEWARK, DE 19702	27-0008617	501 (C) (3)	5,800.	0.			OUTDOOR FITNESS CENTER AND CPR MANEQUINS, BALLROOM DANCING PROGRAM
CHRISTIANA CARE HEALTH SERVICES INC - 4000 NEXUS DRIVE, SUITE W3-300 - WILMINGTON, DE 19803	51-0103684	501 (C) (3)	285,545.	0.			UNRESTRICTED SUPPORT, HELEN F. GRAHAM CENTER SPECIAL NEEDS FUND, CARDIOLOGY DEPARTMENT,

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CHRISTINA CULTURAL ARTS CENTER INC 705 MARKET STREET WILMINGTON, DE 19801	51-0064300	501 (C) (3)	140,618.	0.			UNRESTRICTED SUPPORT, CAPITAL RELATED EXPENSES, COSTS TO RENT AND OPERATE FACILITIES , SUPPORT FOR
CHURCH OF THE HOLY CITY 1118 N. BROOM ST. WILMINGTON, DE 19806	51-0082205	501 (C) (3)	6,000.	0.			CAPITAL SUPPORT
CLARENCE FRAIM SENIOR CENTER OF DELAWARE INC. - 669 SOUTH UNION STREET - WILMINGTON, DE 19805	51-0290329	501 (C) (3)	6,906.	0.			SUPPORT FOR POOL MAINTENANCE
COLLABORATE NORTHEAST PO BOX 1901 WILMINGTON, DE 19801	88-1628992	501 (C) (3)	86,458.	0.			UNRESTRICTED SUPPORT
COLUMBIA UNIVERSITY 1130 AMSTERDAM AVENUE, 100 HAMILTON HALL, MC 2802 - NEW YORK, NY 10027	13-5598093	501 (C) (3)	200,000.	0.			SUPPORT FOR THE RADIOLOGICAL RESEARCH AT THE VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BOULEVARD WILMINGTON, DE 19803	51-6001225	501 (C) (3)	6,000.	0.			UNRESTRICTED SUPPORT
CONGREGATION BETH YESHUA 28 S NEW MIDDLETOWN RD MEDIA, PA 19063	23-2137377	501 (C) (3)	41,000.	0.			UNRESTRICTED SUPPORT , CAPITAL CAMPAIGN - ACQUISITION OF ADJACENT PROPERTY OR THE BUILDING
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06320	06-0646587	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
CONNECTING GENERATIONS INC 100 W. 10TH STREET, SUITE 1115 WILMINGTON, DE 19801	51-0326869	501 (C) (3)	16,397.	0.			UNRESTRICTED SUPPORT , SUPPORTING LATINO STUDENTS THROUGH MENTORING AND A LEXILE

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CORNERSTONE WEST COMMUNITY DEVELOPMENT CORPORATION - 710 N. LINCOLN ST. - WILMINGTON, DE 19805	51-0387484	501 (C) (3)	198,942.	0.			WEST SIDE GROWS TOGETHER 2024-2025
CRANBERRY ISLES REALTY TRUST PO BOX 4 CRANBERRY ISLES, ME 04625	04-3367047	501 (C) (3)	12,500.	0.			UNRESTRICTED SUPPORT
CYCLONE REGIONAL TRAINING CENTER 3103 NW 89TH AVE ANKENY, IA 50023	82-1247154	501 (C) (3)	25,000.	0.			UNRESTRICTED SUPPORT
DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT - 100 WEST 10TH ST., SUITE 1012 - WILMINGTON, DE 19801	22-2792474	501 (C) (3)	20,300.	0.			SUPPORT FOR FEDERAL FUNDING RESEARCH, TO SUPPORT INCREASED ADVOCACY EFFORTS RELATED
DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON, DE 19806	51-0065746	501 (C) (3)	183,177.	0.			UNRESTRICTED SUPPORT, CAPITAL RELATED EXPENSES, COSTS TO RENT AND OPERATE FACILITIES
DELAWARE BAT REHABILITATION AND CONSERVATION INC - P.O. BOX 503 - SMYRNA, DE 19977	92-3622318	501 (C) (3)	25,000.	0.			UNRESTRICTED SUPPORT, DBRC TREATMENT AREA COMPLETION
DELAWARE BOTANIC GARDENS, INC. P.O. BOX 1390 OCEAN VIEW, DE 19970	32-0371538	501 (C) (3)	13,870.	0.			UNRESTRICTED SUPPORT, CHALLENGE GRANT
DELAWARE BREAST CANCER COALITION 100 W. 10TH STREET, SUITE 209 WILMINGTON, DE 19801	52-2045298	501 (C) (3)	35,376.	0.			UNRESTRICTED SUPPORT, KENT CO. BREAST CARE ASSISTANCE FUND, SUPPORT FOR WOMENS HEALTH
DELAWARE CENTER FOR CONTEMPORARY ARTS - 200 SOUTH MADISON STREET - WILMINGTON, DE 19801	51-0242942	501 (C) (3)	43,014.	0.			UNRESTRICTED SUPPORT, BUILDING A CREATIVE FUTURE: CREATIVE ARTS CLUB

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DELAWARE CENTER FOR HORTICULTURE INC - 1810 NORTH DUPONT STREET - WILMINGTON, DE 19806-3308	51-0252857	501 (C) (3)	152,471.	0.			UNRESTRICTED SUPPORT , TREE PLANTING AND MAINTENANCE IN SOUTHBRIDGE , FOR
DELAWARE COALITION AGAINST DOMESTIC VIOLENCE - 100 W. 10TH STREET, SUITE 903 - WILMINGTON, DE 19801	51-0354794	501 (C) (3)	9,000.	0.			UNRESTRICTED SUPPORT , PURPLE RIBBON 2025 , MEMBER PROGRAM DOMESTIC VIOLENCE SERVICES
DELAWARE COLLEGE SCHOLARS INC PO BOX 392 WILMINGTON, DE 19899	82-4608572	501 (C) (3)	5,300.	0.			UNRESTRICTED SUPPORT
DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL INC - 600 S HARRISON ST - WILMINGTON, DE 19805-4306	51-0329119	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
DELAWARE DANCE COMPANY 168 S MAIN ST #101 NEWARK, DE 19711	51-0271750	501 (C) (3)	8,775.	0.			EXPANSION OF THE ADAPTIVE DANCE PROGRAM
DELAWARE FIRST MEDIA CORPORATION PO BOX 455 DOVER, DE 19903	27-0552599	501 (C) (3)	60,000.	0.			UNRESTRICTED SUPPORT
DELAWARE FUTURES, INC. 1104 N. ADAMS ST. WILMINGTON, DE 19801	51-0378138	501 (C) (3)	37,840.	0.			UNRESTRICTED SUPPORT , CAREER READINESS FOR KENT CO TEENS, STEM FOR GIRLS , DEVELOPING PROGRAM
DELAWARE HISPANIC CHAMBER OF COMMERCE INC - 1801 LANCASTER AVENUE - WILMINGTON, DE 19805	93-3812416	501 (C) (3)	30,000.	0.			RISING BUSINESSWOMEN PROGRAM
DELAWARE HOSPICE, INC. 555 E. LOOCKERMAN STREET DOVER, DE 19901	51-0258883	501 (C) (3)	193,408.	0.			UNRESTRICTED SUPPORT, EXPENSES FOR CAMP NEW HOPE , FOR THE MILFORD LOCATION

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DELAWARE LIBRARY ASSOCIATION 121 MARTIN LUTHER KING JR. BOULEVAR DOVER, DE 19901	51-6015317	501 (C) (3)	13,074.	0.			SUPPORT FOR SCHOLARSHIPS
DELAWARE MEDICAL EDUCATION FOUNDATION LTD - 900 PRIDES CROSSING - NEWARK, DE 19713	51-0343625	501 (C) (3)	1,000,000.	0.			DELAWARE PRIMARY CARE INVESTMENT INITIATIVE
DELAWARE NATURE SOCIETY, INC. P.O. BOX 700 HOCKESSIN, DE 19707-0700	51-6018321	501 (C) (3)	13,627.	0.			UNRESTRICTED SUPPORT , SUPPORT TO THE DUPONT ENVIRONMENTAL EDUCATION CENTER
DELAWARE PERFORMING ARTS CENTER INC - 500 FIELD LANE - WILMINGTON, DE 19807	51-0281325	501 (C) (3)	186,576.	0.			UNRESTRICTED SUPPORT
DELAWARE RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION - PO BOX 8004 - NEWARK, DE 19714	47-3001109	501 (C) (3)	25,000.	0.			EMPOWERING HISPANIC WORKERS IN DE'S HOSPITALITY INDUSTRY PHASE 1
DELAWARE SPECIAL OLYMPICS INC 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716-1901	23-7162877	501 (C) (3)	54,247.	0.			UNRESTRICTED SUPPORT , HEALTHY ATHLETES PROGRAM ,
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HIGHWAY, 2ND FLOOR A DOVER, DE 19901	51-0305893	501 (C) (3)	9,624.	0.			CLAUDE E. PHILLIPS HERBARIUM , BIOSCIENCE RESEARCH FELLOWSHIPS
DELAWARE STATE UNIVERSITY FOUNDATION, INC. - 1200 N. DUPONT HIGHWAY, 2ND FLOOR ADMIN BLDG - DOVER, DE 19901	20-1372435	501 (C) (3)	7,365.	0.			UNRESTRICTED SUPPORT, SUPPORT DSU DOWNTOWN/FORMERLY WESLEY COLLEGE
DELAWARE SYMPHONY ASSOCIATION 100 W. 10TH ST, SUITE 1003 WILMINGTON, DE 19801	51-6017449	501 (C) (3)	115,700.	0.			UNRESTRICTED SUPPORT, COSTS TO RENT AND OPERATE FACILITIES

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DELAWARE TECHNICAL & COMMUNITY COLLEGE - P.O. BOX 897 - DOVER, DE 19903-0897	51-0246178	501 (C) (3)	13,490.	0.			UNRESTRICTED SUPPORT , DELTECH CERTIFIED DIALYSIS TECHNICIAN PROGRAM ,
DELAWARE THEATRE COMPANY 200 WATER ST WILMINGTON, DE 19801-5030	51-0229918	501 (C) (3)	44,212.	0.			UNRESTRICTED SUPPORT , CAPITAL RELATED EXPENSES , COSTS TO RENT AND OPERATE FACILITIES
DELAWARE WILD LANDS PO BOX 505 ODESSA, DE 19730	51-0101678	501 (C) (3)	27,000.	0.			UNRESTRICTED SUPPORT
DELMAR PUBLIC LIBRARY 101 N. BI-STATE BOULEVARD DELMAR, DE 19940	51-0103344	501 (C) (3)	38,830.	0.			UNRESTRICTED SUPPORT
DEL-MAR-VA COUNCIL, BOY SCOUTS OF AMERICA - 1910 BADEN POWELL WAY - DOVER, DE 19904	51-0065733	501 (C) (3)	261,136.	0.			UNRESTRICTED SUPPORT , ENHANCEMENTS TO THE SHOWER AND RESTROOM FACILITIES AND COMFORT
DELMARVA TEEN CHALLENGE INC 611 3RD AND NORTH STREET SEAFORD, DE 19973-5271	51-0342428	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
DO CARE DOULA FOUNDATION INC 95 W CONSTITUTION DRIVE SMYRNA, DE 19977	86-2936026	501 (C) (3)	17,665.	0.			UNRESTRICTED SUPPORT , MATERNAL VILLAGE HOME, CENTRAL DELAWARE COMMUNITY DOULA PROGRAM
DOVE POINTE INC PO BOX 1610 SALISBURY, MD 21802	52-0884222	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
DOWN SYNDROME ASSOCIATION OF DELAWARE - PO BOX 747 - MIDDLETOWN, DE 19709	20-1874295	501 (C) (3)	31,500.	0.			UNRESTRICTED SUPPORT , BILINGUAL PROGRAMS & OUTREACH COORDINATION , PRACTICE WITHOUT PRESSURE

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EAST SIDE COMMUNITY LEARNING CENTER FOUNDATION - 3000 N CLAYMONT ST - WILMINGTON, DE 19802-2807	20-4215109	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE INC - 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720-2405	51-0066728	501 (C) (3)	14,800.	0.			UNRESTRICTED SUPPORT , CAMP FAIRLEE - CAMPSHIP AND CAPITAL, ADAMI FUND, ARTFULNESS
EASTERN APICULTURAL SOCIETY OF NORTH AMERICA INC. - P.O. BOX 1636 - MOORESTOWN, NJ 08057	04-6169165	501 (C) (3)	30,229.	0.			UNRESTRICTED SUPPORT
EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO - 1333 NW VIVION RD STE 110 - KANSAS CITY, MO 64118	36-6158409	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
ELEUTHERIAN MILLS-HAGLEY FOUNDATION INC - PO BOX 3630 - WILMINGTON, DE 19807	51-0070531	501 (C) (3)	39,954.	0.			UNRESTRICTED SUPPORT, FRIENDS OF INNOVATION SUPPORT , CONSERVE-A-BOOK FOR ORLANDO FURIOSO
ELIZABETH W MURPHEY SCHOOL INC 42 KINGS HIGHWAY EAST DOVER, DE 19901	51-0064321	501 (C) (3)	7,000.	0.			REACHING POTENTIAL PROGRAM , GO OUT AND GROW
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH - 1006 WILSON ROAD - WILMINGTON, DE 19803	91-1702891	501 (C) (3)	50,000.	0.			UNRESTRICTED SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
ESF DREAM CAMP FOUNDATION 750 E. HAVERFORD ROAD BRYN MAWR, PA 19010	23-3045020	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT

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FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501 (C) (3)	51,309.	0.			UNRESTRICTED SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES ATTN: BOB BENNETT, 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501 (C) (3)	12,000.	0.			FOR WORK IN SUSSEX COUNTY AND KENT COUNTY, DEL
FIND-M FRIENDS P. O. BOX 1712 CRYSTAL RIVER, FL 34423	46-5514778	501 (C) (3)	1,374,000.	0.			UNRESTRICTED SUPPORT , BARNDOMINIUM CAPITAL PROJECT , PURCHASE OF REAL ESTATE
FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK, ME 03908-1509	01-6013734	501 (C) (3)	59,843.	0.			SUPPORT FOR CAPITAL REPAIRS AND IMPROVEMENTS TO THE CHURCH AND ITS PARSONAGE, OR TO PROVIDE
FIRST STATE ANIMAL CENTER AND SPCA INC - 32 SHELTER CIRCLE - CAMDEN, DE 19934	51-6018851	501 (C) (3)	6,969.	0.			UNRESTRICTED SUPPORT , INSTALLATION OF 5 DOG PLAYYARDS ON CONCRETE NEAR DOG ADOPTION KENNELS
FIRST STATE COMMUNITY ACTION AGENCY INC - 308 N. RAILROAD AVENUE - GEORGETOWN, DE 19947	51-0104704	501 (C) (3)	27,000.	0.			UNRESTRICTED SUPPORT, HOMELESSNESS PREVENTION & DIVERSION
FIRST STATE SQUASH 524 B SOUTH WALNUT STREET WILMINGTON, DE 19801	81-1843120	501 (C) (3)	5,500.	0.			UNRESTRICTED SUPPORT
FIRST UNITARIAN CHURCH OF WILMINGTON - 730 HALSTEAD RD. - WILMINGTON, DE 19803	51-6000113	501 (C) (3)	6,597.	0.			UNRESTRICTED SUPPORT
FOOD BANK OF DELAWARE, INC. 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501 (C) (3)	160,663.	0.			UNRESTRICTED SUPPORT , FOOD DISTRIBUTION IN SUSSEX COUNTY, DE , SUSSEX COUNTY SITE,

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FOR ALL SEASONS INC 300 TALBOT STREET EASTON, MD 21601	52-1496434	501 (C) (3)	18,500.	0.			UNRESTRICTED SUPPORT
FORGOTTEN CATS, INC. 4023 KENNETT PIKE, SUITE 422 GREENVILLE, DE 19807	20-0691180	501 (C) (3)	15,000.	0.			SEAFORD DE LOW COST STERILIZATION CLINIC , FREE SPAY AND NEUTER IN WESTERN SUSSEX COUNTY
FRANKFORD PUBLIC LIBRARY LTD 8 MAIN STREET FRANKFORD, DE 19945	51-0185831	501 (C) (3)	50,000.	0.			UNRESTRICTED SUPPORT
FRANKFORD VOLUNTEER FIRE CO PO BOX 99 FRANKFORD, DE 19945	51-0206308	501 (C) (3)	250,000.	0.			TOWARDS THE PURCHASE OF A NEW AMBULANCE
FRESH START SCHOLARSHIP FOUNDATION, INC. - 2409 MARILYN DRIVE - WILMINGTON, DE 19810	51-0378642	501 (C) (3)	23,890.	0.			UNRESTRICTED SUPPORT, EDUCATION PROGRAMS
FRIENDS OF ANIMALS 777 POST ROAD DARIEN, CT 06820	13-6018549	501 (C) (3)	6,649.	0.			UNRESTRICTED SUPPORT
FRIENDS OF ANSON B NIXON PARK INC PO BOX 1121 KENNETT SQUARE, PA 19348	84-4382641	501 (C) (3)	125,000.	0.			ENDOWMENT FUND AND CAPITAL CAMPAIGN
FRIENDS OF FIRST STATE NATIONAL HISTORICAL PARK - 5807 KENNETT PIKE - WILMINGTON, DE 19807	83-0965927	501 (C) (3)	32,084.	0.			UNRESTRICTED SUPPORT
FRIENDS OF JOHN DICKINSON MANSION, INC. - 18 HUNTLY CIRCLE - DOVER, DE 19901	23-7193421	501 (C) (3)	15,067.	0.			UNRESTRICTED SUPPORT

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

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FRIENDS OF SOUTH COASTAL LIBRARY P.O. BOX 1617 BETHANY BEACH, DE 19930	51-0310912	501 (C) (3)	8,000.	0.			UNRESTRICTED SUPPORT
FRIENDS OF THE MOUNTED PATROL NCC DELAWARE - PO BOX 403 - HOCKESSIN, DE 19707	86-3659411	501 (C) (3)	10,060.	0.			UNRESTRICTED SUPPORT
FRIENDS OF THE NEWARK FREE LIBRARY PO BOX 8093 NEWARK, DE 19714	23-7098836	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
FRIENDSHIP HOUSE, INC. P.O. BOX 1517 WILMINGTON, DE 19899	51-0306759	501 (C) (3)	47,334.	0.			UNRESTRICTED SUPPORT , SCHOOL UNIFORM APPAREL PROGRAM
GIRLS ON THE RUN DELAWARE INC. 615 W. 18TH ST. WILMINGTON, DE 19802	20-2751642	501 (C) (3)	11,500.	0.			UNRESTRICTED SUPPORT , DELAWARE SCHOLARSHIP FUND
GLEANERS FOOD BANK OF INDIANA, INC. - 3737 WALDEMERE AVENUE - INDIANAPOLIS, IN 46241	35-1483868	501 (C) (3)	7,500.	0.			UNRESTRICTED SUPPORT
GLOBAL CELEBRATION PO BOX 535337 GRAND PRAIRIE, TX 75053	91-1341558	501 (C) (3)	6,000.	0.			UNRESTRICTED SUPPORT
GOOD OLE BOY FOUNDATION INC. 36111 PEAR TREE ROAD MILLSBORO, DE 19966	46-1526864	501 (C) (3)	25,000.	0.			UNRESTRICTED SUPPORT
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON, DE 19801	51-0116569	501 (C) (3)	253,101.	0.			UNRESTRICTED SUPPORT , CAPITAL RELATED EXPENSES , COSTS TO RENT AND OPERATE FACILITIES ,

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GREATER LEWES FOUNDATION PO BOX 110 LEWES, DE 19958	51-0400365	501 (C) (3)	98,616.	0.			UNRESTRICTED SUPPORT , FOURTH STREET PRESERVE PRESERVATION , CAPE FUND , EXPANDING THE REACH AND
GREEN BERET PROJECT 494 FAWN HAVEN WALK DOVER, DE 19901	82-1215032	501 (C) (3)	55,500.	0.			EMERGENCY ASSISTANCE FOR DOVER YOUTH , EMPOWERING THE COMMUNITY , WORKFORCE DEVELOPMENT FOR YOUTH ,
GREENWOOD MENNONITE SCHOOL 12802 MENNONITE SCHOOL ROAD GREENWOOD, DE 19950	51-0401543	501 (C) (3)	5,062.	0.			UNRESTRICTED SUPPORT, PLAYGROUND
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY - 1920 HUTTON STREET - WILMINGTON, DE 19802	51-0294138	501 (C) (3)	175,750.	0.			REPAIR 15 HOUSES AND HOLD 2 COMMUNITY EVENTS , 2023 EASTSIDE RENAISSANCE A RESIDENT-CENTERED
HARRY K FOUNDATION 313 S BORADWALK REHOBOTH BEACH, DE 19971-2933	46-2934019	501 (C) (3)	36,800.	0.			UNRESTRICTED SUPPORT, REDUCING FOOD INSECURITY FOR KENT VULNERABLE CHILDREN , FOOD
HEALTHY FOODS FOR HEALTHY KIDS PO BOX 847 HOCKESSIN, DE 19707	30-0444914	501 (C) (3)	40,841.	0.			FOR EDUCATION AND GREENING PROGRAMS , EDUCACION EN CRECIMIENTO GROWING SPANISH LANGUAGE ,
HENRY FRANCIS DU PONT WINTERTHUR MUSEUM, INC. - 5105 KENNETT PIKE - WINTERTHUR, DE 19735	51-0066038	501 (C) (3)	38,247.	0.			UNRESTRICTED SUPPORT
HERITAGE PRESBYTERIAN CHURCH 7850 MILLFIELD DRIVE WARRENTON, VA 20187	54-1593797	501 (C) (3)	8,646.	0.			UNRESTRICTED SUPPORT
HISTORICAL SOCIETY FOR THE COURT OF CHANCERY OF THE STATE OF DELAWARE - 34 THE CIRCLE - GEORGETOWN, DE 19947	51-0341227	501 (C) (3)	40,000.	0.			UNRESTRICTED SUPPORT

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HISTORICAL SOCIETY OF DELAWARE 505 N. MARKET STREET WILMINGTON, DE 19801	51-0066731	501 (C) (3)	13,500.	0.			UNRESTRICTED SUPPORT, OLD TOWN HALL RESTORATION & IMPROVEMENT PROJECT
HOPE MEDICAL CLINIC, INC. 1125 FORREST AVENUE, SUITE 202 DOVER, DE 19904	59-3791820	501 (C) (3)	20,685.	0.			UNRESTRICTED SUPPORT, EXPANSION OF MEDICAL/DENTAL SERVICES
HOPPY'S HOPE TO END HUNTINGTONS DISEASE - 7 MARTIN ROAD - NEWTOWN SQUARE, PA 19073	27-0708797	501 (C) (3)	55,000.	0.			UNRESTRICTED SUPPORT
HUMANE ANIMAL PARTNERS INC 701 A STREET WILMINGTON, DE 19801	88-2921386	501 (C) (3)	180,901.	0.			UNRESTRICTED SUPPORT
IMMANUEL UNITED METHODIST CHURCH 209 MAIN STREET TOWNSEND, DE 19734	51-0261122	501 (C) (3)	6,100.	0.			UNRESTRICTED SUPPORT
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON STREET INDIANAPOLIS, IN 46204	35-1186290	501 (C) (3)	7,500.	0.			STUDENT MATINEE PROGRAM.
INGLESIDE HOMES, INC. 1005 N. FRANKLIN STREET WILMINGTON, DE 19806	51-0113243	501 (C) (3)	40,000.	0.			UNRESTRICTED SUPPORT, INGLESIDE ASSISTED LIVING CAPITAL NEEDS
INTERCOLLEGIATE STUDIES INSTITUTE, INC. - P.O. BOX 4431 - WILMINGTON, DE 19807-0431	23-6050131	501 (C) (3)	10,500.	0.			UNRESTRICTED SUPPORT, PROGRAMMING
INTERNATIONAL LITERACY ASSOCIATION PO BOX 7168 NEWARK, DE 19714	46-3994293	501 (C) (3)	96,902.	0.			FOR CHILDRENS LITERACY PROGRAMS

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JEFFERSON STREET CENTER INC 1801 JEFFERSON STREET WILMINGTON, DE 19802	51-0304274	501 (C) (3)	164,684.	0.			COMMUNITY PLAN ASSESSMENT & INITIATIVE DEVELOPMENT
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501 (C) (3)	29,500.	0.			UNRESTRICTED SUPPORT, YOUTH ANXIETY PROGRAM, RISE REFUGE PROGRAM
JOBS FOR DELAWARE GRADUATES INC 381 W. NORTH STREET DOVER, DE 19904	51-0234401	501 (C) (3)	6,500.	0.			CREATING OPPORTUNITIES FOR REAL EXPERIENCE PROGRAM, KENT CO. HIGH SCHOOLS JOB FAIR
JOSHUA M. FREEMAN FOUNDATION 31255 AMERICANA PARKWAY SELBYVILLE, DE 19975	20-8592383	501 (C) (3)	21,500.	0.			UNRESTRICTED SUPPORT, THE NEXT STAGE: A CAMPAIGN FOR THE COMPLETION OF THE FREEMAN ARTS PAVILION
JUNIOR ACHIEVEMENT OF DELAWARE, INC. - 522 SOUTH WALNUT STREET - WILMINGTON, DE 19801-5230	51-0078199	501 (C) (3)	24,185.	0.			UNRESTRICTED SUPPORT, SCHOLARSHIP, JA LEARNING EXPERIENCE FOR KENT CO. KIDS
JUNIOR BOARD OF CHRISTIANA CARE INC - PO BOX 1668 - WILMINGTON, DE 19899-1668	51-0275944	501 (C) (3)	11,123.	0.			UNRESTRICTED SUPPORT
JUNIOR LEAGUE OF WILMINGTON 1801 N. MARKET STREET WILMINGTON, DE 19802	51-6015503	501 (C) (3)	21,588.	0.			UNRESTRICTED SUPPORT, CAPITAL EXPENDITURES FOR MAINTENANCE OF HQ AT THE LEA-DERICKSON HOUSE
JUSST SOOUP MINISTRY, INC. 18483 COOL SPRING RD. MILTON, DE 19968	59-3820809	501 (C) (3)	52,236.	0.			UNRESTRICTED SUPPORT
KALMAR NYCKEL FOUNDATION 1124 EAST 7TH STREET WILMINGTON, DE 19801	51-6015181	501 (C) (3)	5,767.	0.			UNRESTRICTED SUPPORT

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KENNETT LIBRARY ATTN: CHRISTOPHER MANNA KENNETT SQUARE, PA 19348	23-1547585	501 (C) (3)	6,000.	0.			CAPITAL CAMPAIGN , UNRESTRICTED SUPPORT
KENT-SUSSEX INDUSTRIES, INC. 301 N REHOBOTH BLVD MILFORD, DE 19963-1305	51-0097856	501 (C) (3)	14,502.	0.			UNRESTRICTED SUPPORT, SUPPORT POOR IN MILFORD, LIFE ENRICHMENT SERIES
KIND TO KIDS FOUNDATION 100 W. 10TH ST., SUITE 606 WILMINGTON, DE 19801	80-0641000	501 (C) (3)	33,563.	0.			UNRESTRICTED SUPPORT
KIWANIS FOUNDATIONS OF THE KIWANIS CLUB OF SEAFORD INC - PO BOX 1017 - SEAFORD, DE 19973	51-0303505	501 (C) (3)	19,000.	0.			UNRESTRICTED SUPPORT
LA ESPERANZA INC 216 N. RACE STREET GEORGETOWN, DE 19947	31-1606956	501 (C) (3)	184,600.	0.			UNRESTRICTED SUPPORT, SUPPORTING THRIVING CONDITIONS FOR THE LATINO AND IMMIGRANT COMMUNITIES
LA PLAZA DELAWARE INC 22163 LEWES GEORGETOWN HIGHWAY GEORGETOWN, DE 19947	88-1497777	501 (C) (3)	27,500.	0.			INCREASING FINANCIAL STABILITY IN LATINO HOUSEHOLDS AND BUSINESSES
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 19947	14-1850828	501 (C) (3)	100,000.	0.			RURAL RE-ENTRY PROGRAM
LATIN AMERICAN COMMUNITY CENTER 403 NORTH VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501 (C) (3)	96,652.	0.			CONEXIONES COMMUNITY ADVOCACY , YOUTH DEVELOPMENT SPARKING CREATIVITY ART PROGRAM ,
LEADING YOUTH THROUGH EMPOWERMENT 1313 N MARKET STREET WILMINGTON, DE 19801	47-1867733	501 (C) (3)	36,500.	0.			UNRESTRICTED SUPPORT , ADVANCING RACIAL EQUITY THROUGH EDUCATION AND EMPOWERMENT , LYTE

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LEGAL SERVICES CORPORATION OF DELAWARE - 100 W. 10TH STREET, SUITE 203 - WILMINGTON, DE 19801-1641	51-0372955	501 (C) (3)	140,000.	0.			RESTRICTED SUPPORT TO PRO BONO LEGAL ASSISTANCE FOR PRO SE DEBTORS FILING BANKRUPTCY , TO SUPPORT A
LEWES PUBLIC LIBRARY, INC. 111 ADAMS AVENUE LEWES, DE 19958	51-0350650	501 (C) (3)	233,969.	0.			UNRESTRICTED SUPPORT
LIFE CENTER COMPLEX, INC. 5 BRANDYWINE BOULEVARD WILMINGTON, DE 19809	86-1127196	501 (C) (3)	15,000.	0.			LHC PEDIATRIC DENTAL MOBILE PROGRAM
LIMEN HOUSE, INC. P.O. BOX 1306 WILMINGTON, DE 19899	23-7029073	501 (C) (3)	124,557.	0.			UNRESTRICTED SUPPORT
LITTLE SISTERS OF THE POOR 185 SALEM CHURCH ROAD NEWARK, DE 19713	38-1557141	501 (C) (3)	26,584.	0.			UNRESTRICTED SUPPORT
LOCAL JOURNALISM INITIATIVE 1425 WOODLAWN AVENUE WILMINGTON, DE 19806	87-2914947	501 (C) (3)	212,151.	0.			UNRESTRICTED SUPPORT , SPOTLIGHT DELAWARE COMMUNITY MATCH, SPOTLIGHT DELAWARE HEALTH
LONGWOOD GARDENS, INC. PO BOX 501 KENNETT SQUARE, PA 19348	51-0110625	501 (C) (3)	22,026.	0.			UNRESTRICTED SUPPORT , INNOVATOR/INNOVATION PROGRAM
LORD BALTIMORE LIONS CHARITIES INC. - P. O. BOX 525 - OCEAN VIEW, DE 19970	51-0366329	501 (C) (3)	30,000.	0.			UNRESTRICTED SUPPORT
LORELTON FOUNDATION 2200 WEST 4TH STREET WILMINGTON, DE 19805	51-0284276	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT

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LOVE INC OF MID DELMARVA INC PO BOX 542 SEAFORD, DE 19973	51-0583444	501 (C) (3)	30,300.	0.			UNRESTRICTED SUPPORT
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD REHOBOTH BEACH, DE 19971-1482	25-6114180	501 (C) (3)	26,000.	0.			COMMUNITY ESL PROGRAM
LUTHERAN COMMUNITY SERVICES, INC. 2809 BAYNARD BOULEVARD WILMINGTON, DE 19802	51-0102403	501 (C) (3)	5,474.	0.			UNRESTRICTED SUPPORT, CAPITAL CAMPAIGN, PROVIDING FOOD, CLOTHING OR SHELTER FOR THE NEEDY
MAKE-A-WISH FOUNDATION OF PHILADELPHIA, DELAWARE & SUSQUEHANNA VALLEY - 100 W. 10TH ST., SUITE 106 - WILMINGTON, DE	22-2755963	501 (C) (3)	51,500.	0.			UNRESTRICTED SUPPORT FOR DELAWARE
MEALS ON WHEELS OF REHOBOTH AND LEWES, INC. - 32409 LEWES GEORGETOWN HIGHWAY - LEWES, DE 19958	51-0188109	501 (C) (3)	8,250.	0.			UNRESTRICTED SUPPORT
MEALS-ON-WHEELS DELAWARE, INC. 100 WEST 10TH ST., SUITE 207 WILMINGTON, DE 19801	51-0355145	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
MEET ME AT THE WELL FOUNDATION 1601 MILLTOWN ROAD WILMINGTON, DE 19808	47-1968538	501 (C) (3)	65,000.	0.			ENGAGE TO HEAL PROGRAM
MESSIANIC JEWISH ALLIANCE OF AMERICA - 388 REED RD STE 1 - BROOMALL, PA 19008	36-2469997	501 (C) (3)	48,000.	0.			UNRESTRICTED SUPPORT, FOR THE JOSEPH PROJECT, SUPPORT FOR THE JOSEPH PROJECT TO SERVE
MICHIGAN CHRISTIAN STUDY CENTER 611 E. WILLIAM STREET ANN ARBOR, MI 48104	92-1220400	501 (C) (3)	25,000.	0.			CAPITAL FUND

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MID SUSSEX RESCUE SQUAD INC 31738 INDIAN MISSION RD MILLSBORO, DE 19966	23-7293674	501 (C) (3)	125,000.	0.			FOR THE PURCHASE OF A NEW AMBULANCE
MID-ATLANTIC ENVIRONMENTAL LAW CENTER INC - 4601 CONCORD PIKE - WILMINGTON, DE 19803	51-0394016	501 (C) (3)	11,831.	0.			SUPPORT FOR THE STUDY, RESEARCH, EDUCATION, COUNSELING, AND LITIGATION, IN
MIDDLEBURY COLLEGE 700 EXCHANGE STREET MIDDLEBURY, VT 05753	03-0179298	501 (C) (3)	30,000.	0.			UNRESTRICTED SUPPORT
MILFORD HOUSING DEVELOPMENT CORPORATION - 977 E. MASTEN CIRCLE - MILFORD, DE 19963	51-0218904	501 (C) (3)	18,000.	0.			HOME REPAIR PROGRAM
MILFORD LIONS CLUB SERVICE FOUNDATION INC - P. O. BOX 25 - MILFORD, DE 19963	51-0365044	501 (C) (3)	7,002.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD
MILFORD LODGE NO 2316 LOYAL ORDER OF MOOSE - 20142 BEAVER DAM RD. - MILFORD, DE 19963	51-0303521	501 (C) (8)	7,002.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD
MILFORD NEW FRONTIER CLUB 204 NORTH REHOBOTH BLVD. MILFORD, DE 19963	53-0204696	501 (C) (3)	7,002.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD
MILFORD ROTARY CLUB EDUCATIONAL FOUNDATION - P. O. BOX 10 - MILFORD, DE 19963	52-6896762	501 (C) (3)	7,002.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD
MILFORD VETERANS OF FOREIGN WARS ASSOCIATION - 177 VETERANS CIR. - MILFORD, DE 19963	51-0063145	501 (C) (19)	7,002.	0.			RESTRICTED SUPPORT FOR NEEDY POOR IN MILFORD

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MILLVILLE VOLUNTEER FIRE COMPANY INC - 35554 ATLANTIC AVENUE - MILLVILLE, DE 19967	51-0206209	501 (C) (3)	7,228.	0.			UNRESTRICTED SUPPORT
MILTON HISTORICAL SOCIETY PO BOX 112 MILTON, DE 19968	23-7158119	501 (C) (3)	104,583.	0.			UNRESTRICTED SUPPORT
MIND & LIFE INSTITUTE 977 SEMINOLE TRL PMB 363 CHARLOTTESVILLE, VA 22901	77-0284767	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
MIRIAMS TABLE PO BOX 402 LEWES, DE 19958	46-4929464	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
MORE THAN FITNESS INC 700 A RIVER ROAD WILMINGTON, DE 19809	83-2352569	501 (C) (3)	20,000.	0.			SUMMER POOL PROGRAM
MOUNT DESERT ISLAND HOSPITAL OFFICE OF ADVANCEMENT, 10 WAYMAN LANE, PO BOX 8 - BAR HARBOR, ME 04609	01-0211797	501 (C) (3)	20,000.	0.			UNRESTRICTED SUPPORT
NATIONAL PARK FOUNDATION 1500 K STREET NW WASHINGTON, DC 20005	52-1086761	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
NATIVE ROOTS FARM FOUNDATION 1834 N LINCOLN STREET WILMINGTON, DE 19806	84-4361181	501 (C) (3)	55,000.	0.			UNRESTRICTED SUPPORT , SUPPORTING FOOD INSECURITY

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NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC. - 1515 LINDEN STREET - WILMINGTON, DE 19805	22-3884703	501 (C) (3)	23,649.	0.			UNRESTRICTED SUPPORT, YEARLY SCHOLARSHIP, IMPROV/ARTS PROGRAM, FATHER CURRAN SCHOLARSHIP
NATURAL LANDS 1031 PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501 (C) (3)	1,050,000.	0.			UNRESTRICTED SUPPORT, CAPITAL COST FOR PURCHASE OF CREBILLY FARMS TRACT
NATURE CONSERVANCY, INC. 555 E. NORTH LANE, SUITE 6030 CONSHOHOCKEN, PA 19428	53-0242652	501 (C) (3)	8,807.	0.			UNRESTRICTED SUPPORT, SUPPORT SFOR THE PA AND DE CHAPTER, USE IN DELAWARE
NEIGHBORGOOD PARTNERS, INC. 363 SAULSBURY ROAD DOVER, DE 19904	52-6054476	501 (C) (3)	302,396.	0.			CENTRAL DELAWARE THRIVES, PROJECT SAFE NEIGHBORHOODS DOVER
NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501 (C) (3)	310,564.	0.			JOINT SDOH ASTHMA SOLUTION, SUPPORT FOR NEMOURS HOSPITAL FOR CHILDREN/AI DUPONT
NETWORK DELAWARE INC 719 N SHIPLEY ST WILMINGTON, DE 19801-1711	61-1813844	501 (C) (3)	20,000.	0.			LUISA CAPETILLO HISPANIC COMMUNITY LEADERSHIP PROGRAM
NEW CASTLE COUNTY DEPARTMENT OF COMMUNITY SERVICES, 87 READS WAY - NEW CASTLE, DE 19720	51-6000160	GOVERNMENT	74,384.	0.			COMMUNITY SERVICES SPECIAL FUND FOR EVENTS, UNRESTRICTED SUPPORT FOR WOODLAWN LIBRARY
NEW CASTLE COUNTY HEAD START INC 256 CHAPMAN RD. NEWARK, DE 19702-5417	51-0191916	501 (C) (3)	10,476.	0.			CHILDRENS LITERACY PROGRAMS
NEW CASTLE PREVENTION COALITION 19 LAMBSON LANE NEW CASTLE, DE 19720	47-4237084	501 (C) (3)	152,400.	0.			BUILD CAPACITY FOR ROUTE 9 MASTER PLAN

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NEW GARDEN TOWNSHIP 299 STARR ROAD LANDENBERG, PA 19350	23-6000439	GOVERNMENT	25,000.	0.			DRONE LIGHT SHOW AT THE 2025 NEW GARDEN FLYING FIELD AIRSHOW.
NEW HOPE BAPTIST CHURCH 1230 NORTH HEALD STREET WILMINGTON, DE 19801	51-0356856	501 (C) (3)	12,000.	0.			BUILDING RENOVATION
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501 (C) (3)	13,442.	0.			UNRESTRICTED SUPPORT
NEWARK UNITED METHODIST CHURCH 69 EAST MAIN STREET NEWARK, DE 19711	51-0070175	501 (C) (3)	5,508.	0.			UNRESTRICTED SUPPORT
NEXT GENERATION OUTCOME 462 N DU PONT HWY. DOVER, DE 19901	92-0524408	501 (C) (3)	20,000.	0.			UNRESTRICTED SUPPORT
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501 (C) (3)	7,500.	0.			FOR CHILD, SENIOR, AND DISASTER RELIEF PROGRAMS
NORTHEAST COMMUNITY DEVELOPMENT CORPORATION - 57 E MCCAULLEY CT - WILMINGTON, DE 19801	36-5096936	501 (C) (3)	150,857.	0.			THE NORTHEAST COMMUNITY
NUESTRAS RAICES P.O. BOX 25167 WILMINGTON, DE 19899	51-0392205	501 (C) (3)	16,100.	0.			OUR ROOTS:ART IN MOTION , OUR ROOTS ART IN MOTION YOUTH EDITION , EMERGING LEADERSHIP DEVELOPMENT
NURSES AND NEIGHBORS COLLABORATIVE INC - 179 REHOBOTH AVE, UNIT 1212 - REHOBOTH BEACH, DE 19971	88-3479456	501 (C) (3)	9,700.	0.			NEIGHBORHOOD FOOT CARE PATROL

Schedule I (Form 990)

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

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OCEAN VIEW CHURCH OF CHRIST 55 WEST AVE OCEAN VIEW, DE 19970	51-0124585	501 (C) (3)	20,000.	0.			SUPPORT FOR THE FOOD PANTRY
ONCOR COALITION INC 16 WEST 4TH STREET NEW CASTLE, DE 19720	93-4979528	501 (C) (3)	10,000.	0.			BATTERY PARK PLAYGROUND, PHASE 2
ONE STEP AT A TIME FOUNDATION 400 KEMPER DR. NEWARK, DE 19702	88-2520965	501 (C) (3)	17,000.	0.			UNRESTRICTED SUPPORT , CAMP SHINING STARS
OPERA DELAWARE INC 4 SOUTH POPLAR STREET WILMINGTON, DE 19801	51-6018055	501 (C) (3)	35,861.	0.			UNRESTRICTED SUPPORT, CAPITAL RELATED EXPENSES, COSTS TO RENT AND OPERATE FACILITIES
PANEL, INC P.O. BOX 964 GRIFFEN, GA 30224	20-1875260	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
PATHWAYS TO SUCCESS, INC. 4 EAST LAUREL STREET, SUITE 200 GEORGETOWN, DE 19947	76-0811283	501 (C) (3)	7,000.	0.			UNRESTRICTED SUPPORT
PENNSYLVANIA COLLEGE OF ART AND DESIGN - 204 N PRINCE ST - LANCASTER, PA 17603	23-2215278	501 (C) (3)	40,405.	0.			FINANCIAL AID TO THE STUDENTS DISPLACED FROM DELAWARE COLLEGE OF ART AND DESIGN
PET-ASSISTED VISITATION VOLUNTEER SERVICES, INC. - PO BOX 9955 - NEWARK, DE 19714	76-0780197	501 (C) (3)	43,507.	0.			UNRESTRICTED SUPPORT , WYLIE'S WISHES FUND, CHILDRENS LITERACY PROGRAMS, PAWS FOR PEOPLE
PHILADELPHIA ARMS TOWNHOMES INC. 18527 PENTECOSTAL STREET ELLENDALE, DE 19941	84-1657301	501 (C) (3)	22,890.	0.			MORGAN'S PLACE

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PHOENIX FAMILY RESOURCES 8 TAMAR COURT BEAR, DE 19701	92-1116377	501 (C) (3)	21,977.	0.			UNRESTRICTED SUPPORT
PHOENIX MULTISPORT, INC. 2239 CHAMPA STREET DENVER, CO 80205	20-4648043	501 (C) (3)	6,500.	0.			UNRESTRICTED SUPPORT
PLANNED PARENTHOOD OF DELAWARE, INC. - 625 N SHIPLEY STREET - WILMINGTON, DE 19801	51-0066725	501 (C) (3)	7,005.	0.			UNRESTRICTED SUPPORT , CHAMPIONING AT-RISK YOUTH AT CAMP MEE MOVEMENT ENRICHMENT EMPOWERMENT
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501 (C) (3)	12,500.	0.			UNRESTRICTED SUPPORT
PORT PENN HISTORICAL SOCIETY PO BOX 120 PORT PENN, DE 19731	23-2186631	501 (C) (3)	37,000.	0.			CAPITAL CAMPAIGN , UNRESTRICTED SUPPORT
PRESBYTERIAN CHURCH USA 292 W. MAIN STREET NEWARK, DE 19711	23-6393377	501 (C) (3)	31,247.	0.			UNRESTRICTED SUPPORT
PRESERVATION DELAWARE, INC. P.O. BOX 19 ROCKLAND, DE 19732	51-0345619	501 (C) (3)	37,211.	0.			UNRESTRICTED SUPPORT, MARIAN COFFIN GARDENS AT GIBRALTAR
REACH RIVERSIDE DEVELOPMENT CORPORATION - 2300 BOWERS ST - WILMINGTON, DE 19802	82-1401986	501 (C) (3)	6,000.	0.			UNRESTRICTED SUPPORT
READ ALOUD DELAWARE 100 WEST 10TH STREET, SUITE 309 WILMINGTON, DE 19801	51-0280486	501 (C) (3)	16,549.	0.			UNRESTRICTED SUPPORT, LITTLE FREE LIBRARY IN SUSSEX COUNTY , CHILDRENS LITERACY PROGRAMS

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READING ASSIST INSTITUTE 100 W. 10TH ST., SUITE 910 WILMINGTON, DE 19801	51-0317415	501 (C) (3)	10,976.	0.			UNRESTRICTED SUPPORT, CHILDRENS LITERACY PROGRAMS
READING IS FUNDAMENTAL, INC. AKA RIF - 750 FIRST STREET NE, SUITE 920 - WASHINGTON, DC 20002	52-0976257	501 (C) (3)	25,760.	0.			TO SUPPORT FIVE READING IS FUNDAMENTAL PROGRAMS IN FOUR NAVIENT COMMUNITIES.
READY SET SHARE DANIEL ZAKOWSKI, 6345 BALBOA BOULEVARD BUILDING 3, SUITE 350 - LOS ANGELES,	85-2191790	501 (C) (3)	25,000.	0.			REDUCE FOOD ALLERGIES WITH READY SET SHARE AND CHRISTIANACARE
REHOBOTH ART LEAGUE, INC 12 DODDS LANE REHOBOTH BEACH, DE 19971	51-0097839	501 (C) (3)	32,182.	0.			UNRESTRICTED SUPPORT, CAPITAL RELATED EXPENSES, COSTS TO RENT AND OPERATE FACILITIES
REHOBOTH BEACH PUBLIC LIBRARY 226 REHOBOTH AVENUE REHOBOTH BEACH, DE 19971	51-6016494	501 (C) (3)	5,789.	0.			UNRESTRICTED SUPPORT
RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS, TN 38112	62-0476301	501 (C) (3)	250,000.	0.			BIOLOGY FUND
RODNEY STREET TENNIS ASSOCIATION 504 S. CLAYTON STREET WILMINGTON, DE 19805	01-0652445	501 (C) (3)	12,000.	0.			UNRESTRICTED SUPPORT
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803-3627	51-0295320	501 (C) (3)	29,000.	0.			UNRESTRICTED SUPPORT , HOUSING AND SUPPORT SERVICES PROGRAM, HOUSING/SUPPORT SERVICES
ROOFS FROM THE HEART 101 S. MARY STREET NEWPORT, DE 19804	85-1064356	501 (C) (3)	10,000.	0.			ROOF REPAIR FOR SOUTHBRIDGE COMMUNITY

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SALESIANUM SCHOOL 1801 N. BROOM STREET WILMINGTON, DE 19802	51-0066743	501 (C) (3)	7,434.	0.			UNRESTRICTED SUPPORT, THEATRE PROGRAM
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501 (C) (3)	6,000.	0.			UNRESTRICTED SUPPORT
SCHOLARSHIP AMERICA, INC. 7900 INTERNATIONAL DR STE 500 MINNEAPOLIS, MN 55425	04-2296967	501 (C) (3)	20,800.	0.			BERSTEIN FAMILY SCHOLARSHIP PROGRAM
SEAFORD DISTRICT LIBRARY 600 N. MARKET STREET EXTENDED SEAFORD, DE 19973	51-0101879	501 (C) (3)	20,719.	0.			UNRESTRICTED SUPPORT, CHILDREN'S BOOKS, LEARNING MATERIALS AND ACTIVITIES, SUMMER
SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202	35-1484281	501 (C) (3)	10,000.	0.			CULINARY JOB TRAINING PROGRAM
SELBYVILLE PUBLIC LIBRARY P.O. BOX 739 SELBYVILLE, DE 19975	51-0174853	501 (C) (3)	9,500.	0.			CAPITAL CAMPAIGN , UNRESTRICTED SUPPORT
SENIOR STEWARDS ACTING FOR THE ENVIRONMENT - 32 PENN RD APT 419 - HANOVER, NH 03755	87-1229514	501 (C) (3)	50,000.	0.			UNRESTRICTED SUPPORT
SERVIAM GIRLS ACADEMY, INC. 900 NORTH WASHINGTON STREET WILMINGTON, DE 19801	26-0792594	501 (C) (3)	11,000.	0.			UNRESTRICTED SUPPORT , DRAMA PROGRAM , SCHOLARSHIPS
SHEPHERDS OFFICE INC 408 N. BEDFORD STREET GEORGETOWN, DE 19947	83-4193754	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT , BROWN BAG

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SHOES THAT FIT 1420 N. CLAREMONT BOULEVARD CLAREMONT, CA 91711	95-4425565	501 (C) (3)	12,500.	0.			NORTHEAST OHIO CAMPAIGN FOR PAUL DUNBAR SCHOOL IN CLEVELAND, OH , 24-25 SCHOOL YEAR KENT CO.
SNAC (SCHOOL NUTRITION AGRICULTURE) GARDEN FOUNDATION - 32191 NASSAU RD., UNIT 3 - LEWES, DE 19958	77-0606842	501 (C) (3)	20,000.	0.			GEORGETOWN SCHOOL PARTNERS
SOJOURNERS PLACE, INC. 2901 NORTHEAST BOULEVARD WILMINGTON, DE 19802	51-0324770	501 (C) (3)	21,000.	0.			UNRESTRICTED SUPPORT
SOUTHBRIDGE COMMUNITY DEVELOPMENT CORPORATION - 601 NEW CASTLE AVENUE - WILMINGTON, DE 19801	51-0419197	501 (C) (3)	197,800.	0.			SOUTHBRIDGE NEIGHBORHOOD ACTION PLAN IMPLEMENTATION PLAN
SOUTHERN DELAWARE THERAPEUTIC AND RECREATIONAL HORSEBACK RIDING, INC. - P.O. BOX 219 - NASSAU, DE 19969	52-2047294	501 (C) (3)	10,500.	0.			UNRESTRICTED SUPPORT, VETERANS PROGRAM , PURCHASE OF A HORSE FOR PROGRAM , HORSE TRAINING
SPIRIT LAKE COMMUNITY SCHOOLS 2701 HILL AVE SPIRIT LAKE, IA 51360	42-6003627	501 (C) (3)	25,000.	0.			SUPPORT THE SPIRIT LAKE YOUTH WRESTLING CAMPS
SPUR IMPACT ASSOCIATION P. O. BOX 25208 WILMINGTON, DE 19899	82-3990289	501 (C) (3)	107,500.	0.			UNRESTRICTED SUPPORT , SUPPORT FOR DOMORE24 IN 2025
ST EDMONDS ACADEMY INC 2120 VEALE ROAD WILMINGTON, DE 19810	51-0094400	501 (C) (3)	5,610.	0.			SCHOLARSHIPS FOR STUDENTS AT SAINT EDMONDS ACADEMY , THEATRE PROGRAM.
ST. ANTHONYS COMMUNITY CENTER INC. 1703 WEST 10TH STREET WILMINGTON, DE 19805	51-0116737	501 (C) (3)	20,000.	0.			ST. ANTHONY EARLY LEARNING CENTER OUTDOOR PLAY AREA

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ST. JOHNS EPISCOPAL CHURCH 1419 PINE STREET BOULDER, CO 80302	84-0515197	501 (C) (3)	13,000.	0.			ST. JOHN'S CLERGY HOUSING FUND , UNRESTRICTED SUPPORT
ST. JOHN'S UNITED METHODIST CHURCH 300 NORTH PINE STREET SEAFORD, DE 19973	51-0096694	501 (C) (3)	31,500.	0.			UNRESTRICTED SUPPORT
ST. MICHAELS SCHOOL AND NURSERY, INC. - 700 NORTH WALNUT STREET - WILMINGTON, DE 19801	51-0066741	501 (C) (3)	35,434.	0.			UNRESTRICTED SUPPORT, CAPITAL CAMPAIGN
STATE OF DELAWARE PO BOX 4010 ODESSA, DE 19730-4010	51-6000279	GOVERNMENT	1,169,364.	0.			PROVIDE SUPPORT TO SCHOOLS AND DIFFERENT DEPARTMENTS WITHIN THE STATE OF DELAWARE
STEHM, INC. PO BOX 2617 WILMINGTON, DE 19805-0617	51-0309114	501 (C) (3)	12,421.	0.			UNRESTRICTED SUPPORT
SUNDAY BREAKFAST MISSION INC 110 N. POPLAR STREET WILMINGTON, DE 19801	51-0073080	501 (C) (3)	72,580.	0.			UNRESTRICTED SUPPORT
SURVIVORS OF ABUSE IN RECOVERY, INC. - 405 FOULK ROAD - WILMINGTON, DE 19803	51-0345109	501 (C) (3)	14,000.	0.			UNRESTRICTED SUPPORT , TRAINING FOR THERAPISTS
SUSSEX COUNTY HABITAT FOR HUMANITY P.O. BOX 759 GEORGETOWN, DE 19947	51-0334057	501 (C) (3)	24,000.	0.			UNRESTRICTED SUPPORT, AFFORDABLE HOUSING CONSTRUCTION SUPPLIES
SUSSEX LAND FOUNDATION INC. P. O. BOX 372 LEWES, DE 19958	04-3611220	501 (C) (3)	25,000.	0.			UNRESTRICTED SUPPORT

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SUSSEX MONTESSORI SCHOOL INC 24960 DAIRY LANE SEAFORD, DE 19973	82-2404164	501 (C) (3)	130,000.	0.			CAPITAL CAMPAIGN , UNRESTRICTED SUPPORT
SUSTAINABLE MARKETS FOUNDATION 40 W 37TH STREET NEW YORK, NY 10018	13-4188834	501 (C) (3)	100,000.	0.			FORAGE FISH FUTURES
TEACH A PERSON TO FISH SOCIETY 18545 MUNCHY BRANCH RD REHOBOTH BEACH, DE 19971	85-4206465	501 (C) (3)	15,000.	0.			SUPPORTING FOOD INSECURITY
TEEN WAREHOUSE, INC. 1121 THATCHER STREET WILMINGTON, DE 19802	82-3855379	501 (C) (3)	37,550.	0.			UNRESTRICTED SUPPORT , AJ ENGLISH MENTORING PROGRAM
TEENSHARP, INC. 1200 N. FRENCH ST. WILMINGTON, DE 19801	27-2246880	501 (C) (3)	25,000.	0.			UNRESTRICTED SUPPORT , LEVERAGING NEXT-GENERATION TECHNOLOGY TO IMPROVE
TENDER HEARTS INC 651 VALLEY ROAD HOCKESSIN, DE 19707-9998	47-1169798	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
THE AMERICAN UNIVERSITY OF ROME 1050 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	23-7110060	501 (C) (3)	5,500.	0.			UNRESTRICTED SUPPORT , GIVING DAY
THE BENEDICTINE SISTERS OF DELAWARE - 25 GENDER ROAD - NEWARK, DE 19713	52-0591588	501 (C) (3)	18,017.	0.			UNRESTRICTED SUPPORT
THE BRIDGE OF HOPE INC 1977 BAY ROAD MILFORD, DE 19963	47-2122026	501 (C) (3)	6,200.	0.			UNRESTRICTED SUPPORT , HURRICANE RELIEF KITS

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THE CHOIR SCHOOL OF DELAWARE INC. 2013 NORTH MARKET STREET WILMINGTON, DE 19802	20-5486245	501 (C) (3)	36,052.	0.			UNRESTRICTED SUPPORT , LATINX OUTREACH INITIATIVE AND PROGRAMMING BILINGUAL
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE. N.E. WASHINGTON, DC 20002	23-7327730	501 (C) (3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE ISLAMIC SOCIETY OF DELAWARE 28 SALEM CHURCH ROAD NEWARK, DE 19713	51-0202776	501 (C) (3)	10,000.	0.			MOSQUE EXPENSES, ISLAMIC ACADEMY SCHOLARSHIPS
THE MINISTRY OF CARING INC 115 E. 14TH STREET WILMINGTON, DE 19801	51-0209843	501 (C) (3)	47,739.	0.			UNRESTRICTED SUPPORT , LOVE AND HOPE , BENEFACTORS ENDOWMENT FUND
THE MUSIC SCHOOL OF DELAWARE INC 4101 WASHINGTON STREET EXT. WILMINGTON, DE 19802	51-0066934	501 (C) (3)	39,057.	0.			UNRESTRICTED SUPPORT , CAPITAL RELATED EXPENSES , COSTS TO RENT AND OPERATE FACILITIES
THE PROXIMITY PROJECT 4023 KENNETT PIKE #50188 WILMINGTON, DE 19807	86-2004868	CORPORATION	230,251.	0.			SUPPORT FOR THE HARAMBEE PROJECT , UNRESTRICTED SUPPORT
THE SALVATION ARMY, A NEW YORK CORPORATION - 32 E. DENISON - CORNING, NY 14830	13-5562351	501 (C) (3)	69,777.	0.			TO SUPPORT THE CHRISTMAS ANGEL TREE PROGRAM IN THE HORSEHEADS, NY AREA , THE RED KETTLE CAMPAIGN ,
THE SPRINGBOARD COLLABORATIVE, INC. - 112 S FRENCH STREET - WILMINGTON, DE 19801	85-3335151	501 (C) (3)	100,000.	0.			SPRINGBOARD PALLET VILLAGE GEORGETOWN
THE VILLAGE TREE INC 1037 WEST 7TH STREET WILMINTON, DE 19805	81-3673506	501 (C) (3)	10,000.	0.			ANNA'S HOUSE

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TIDALHEALTH FOUNDATION INC 100 E. CARROLL ST. SALISBURY, MD 21801	52-1851935	501 (C) (3)	525,000.	0.			GRADUATE MEDICAL EDUCATION-DAVINCI SURGEON CONSOLE , ALLEN CANCER CENTER AT TIDAL HEALTH
TOWER HILL SCHOOL 2813 WEST 17TH STREET WILMINGTON, DE 19806	51-0065745	501 (C) (3)	127,833.	0.			UNRESTRICTED SUPPORT , CLASS OF 1969 SCHOLARSHIP FUND, HORIZONS PROGRAM , EQUITY IN EDUCATION ,
TRI-STATE BIRD RESCUE & RESEARCH, INC. - 170 POSSUM HOLLOW ROAD - NEWARK, DE 19711-3910	51-0265807	501 (C) (3)	16,598.	0.			UNRESTRICTED SUPPORT , WILD BIRD CLINIC
UNITED WAY OF CENTRAL IOWA 1111 9TH ST. DES MOINES, IA 50314	42-0680425	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
UNITED WAY OF COLLIER COUNTY & THE KEYS - 9015 STRADA STELL COURT - NAPLES, FL 34109	59-1026096	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
UNITED WAY OF DELAWARE, INC. 625 NORTH ORANGE STREET WILMINGTON, DE 19801	51-0073399	501 (C) (3)	131,785.	0.			UNRESTRICTED SUPPORT, KENT COUNTY COMMUNITY OUTREACH PROGRAM , THE 3RD LATINO UNIDOS STUDENT
UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 WEST STATE STREET - KENNETT SQUARE, PA 19348	23-1260899	501 (C) (3)	22,000.	0.			UNRESTRICTED, TO BE DISTRIBUTED TO UNITED WAY AGENCIES
UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES-BARRE, PA 18701	24-0831490	501 (C) (3)	17,000.	0.			UNRESTRICTED SUPPORT, JUMPSTART PROGRAM AT LUZERNE COUNTY HEAD START
UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716	51-6000297	501 (C) (3)	371,832.	0.			UNRESTRICTED SUPPORT, EDWARD J & JUDY BENNETT LACROSSE SCHOLARSHIP FUND , DUAL ENROLLMENT

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UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E. FOWLER AVENUE, ALC100 - TAMPA, FL 33620	59-0879015	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION CENTER FOR HEALTHY MINDS MADISON, WI 53703	39-0743975	501 (C) (3)	35,000.	0.			SUPPORT FOR CENTER FOR HEALTHY MINDS GENERAL FUND
UPTOGETHER PO BOX 71363 OAKLAND, CA 94612	02-0784790	501 (C) (3)	50,000.	0.			GIVING CREDIT PROGRAM
URBAN YOUTH GOLF PROGRAM ASSOCIATION - PO BOX 419 - ROCKLAND, DE 19732	33-1103722	501 (C) (3)	32,513.	0.			UNRESTRICTED SUPPORT, PROGRAM IN SUSSEX COUNTY , INCREASING IMPACT TO UNDERSERVED COMMUNITIES ,
URSULINE ACADEMY OF WILMINGTON DELAWARE INC - 1106 PENNSYLVANIA AVENUE - WILMINGTON, DE 19806	51-0167117	501 (C) (3)	30,300.	0.			UNRESTRICTED SUPPORT, YEARLY SCHOLARSHIP. , CHORAL ATTIRE, SUPPORT FOR FOUNDERS DAY
VANDERBILT UNIVERSITY PMB 407727, 2301 VANDERBILT PLACE NASHVILLE, TN 37240-7727	62-0476822	501 (C) (3)	20,000.	0.			DEEG SEZNA SCHOLARSHIP
VISION TO LEARN 12100 WILSHIRE BOULEVARD LOS ANGELES, CA 90025	45-3457853	501 (C) (3)	41,300.	0.			HELPING KENT STUDENTS LEARN THROUGH ACCESS TO VISION CARE, OPERATIONS FOR DELAWARE VISION TO
VOICE OF JUDAH ISRAEL INC PO BOX 8886 FORT WAYNE, IN 46898-8886	46-0888643	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT , UNRESTRICTED SUPPORT
WDBID MANAGEMENT COMPANY 409 N. ORANGE STREET WILMINGTON, DE 19801	51-0362299	501 (C) (3)	20,000.	0.			CAPITAL IMPROVEMENTS FOR DTV'S OPERATION HUB

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WEST END NEIGHBORHOOD HOUSE INC. 710 N. LINCOLN STREET WILMINGTON, DE 19805	51-0064301	501 (C) (3)	370,070.	0.			UNRESTRICTED SUPPORT , EDUCATION AND GREENING PROGRAMS, CAPITAL AND MAINTENANCE PROJECTS ,
WHYY INC 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	23-1438083	501 (C) (3)	11,536.	0.			UNRESTRICTED SUPPORT
WILMINGTON ALLIANCE 100 W. 10TH STREET WILMINGTON, DE 19801	51-0347680	501 (C) (3)	115,000.	0.			BUILDING COMMUNITY AND CIVIC MUSCLE IN WEST CENTER CITY
WILMINGTON CHILDRENS CHORUS, INC. 1101 N. MARKET STREET WILMINGTON, DE 19801	84-4741937	501 (C) (3)	32,100.	0.			UNRESTRICTED SUPPORT , SUMMER OF SONG 2025
WILMINGTON FRIENDS SCHOOL INC 101 SCHOOL ROAD WILMINGTON, DE 19803	51-0064310	501 (C) (3)	13,150.	0.			UNRESTRICTED SUPPORT
WILMINGTON HEAD START INC 100 W. 10TH ST., SUITE 1016 WILMINGTON, DE 19801	51-0276298	501 (C) (3)	10,476.	0.			CHILDRENS LITERACY PROGRAMS
WILMINGTON INSTITUTE FREE LIBRARY P.O. BOX 2303 WILMINGTON, DE 19899	51-0064340	501 (C) (3)	115,235.	0.			CHILDRENS LITERACY PROGRAMS
WILMINGTON SENIOR CENTER INC 1901 NORTH MARKET STREET WILMINGTON, DE 19802	51-0078398	501 (C) (3)	10,000.	0.			UNRESTRICTED SUPPORT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	27-3521132	501 (C) (3)	42,000.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	245	848,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONS PROVIDE GRANT REPORTS WHERE REQUIRED OR REQUESTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ACADEMIA ANTONIA ALONSO CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUESTERIAN THERAPY PROGRAM ,
DOCUMENT CAMERAS FOR SCIENCE EDUCATION , EXPRESSIVE VOICES: A VISUAL
LITERARY ARTS EXPERIENCE , LITERACY FOCUSED INTERVENTIONS FOR BILINGUAL
STUDENTS IN NCC

NAME OF ORGANIZATION OR GOVERNMENT: ACTS LEGACY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED FUND OF COKESBURY
VILLAGE, RESTRICTED SUPPORT FOR PENINSULA UNITED METHODIST CHURCH

NAME OF ORGANIZATION OR GOVERNMENT:

BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , SUPPORT FOR

Part IV Supplemental Information

UPCOMING EVENT , THE BBF SHIELD OF PROTECTION FOR DELAWARE TECHNICAL
COMMUNITY COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: BEEBE MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, EARLY LITERACY
PROGRAM (BEEBE BABIES), PERSONAL HYGIENE WOUND CARE SERVICE, CAPITAL
CAMPAIGN , PALLIATIVE CARE PROGRAM , SOUTH COASTAL ER & CANCER CENTER,
RESIDENCY PROGRAM, 1916 SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUBS OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, UP NEXT LIFE
AND WORKFORCE READINESS PROGRAM AND ACT/SAT PREP AND COLLEGE COUNSELING.
, A CLOSET FOR KIDS, TEENS & FAMILIES , SUMMER MUSIC PROGRAM INTERNS,
YOUTH OF THE YEAR PROGRAM, EDUCATION AND GREENING PROGRAMS, FOR MILFORD,
DEL. SITE, FOR DAGSBORO, DEL. SITE, FOR WESTERN SUSSEX TEEN PROGRAMS-IPT

NAME OF ORGANIZATION OR GOVERNMENT: CAB CALLOWAY SCHOOL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , SCHOLARSHIPS
FOR CAB CALLOWAY STUDENTS TO PARTICIPATE IN ADDITIONAL PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN & FAMILIES FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: SEAFORD COMMUNITY OF HOPE CHANDLER
HEIGHTS PROJECT IMPLEMENTATION , SEAFORD HOUSE RENOVATION , UNRESTRICTED
SUPPORT , SEAFORD COMMUNITY OF HOPE DOLLAR DINNERS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIANA CARE HEALTH SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, HELEN F.
GRAHAM CENTER SPECIAL NEEDS FUND, CARDIOLOGY DEPARTMENT , COMMUNITY
HEALTH WORKERS FOR MEDICARE PATIENTS, FIRST STATE SCHOOL, ACUTE CARE
PROGRAM, HIDDEN HEROS CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTINA CULTURAL ARTS CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, CAPITAL
RELATED EXPENSES, COSTS TO RENT AND OPERATE FACILITIES , SUPPORT FOR
ANNUAL FUNDRAISING CAMPAIGN, HEART UNDER THE HOODIE, SCHOLARSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH YESHUA

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , CAPITAL
CAMPAIGN - ACQUISITION OF ADJACENT PROPERTY OR THE BUILDING FUND.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTING GENERATIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , SUPPORTING
LATINO STUDENTS THROUGH MENTORING AND A LEXILE BASED LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR FEDERAL FUNDING RESEARCH
, TO SUPPORT INCREASED ADVOCACY EFFORTS RELATED TO FEDERAL POLICY ISSUES
AND FUNDING FREEZES. , CEO - BOARD LEADERSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE BREAST CANCER COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , KENT CO.
BREAST CARE ASSISTANCE FUND, SUPPORT FOR WOMENS HEALTH SCREENINGS

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE CENTER FOR HORTICULTURE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , TREE PLANTING

Part IV Supplemental Information

AND MAINTENANCE IN SOUTHBRIDGE , FOR EDUCATION AND GREENING PROGRAMS ,
SCHOLARSHIPS - STAFF ENRICHMENT/TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: DELAWARE FUTURES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , CAREER
READINESS FOR KENT CO TEENS, STEM FOR GIRLS , DEVELOPING PROGRAM
PARTNERSHIP YEAR 2

NAME OF ORGANIZATION OR GOVERNMENT:

DELAWARE TECHNICAL & COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , DELTECH
CERTIFIED DIALYSIS TECHNICIAN PROGRAM , ENTREPRENEURSHIP PROGRAM
SCHOLARSHIPS, BIOSCIENCE RESEARCH FELLOWSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

DEL-MAR-VA COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , ENHANCEMENTS
TO THE SHOWER AND RESTROOM FACILITIES AND COMFORT STATIONS , SCOUTREACH
AND CAMPERSHIPS, POST HIGH SCHOOL EDUCATIONAL SCHOLARSHIPS TO REGISTERED
MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: DOWN SYNDROME ASSOCIATION OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, BILINGUAL
PROGRAMS & OUTREACH COORDINATION , PRACTICE WITHOUT PRESSURE BY POWER TO
MARC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

ELEUTHERIAN MILLS-HAGLEY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, FRIENDS OF
INNOVATION SUPPORT , CONSERVE-A-BOOK FOR ORLANDO FURIOSO (1551) , GARDEN
ACCESSIBILITY IMPROVEMENT , PERSPECTIVES CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PARISH FEDERATED CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR CAPITAL REPAIRS AND
IMPROVEMENTS TO THE CHURCH AND ITS PARSONAGE, OR TO PROVIDE FOR THE NEEDY
OF SOUTH BERWICK, MAINE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , FOOD
DISTRIBUTION IN SUSSEX COUNTY, DE , SUSSEX COUNTY SITE, LATINO AND
HISPANIC COMMUNITY OUTREACH COORDINATION , MOBILE PANTRY PROGRAM
COLOCATION WITH MOBILE HEALTHCARE UNITS

NAME OF ORGANIZATION OR GOVERNMENT: GRAND OPERA HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , CAPITAL
RELATED EXPENSES , COSTS TO RENT AND OPERATE FACILITIES ,
SENSORY-FRIENDLY FAMILY PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: GREATER LEWES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , FOURTH STREET
PRESERVE PRESERVATION , CAPE FUND , EXPANDING THE REACH AND DEPTH OF
MENTAL HEALTH SUPPORT FOR HOSPITALITY WORKERS

NAME OF ORGANIZATION OR GOVERNMENT: GREEN BERET PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE FOR DOVER YOUTH
, EMPOWERING THE COMMUNITY , WORKFORCE DEVELOPMENT FOR YOUTH , EMPOWERING

Part IV Supplemental Information

AT RISK YOUTH IN DOVER , SUSSEX YOUTH INTERVENTION , UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF NEW CASTLE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIR 15 HOUSES AND HOLD 2
COMMUNITY EVENTS , 2023 EASTSIDE RENAISSANCE A RESIDENT-CENTERED
REVITALIZATION PLAN

NAME OF ORGANIZATION OR GOVERNMENT: HARRY K FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, REDUCING FOOD
INSECURITY FOR KENT VULNERABLE CHILDREN , FOOD INSECURITY

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHY FOODS FOR HEALTHY KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EDUCATION AND GREENING PROGRAMS
, EDUCACION EN CRECIMIENTO GROWING SPANISH LANGUAGE, CURRICULUM AND
CULTURE IN DELAWARE'S SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: LA ESPERANZA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, SUPPORTING
THRIVING CONDITIONS FOR THE LATINO AND IMMIGRANT COMMUNITIES OF SOUTHERN
DELAWARE, PLACE BASED OPCIONES, RESOURCE NAVIGATION AND FAMILY COACHING
PROGRAM 2.0 , LA COLECTIVA DE DELAWARE NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CONEXIONES COMMUNITY ADVOCACY ,
YOUTH DEVELOPMENT SPARKING CREATIVITY ART PROGRAM , FAMILY IMMIGRATION
SERVICES , FAMILY DIGITAL EQUITY PROGRAM IN NCC

NAME OF ORGANIZATION OR GOVERNMENT: LEADING YOUTH THROUGH EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , ADVANCING
RACIAL EQUITY THROUGH EDUCATION AND EMPOWERMENT , LYTE SCHOLARS
EMPOWERING LATINE FUTURES

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES CORPORATION OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO PRO BONO LEGAL
ASSISTANCE FOR PRO SE DEBTORS FILING BANKRUPTCY , TO SUPPORT A LAW FELLOW

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL JOURNALISM INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , SPOTLIGHT
DELAWARE COMMUNITY MATCH, SPOTLIGHT DELAWARE HEALTH REPORTING ,
UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN COMMUNITY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, CAPITAL
CAMPAIGN , PROVIDING FOOD, CLOTHING OR SHELTER FOR THE NEEDY IN DELAWARE

NAME OF ORGANIZATION OR GOVERNMENT: MESSIANIC JEWISH ALLIANCE OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , FOR THE
JOSEPH PROJECT , SUPPORT FOR THE JOSEPH PROJECT TO SERVE HOLOCAUST
SURVIVORS.

NAME OF ORGANIZATION OR GOVERNMENT:

MID-ATLANTIC ENVIRONMENTAL LAW CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE STUDY, RESEARCH,
EDUCATION, COUNSELING, AND LITIGATION, IN FURTHERANCE OF ENVIRONMENTAL

Part IV Supplemental Information

PROTECTION AND PRESERVATION IN THE DELAWARE RIVER WATERSHED

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, YEARLY SCHOLARSHIP, IMPROV/ARTS PROGRAM. , FATHER CURRAN SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: NEMOURS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: JOINT SDOH ASTHMA SOLUTION , SUPPORT FOR NEMOURS HOSPITAL FOR CHILDREN/AI DUPONT HOOSPITAL FOR CHILDREN, NEMOURS CHILDRENS HEALTH WILMINGTON - DE , CANCER RESEARCH AND PATIENT CARE , NEMOURS CHILDRENS INSTITUTE FOR CLINICAL EXCELLENCE (NICE)

NAME OF ORGANIZATION OR GOVERNMENT: NUESTRAS RAICES

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR ROOTS:ART IN MOTION , OUR ROOTS ART IN MOTION YOUTH EDITION , EMERGING LEADERSHIP DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

PET-ASSISTED VISITATION VOLUNTEER SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , WYLIE'S WISHES FUND, CHILDRENS LITERACY PROGRAMS, PAWS FOR PEOPLE PET THERAPY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , HOUSING AND SUPPORT SERVICES PROGRAM, HOUSING/SUPPORT SERVICES FOR LOW INCOME FAMILIES IN KENT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SEAFORD DISTRICT LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, CHILDREN'S BOOKS, LEARNING MATERIALS AND ACTIVITIES, SUMMER READING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SHOES THAT FIT

(H) PURPOSE OF GRANT OR ASSISTANCE: NORTHEAST OHIO CAMPAIGN FOR PAUL DUNBAR SCHOOL IN CLEVELAND, OH , 24-25 SCHOOL YEAR KENT CO. SNEAKER PROGRAM , FALL 2025 SHOE PROGRAM FOR AT-RISK STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHERN DELAWARE THERAPEUTIC AND RECREATIONAL HORSEBACK RIDING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, VETERANS PROGRAM , PURCHASE OF A HORSE FOR PROGRAM , HORSE TRAINING AND EVALUATION

NAME OF ORGANIZATION OR GOVERNMENT: TEENSHARP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , LEVERAGING NEXT-GENERATION TECHNOLOGY TO IMPROVE COLLEGE ACCESS FOR LOW INCOME STUDENTS OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT: THE CHOIR SCHOOL OF DELAWARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , LATINX OUTREACH INITIATIVE AND PROGRAMMING BILINGUAL FAMILY SERVICES ROLE.

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY, A NEW YORK CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CHRISTMAS ANGEL TREE PROGRAM IN THE HORSEHEADS, NY AREA , THE RED KETTLE CAMPAIGN , UNRESTRICTED SUPPORT , RESTRICTED TO SUPPORT WORK IN DELAWARE , ED/GREEN

Part IV Supplemental Information

FOR EDUCATION AND GREENING PROGRAMS (REFER TO SEPARATE DETAILED LIST OF USES)

NAME OF ORGANIZATION OR GOVERNMENT: TIDALHEALTH FOUNDATION INC
(H) PURPOSE OF GRANT OR ASSISTANCE: GRADUATE MEDICAL EDUCATION-DAVINCI SURGEON CONSOLE , ALLEN CANCER CENTER AT TIDAL HEALTH NANTICOKE

NAME OF ORGANIZATION OR GOVERNMENT: TOWER HILL SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , CLASS OF 1969 SCHOLARSHIP FUND, HORIZONS PROGRAM , EQUITY IN EDUCATION , SUMMER ARTS INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, KENT COUNTY COMMUNITY OUTREACH PROGRAM , THE 3RD LATINO UNIDOS STUDENT SUMMIT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF DELAWARE
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, EDWARD J & JUDY BENNETT LACROSSE SCHOLARSHIP FUND , DUAL ENROLLMENT RESEARCH FUND GRANT , SCHOOL OF EDUCATION/SPEC.ED , CAPITAL CAMPAIGN/BLUE AND GOLD FUND , PAUL JONES COLLECTION , IG AND JULIE BURTON STUDY ABROAD SCHOLARSHIP, THE COLLEGE SCHOOL, VITA NOVA RESTAURANT PROGRAM , RESIDENT ENSEMBLE PLAYERS , I HEART UD DAY MATCHING CHALLENGE, BIOSCIENCE RESEARCH FELLOWSHIPS , UD CREAMERY, UD FINISH LINE GRANTS, UD CHORALE SUMMER TRAVEL

NAME OF ORGANIZATION OR GOVERNMENT: URBAN YOUTH GOLF PROGRAM ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT, PROGRAM IN SUSSEX COUNTY , INCREASING IMPACT TO UNDERSERVED COMMUNITIES , PROGRAMS IN GEORGETOWN AND MILLSBORO

NAME OF ORGANIZATION OR GOVERNMENT: VISION TO LEARN
(H) PURPOSE OF GRANT OR ASSISTANCE: HELPING KENT STUDENTS LEARN THROUGH ACCESS TO VISION CARE, OPERATIONS FOR DELAWARE VISION TO LEARN , VISION SUPPORT FOR SUSSEX COUNTY STUDENTS , NO COST EYE EXAMS AND GLASSES

NAME OF ORGANIZATION OR GOVERNMENT: WEST END NEIGHBORHOOD HOUSE INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT , EDUCATION AND GREENING PROGRAMS, CAPITAL AND MAINTENANCE PROJECTS , LAUNCHER ENTREPRENEURSHIP PROGRAM

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number 22-2804785
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN STUART COMSTOCK-GAY PRESIDENT & CEO	(i)	302,078.	20,000.	0.	10,000.	61,495.	393,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOYCE DARLING VP FINANCE AND ADMINISTRAT	(i)	150,500.	0.	0.	7,525.	33,887.	191,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH HENCH EXECUTIVE VP STRATEGIC ENG	(i)	158,750.	0.	0.	7,938.	23,489.	190,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERTA TARPLEY RAFFISH VP COMM. & MKTG	(i)	116,786.	0.	0.	5,839.	41,169.	163,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EVO DIPAOLO VP PHILANTHROPIC SERVICES	(i)	121,042.	0.	0.	6,052.	30,322.	157,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

JOHN STUART COMSTOCK-GAY \$10,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7,090	4,415,206.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

FORM 990, PART VI, SECTION A, LINE 6:

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

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

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

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

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

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

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

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

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDATE HIS OR HER CONFLICT OF INTEREST STATEMENT AND TO BRING TO THE ATTENTION OF THE PRESIDENT ANY POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF CONFLICT OF INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUALLY. AN EMPLOYEE COMPLETES CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT AND RETURNS IT TO THE CHIEF FINANCIAL OFFICER FOR FILING IN THE EMPLOYEE'S PERSONNEL RECORD. ALL BOARD MEMBERS COMPLETE A CERTIFICATE OF COMPLIANCE STATEMENT YEARLY AND SUBMIT TO THE EXECUTIVE ASSISTANT.

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

COMPENSATION IS REVIEWED ANNUALLY FOR THE CHIEF EXECUTIVE OFFICER BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RODEL CHARITABLE FOUNDATION - DE	L	119,018.	ADMIN FEES PAID
(2)			
(3)			
(4)			
(5)			
(6)			

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

DELAWARE COMMUNITY FOUNDATION, INC

EIN or SSN

22-2804785

Name and title of officer or person subject to tax

**JOYCE DARLING
VP-FINANCE & ADMINISTRATION**

Part I Type of Return and Return Information

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

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

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

51070312345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

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

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

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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

Telephone No. **302-504-5251** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

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

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 392,486,239, D Employer identification number 22-2804785, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

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

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (line number, amount).

Part II Tax Computation table with 7 rows and 2 columns (line number, amount).

Part III Tax and Payments table with 4 main rows and sub-rows (1a-1d, 3a-3e, 4) and 2 columns (line number, amount).

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>27,284.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

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

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

Department of the Treasury
Internal Revenue Service

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

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

2024

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

A Name of the organization DELAWARE COMMUNITY FOUNDATION, INC	B Employer identification number 22-2804785
C Unrelated business activity code (see instructions) 900001	D Sequence: 1 of 1

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

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

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

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

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

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

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

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

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number (EIN) 22-2804785
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511) ...	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	6		
7 3-year average annual AFSI (see instructions)	7		

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-1,000.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-1,000.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6