(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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. and ending JUN 30, 2020 Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and ending	JUN 30	0, 2020							
B C	heck if oplicable	C Name of organization DOMESTIC ABUSE PROJECT OF DELAWARE	D Emp	loyer identific	cation number						
	Addres	COUNTY, INC.									
Ē	Name change	Doing business as		3-20531							
	_return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 14 WEST SECOND STREET		610-565-6272							
	terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	2,518,221.						
	Ameno return	MEDIA, PA 19003	H(a) Is	H(a) Is this a group return							
	Application	F Name and address of principal officer: O ULLE AVALUS	for	subordinates	? Yes X No						
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes N											
ΙT	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$			list. (see instructions)						
J۷	Vebsit	e: ▶ WWW.DAPDC.ORG	H(c) Gr	oup exemption	n number 🕨						
K F	orm of	organization; X Corporation	Year of formation	on: 1976 N	1 State of legal domicile: PA						
	rt I	Summary									
	1	Briefly describe the organization's mission or most significant activities: ${ t TO t PREVE}$	NT DOME	ESTIC VI	OLENCE AND						
)Ce		EMPOWER SURVIVORS TO MOVE TOWARDS SELF-SUFFIC									
naı	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25%	6 of its net ass	ets.						
Vel	3	Number of voting members of the governing body (Part VI, line 1a)		3	11						
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			11						
& S		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			40						
iţie		Total number of volunteers (estimate if necessary)			62						
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
Ă		Net unrelated business taxable income from Form 990-T, line 39			0.						
		,		Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		01,762.	2,115,513.						
nue		Program service revenue (Part VIII, line 2g)	_	0.	0.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,690.	-1,674.						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,528.	351,628.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,980.	2,465,467.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,449.	123,373.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1.4	42,291.	1,463,435.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
en	h	Total fundraising expenses (Part IX, column (D), line 25) 70,124.		, ,							
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7:	35,720.	733,620.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,460.	2,320,428.						
		Revenue less expenses. Subtract line 18 from line 12		03,520.	145,039.						
-SS	-10	Trevende 1635 expendes. Gustrast fine 16 from fine 12		Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		31,010.	3,062,559.						
Asse Bal	21	Total liabilities (Part X, line 26)		39,227.	876,817.						
Vet, und	22	Net assets or fund balances. Subtract line 21 from line 20		41,783.	2,185,742.						
	rt II	Signature Block			2/200//220						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements and to	o the hest of my	knowledge and belief it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			Milowicago ana bonon, it io						
ii uo,	001100	t, and complete. Books and or proper of Center than onlost / 10 based on an information of which pro	daror mas arry ki	iowiougo.							
Sigr	,	Signature of officer		Date							
Here		JULIE AVALOS, EXECUTIVE DIRECTOR									
Her	-	Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN						
Paid		WILLIAM A. LOUGHERY WILLIAM A. LOUGHERY	I	/21 self-employ							
Prep		Firm's name CLIFTONLARSONALLEN LLP	V = , 22		41-0746749						
Use		Firm's address 610 W GERMANTOWN PIKE, SUITE 400		I IIIII S LIN	0/40/4/						
JJ6	J.113	PLYMOUTH MEETING, PA 19462		Phone no (2	15) 643-3900						
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		i iiulie iiu. (🔼	X Yes No						
iviay	III CIF	to discuss this return with the preparer shown above: (see instructions)			163 1NU						

	DOMESTIC ABOSE FROUECT OF DELIAWARE		_
		23-2053144	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. X
1	Briefly describe the organization's mission:	()	
	THE MISSION OF THE DOMESTIC ABUSE PROJECT OF DELAWARE COUN		5
	TO WORK TO PREVENT DOMESTIC VIOLENCE AND EMPOWER SURVIVORS	TO MOVE	
	TOWARDS SELF-SUFFICIENCY.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		-1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	ne total expenses, and	a
	revenue, if any, for each program service reported. (Code:) (Expenses \$604,416. including grants of \$123,373.) (Revenue \$		0.
4a	(Code:) (Expenses \$604,416. including grants of \$123,373.) (Revenue \$ SAFE HOUSE: THIS PROGRAM PROVIDES FOOD, CLOTHING AND TEMPO	D N D V	<u> </u>
	EMERGENCY HOUSING FOR SURVIVORS OF DOMESTIC VIOLENCE AND T		
	CHILDREN WHO ARE RENDERED HOMELESS DUE TO DOMESTIC VIOLENCE		
	RANGE OF SUPPORTIVE SERVICES ARE PROVIDED TO ADULTS AND CH)M
	JULY 1, 2019 THROUGH JUNE 30, 2020 THE SAFE HOUSE SERVED A		
	FAMILIES, WHICH INCLUDED 59 ADULTS AND 73 CHILDREN, PROVID		
	OF 8,799 NIGHTS OF SAFE SHELTER TO RESIDENTS. DUE TO THE	ING A TOTAL	,
	SOCIAL-DISTANCING REQUIREMENTS BROUGHT ON BY THE COVID-19	PANDEMIC D	ıΔÞ
	REDUCED ITS SAFE HOUSE OCCUPANCY BY 50% AND BEGAN USING A		
	TO HOUSE CLIENTS THAT WOULD NORMALLY MAKE UP THE REMAINING		
	RESIDENTS.	, pili i lioopi	•
	11D 1 D 11 1 D V		
4b	(Code:) (Expenses \$ 444,629 • including grants of \$ 0 •) (Revenue \$		0.
	COUNSELING SERVICES: THIS PROGRAM PROVIDES FREE SERVICES T		
	OF DOMESTIC VIOLENCE AND/OR THEIR FAMILY MEMBERS WHO HAVE	WITNESSED	
	DOMESTIC VIOLENCE. SERVICES INCLUDE A 24/7, 365 DAYS-A-YEA		
	HOTLINE WHICH IS PROFESSIONALLY STAFFED AT ALL TIMES AND E	ROVIDES	
	SAFETY PLANNING AND REFERRALS TO COMMUNITY RESOURCES FOR A	LL CALLERS.	
	SHORT-TERM COUNSELING IS PROVIDED FREE OF CHARGE TO ALL SU	JRVIVORS	
	AND/OR CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE. GROU	JP THERAPY,	
	FINANCIAL EMPOWERMENT COURSES, AND LONGER-TERM COUNSELING		ιΕ.
	FROM JULY 1, 2019 THROUGH JUNE 30, 2020 THE COUNSELING AND		
	DEPARTMENT SERVED 290 NEW ADULT CLIENTS WITH OVER 4,102 HO		:NT
	INTAKES, CRISIS AND THERAPEUTIC COUNSELING, AND FOLLOW-UP		
	NEW, UNDUPLICATED YOUTH CLIENTS WERE SERVED IN CHILDREN'S		
4c	(Code:) (Expenses \$		0.
	NANA'S ATTIC THRIFT STORE: DAP HAS OPERATED NANA'S ATTIC,		
	BUSINESS, SINCE 2002. IT IS LOCATED IN THE LAWRENCE PARK S		
	CENTER IN BROOMALL. NANA'S ATTIC PROVIDES DAP WITH A SOURCE		
	REVENUE, FUNCTIONS AS AN OUTLET FOR THE MANY DONATIONS REC		.s
	A SOURCE OF ADULT AND CHILDREN'S CLOTHING AND HOUSEHOLD IT		
	RESIDENT CLIENTS. DUE TO THE COVID-19 PANDEMIC, NANA'S ATT		ED
	DURING THE LAST QUARTER OF FISCAL YEAR 2020, RESULTING IN		
	UNRESTRICTED REVENUE AVAILABLE TO COVER FIXED THRIFT STORE		:H
	AS RENT AND SALARIES, AND OTHERWISE UNFUNDED AGENCY OVERH	AD. DAP	
	DECENTION 3 DDD 1033 TV 100T 0000 100T		
	RECEIVED A PPP LOAN IN APRIL 2020 WHICH ALLOWED THE AGENCY	TO MAKE UP)
	RECEIVED A PPP LOAN IN APRIL 2020 WHICH ALLOWED THE AGENCY FOR A PORTION OF LOST THRIFT STORE REVENUE.	TO MAKE UF)
		TO MAKE UF)

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2019)

1,693,242.

4e Total program service expenses ▶

Form 990 (2019) COUNTY, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	X

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Form 990 (2019) COUNTY, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		21	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-51		
UZ.	Coloradialo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(2019)
932004	\$ 01-20-20	rorm	550	(∠U I 9)

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

2a Inter the number of employees reported on Form W/S, Transmittal of Wage and Tax Statements, 2a 40 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _n#e (see Instructions) 3a X b If "ress," has it filed a Form 990 Tor this year? If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year? If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year? If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year? If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year. If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year. If Wo To line 3b, provide an explenation on Schedule O 3b If "ress," in a filed a Form 990 Tor this year. If Wo To line 3b, provide an explenation on Schedule O 3ch If "ress," in a filed a Form 990 Tor this year. If Wo To line 3b, provide an explenation on Schedule O 3ch If "ress," in a filed a Form 990 Tor 14, Report of Foreign Bank and Financial accounts of FBAR; See Was the organization sold on explanation that a was on is a party to a prohibitotic as their transaction at any time during the tax year? 5c If "ress to line 5a or 5b, did the organization file Form 88817." 5c If "ress to line 5a or 5b, did the organization file Form 88817." 5c If "ress to line 5a or 5b, did the organization file Form 88817." 5c If "ress to line 5a or 5b, did the organization file Form 88817." 5c If "ress, "responsible that should be a file organization solicit any contributions." 5c If "ress to line 5a or 5b, did the organization solicit and any contributions." 5c If "ress to line 5a or 5b, did the organization solicit and the organization file organization solicit any contributions under section 170(c). 5c If "ress to line organi					Yes	No					
b If a least one is reported on line 2a, did the organization file all required to e-file (see instructions) Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during they year? 3a X x b If "Yes," has 1 field a Form 90-1 for this year? If 'No' to line 30, provide an explanation on Schedule O 3b A at any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," are the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction and any time during the tax year? 5b Was the organization aparty to a prohibited tax shelter transaction and any time during the tax year? 5c If "Yes" to line 5a or 56, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 56, did the organization that it was or is a party to a prohibited tax shelter transaction or organization aparty orotributions that were not tax deductible as charitable contributions? 6c If "Yes" to line 5a or 56, did the organization file Form 8896-17 6d Does the organization receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d If the organization receive an orthibution of qualified intellectual property, did the organization file a Form 1886-7 7a If the organization engine to entitibution of qualified intellectual property, did the organization file a Form 1886-7 7b If the organization engine to entitibution of a will the organization file a Form 1886-7 7b If the organization engine the organization make any taxable distrib	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e.fig. (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 40								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes", "Instruction for filing requirements for "Mo" to Jim 63, provide an explanation on Schedule O 5b if "Yes", "Instruction for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial account() see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a park to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization that organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line \$a or \$b, did the organization the Form 8886"? 5c If "Yes" to line \$a or \$b, did the organization the Form 8886"? 5c If "Yes to line \$a or \$b, did the organization the Form 8886"? 5c If "Yes to line \$a or \$b, did the organization the Form 8886"? 5c If "Yes to line \$a or \$b, did the organization the organization the organization should with every solicitation an express statement that such contributions orgits were not tax deductible? 5c Organizations that may receive deductible as charitable contributions? 6c If "Yes a did the organization notify the donor of the value of the goods or services provided? 6c If "Yes a did the organization receive a payment in excess of \$5 made partly as a contribution and partly for goods and services provided to the payor? 7c Organizations shall may receive a payment in excess of \$5 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8822 fleed during the year 6d If "Yes," indicate the number of Forms 8822 fleed during the year 7d If the organization received a contribution of qualified intellectual property, did the organization flee Form 1980 or the value of the goods or services (lither organization flee Form 1980) as required? 7d If the organization received an contribution of canadistic studies to the section \$4060 transpare	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X						
b if "Yes," has it filled a Form 990-T for this year? If "Not" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if "Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Uses the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b if "Yes" to line Sa or Sb, did the organization file Form 888817 5c If "Yes," old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b if "Yes," old the organization receive a symmetri nexes of \$15 male party as a contribution on party for goods and services provided to the payor? 5 b if "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 5 c Did the organization receive a symmetri nexes of \$15 male party as a contribution of any and party for goods and services provided to the payor? 7 c Did the organization receive a symmetri nexes of \$15 male party as a contribution of any and party for goods and services provided to the payor? 7 b If we," include the number of Forms \$2822 filed during the year 6 b If the organization received a contribution of an organization file form 8282? 7 c Did the organization received a contribution of an organization file from 8283 as required? 7 b If the organization received a contribution of a contribution of property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	9	Sponsoring organizations maintaining donor advised funds.									
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 15 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 15 Gross income from members or shareholders 11a 15 Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 15 Note: See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Licensed to issue qualified health plans 15 Licensed to issue qualified health plans 16 Licensed to issue qualified health plans 17 License 17 License 18 License 18 License 19 License	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.				IZU							
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c Enter the amount of reserves on hand 13c 14a	b	Enter the amount of reserves the organization is required to maintain by the states in which the									
c Enter the amount of reserves on hand 13c 14a		organization is licensed to issue qualified health plans	13b								
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X					
If "Yes," complete Form 4720, Schedule O.											
	16		income?	16		X					
		If "Yes," complete Form 4720, Schedule O.		_	000	(02:5					

COUNTY, INC. Page 6 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				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
, .	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74						
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
a h	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD						
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>						
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		21				
b		10b						
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 							
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21					
С		12c	Х					
12	in Schedule O how this was done	13	X					
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X					
14	Did the process for determining compensation of the following persons include a review and approval by independent	14	22					
15								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х					
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Λ.					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х				
	taxable entity during the year?	16a		Λ				
D	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	401						
800	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17	List the states with which a copy of this Form 990 is required to be filed PA		01/2/11/1	hlc.				
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	oniy)	avallal	uie				
	for public inspection. Indicate how you made these available. Check all that apply.							
40	Own website 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	iinand	ial					
	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							
	THE ORGANIZATION - 610-565-6272							
	14 WEST SECOND STREET, MEDIA, PA 19063							

Form 990 (2019) 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	an	compensation	compensation	amount of
	week		Cer an	ia a a	recio	ctor/trustee)		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	dualt	ution	<u></u>	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) WILLIAM L. BALDWIN, ESQ.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(2) SEKELA COLES, PH.D., MBA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) KEVIN J. GLOVIAK, CPA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CHIEF THOMAS J. MURRAY, JR.	2.00]								
BOARD MEMBER (END MARCH 2020)		Х						0.	0.	0.
(5) BERNADETTE REILEY	2.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(6) PASTOR JULIA SINGLETON	2.00	J								
BOARD MEMBER		Х						0.	0.	0.
(7) BILL TYSON	2.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(8) LYN B. SCHOENFELD, ESQ.	2.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(9) BARBARA L. POLLARINE	2.00	l								
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) KATHLEEN D. GAVAL, ED.D	2.00	l								
TREASURER		Х		Х				0.	0.	0.
(11) SONIA DEVALERIO, ESQ.	2.00	l		l						
SECRETARY	25.00	Х		Х				0.	0.	0.
(12) KERRY HOGG	35.00	4						FF 66F		043
CONTROLLER	25 00	<u> </u>		Х				55,665.	0.	943.
(13) JULIE AVALOS	35.00	-		,,				47 201		1 777
EXEC. DIR. (START JULY 2019)				Х				47,381.	0.	1,777.
		4								
					\vdash	\vdash				
		1								
	+	-	\vdash	\vdash	\vdash	\vdash				
		1								
		1			-	\vdash				
		1								
		ĺ	I	L	I.	1		1		5 000 (2242)

Part VII Section A. Officers, D		nploy	ees,			ghes	t C						
(A)	(B)		(C) Position					(D)	(E)			(F)	
Name and title	Average hours per		not c	heck i	more	than c		Reportable	Reportable	.		imate	
	week		k, unle: icer ar					compensation	compensatio	- 1		ount (of
	(list any	ţ						from the	organization			other oensa	tion
	hours for	direct				þ			(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(-/		nizati	
	organization	s tinst	nal tru		oyee	om pe					and	relate	ed
	below	ക Individual trustee or director	Institutional trustee	Officer	Key employee	hest o	mer				orga	nizatio	ons
	line)	organization (W-2/1099-MISC) In this little in the properties of											
			1										
			1										
		+	-			\vdash				-+			
1b Subtotal								103,046.		0.	2	2,72	20.
c Total from continuation she							ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								103,046.		0.		2,72	<u> 20.</u>
2 Total number of individuals (incompensation from the organisms)	•	hose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
compensation from the orga	IIIZation											Yes	No
3 Did the organization list any	former officer, director, trus	stee,	key e	empl	ove	e, or	hiq	hest compensated emp	loyee on				
line 1a? If "Yes," complete S	,		•	•	•		•		•		3		Х
4 For any individual listed on li													
and related organizations gre										[4		Х
5 Did any person listed on line													
rendered to the organization	•	ıle J i	for su	ıch p	oers	on .					5		X
Section B. Independent Contract 1 Complete this table for your		ndena	nda	nt cc	ntr	actor	re th	nat received more than [©]	100 000 of comm	enesti	on fro	m	
the organization. Report com									· · · · · · · · · · · · · · · · · · ·	, oi ioaill	J., 110		
Name	(A)	B.T.	○ NTT	7				(B)	onvicos	Co	(C		n
iname	e and business address	N	ONE	<u> </u>			\dashv	Description of s	CI VICES		mpen	SaliOl	-
							4						
							1						
2 Total number of independent	t contractors (including but	not li	mitor	1 +0 +	thoo	o lic	tod	above) who received me	ore than				
2 Total number of independen \$100,000 of compensation fi		IIOL III	e0	. (01	inos (ıeu		DIE UIAH				
	<u></u>									F	orm 9	990 (2019)

Form 990 (2019) COUNTY ,
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Check if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
र र	1	а	Federated campaigns 1a	9,896.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ج و			Fundraising events 1c	3,000.	-			
fs, A				3,000	-			
<u>=</u>			Related organizations 1d	170 060	-			
JS, jim				478,868.	4			
ž ti		f	All other contributions, gifts, grants, and					
p t			similar amounts not included above 1f	623,749.				
j j		g	Noncash contributions included in lines 1a-1f 1g \$	47,656.				
Sol		h	Total. Add lines 1a-1f		2,115,513.			
				Business Code				
_	_	_						
ice	2							
er v		b						
am Ser		С						
an ev		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f	•				
	3	3	Investment income (including dividends, inter-					
	ľ				12,477.			12,477.
			other similar amounts)		14,411.			12,4//•
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)	•				
			Gross amount from sales of (i) Securities	(ii) Other				
	′	а	40.445	. ,	-			
		_	,		-			
-		b	Less: cost or other basis					
Revenue			and sales expenses 7b 27,598.		4			
ver		С	Gain or (loss) 7c -14,151.					
Re		d	Net gain or (loss)	<u></u>	-14,151.			-14,151.
her	8	а	Gross income from fundraising events (not					
d			including \$ 3,000. of					
			contributions reported on line 1c). See					
			Part IV, line 18	2,210.				
					-			
				3,000.	700			700
			Net income or (loss) from fundraising events	_	-790.			-790.
	9	а	Gross income from gaming activities. See	1				
			Part IV, line 19					
		b	Less: direct expenses 9k	3,836.				
		С	Net income or (loss) from gaming activities		10,620.			10,620.
	10	а	Gross sales of inventory, less returns					
		_	3,	360,118.				
		L		18,320.	-			
				•	241 700			2/1 700
		С	Net income or (loss) from sales of inventory		341,798.			341,798.
S				Business Code				
no a	11	а						
ane pur		b						
Miscellaneous Revenue		С						
isc Re			All other revenue					
Σ			Total. Add lines 11a-11d					
		<u>.</u>			2,465,467.	0.	0.	349,954.
	12		Total revenue. See instructions	····· 🚩	<u>µ</u> , 1 00, 1 0/•	1 0.	1 0.	_ J = J , J J = •

Form 990 (2019) COUNTY , INC . Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	(5)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	123,373.	123,373.		
	ndividuals. See Part IV, line 22	123,373.	123,373.		
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	crustees, and key employees	161,731.		161,731.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,033,786.	858,783.	127,633.	47,370
	Pension plan accruals and contributions (include		0007.001		
	section 401(k) and 403(b) employer contributions)	12,552.	10,007.	1.940.	605
	Other employee benefits	166,286.	120,645.	1,940. 38,347.	605 7,294
	Payroll taxes	89,080.	62,406.	22,901.	3,773
	Fees for services (nonemployees):	03,0001	02,1001	22/3011	37773
	Management	22,120.		22,120.	
	_egal	400.	266.	126.	8
	Accounting	103,658.	11,709.	91,484.	465
	Lopping	200,000	2277031	32,1011	
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	3,255.		3,255.	
	Other. (If line 11g amount exceeds 10% of line 25,	3,2331		3,2331	
_	column (A) amount, list line 11g expenses on Sch O.)	65,414.	43,556.	20,110.	1,748.
	Advertising and promotion	33,1223			
	Office expenses	92,675.	63,143.	24,575.	4.957.
	nformation technology	18,454.	12,288.	5,673.	4,957. 493.
	Royalties	- ,	,	- ,	
	Occupancy	175,799.	170,976.	4,545.	278.
	Fravel	- ,	, -	,	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	5,763.	4,495.	1,014.	254.
	nterest	29,343.	24,203.	5,140.	
	Payments to affiliates	•	·		
	Depreciation, depletion, and amortization	80,308.	72,561.	7,038.	709.
	nsurance	52,110.	43,495.	7,712.	903.
a I	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	REPAIRS AND MAINTENANCE	56,840.	47,930.	8,536.	374.
_	PROGRAM SUPPLIES	11,865.	11,425.	2,3001	440.
-	ADMINISTRATIVE FEE	8,534.	6,202.	1,989.	343.
-	CLIENT ASSISTANCE	4,926.	4,926.	-,	
-	All other expenses	2,156.	853.	1,193.	110.
	Fotal functional expenses. Add lines 1 through 24e	2,320,428.	1,693,242.	557,062.	70,124
	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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			246,100.	1	326,519.
	2	Savings and temporary cash investments			50,636.	2	151,353.
	3	Pledges and grants receivable, net			369,717.	3	303,438.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese persoi	ns		5	
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			39,332. 19,324.	8	45,126. 33,921.
¥	9	Duran sid some server and defended by the server			19,324.	9	33,921.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	2,527,751.			
	b	Less: accumulated depreciation	. 10b	585,423.	1,945,645.	10c	1,942,328. 253,578.
	11	Investments - publicly traded securities			253,960.	11	253,578.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	6,296.	15	6,296.		
	16	Total assets. Add lines 1 through 15 (must ed			2,931,010.	16	3,062,559.
	17	Accounts payable and accrued expenses	110,145.	17	86,603.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ja;		controlled entity or family member of any of the			770 000	22	FF0 0F0
_	23	Secured mortgages and notes payable to unre			779,082.	23	558,059. 232,155.
	24	Unsecured notes and loans payable to unrelate				24	434,133.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	,	·		05	
	06	of Schedule D		·····	889,227.	25 26	876,817.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook boro	N Y	005,227.	20	070,017.
S		and complete lines 27, 28, 32, and 33.	neck nere				
nce	27	• • • • • • • • • • • • • • • • • • • •			2,015,093.	27	2,079,236.
ala	28				26,690.	28	106,506.
ē	20	Organizations that do not follow FASB ASC		ok here	20,030.	20	100,5001
필		and complete lines 29 through 33.	330, Cliec	K liefe			
<u></u>	29	Capital stock or trust principal, or current fund	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			Other fullus	2,041,783.	32	2,185,742.
z	33	Total liabilities and net assets/fund balances			2,931,010.	33	3,062,559.
	_ 55	Total habilities and flet assets/fully balafices			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 55	Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

DOMESTIC ABUSE PROJECT OF DELAWARE **Employer identification number** Name of the organization COUNTY INC 23-2053144 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1630061.	1957263.	2483231.	2301762.	2115513.	10487830.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	1630061.	1957263.	2483231.	2301762.	2115513.	10487830.					
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)						206,509.					
	Public support. Subtract line 5 from line 4.						10281321.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
7	Amounts from line 4	1630061.	1957263.	2483231.	2301762.	2115513.	10487830.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	3,437.	3,970.	14,959.	9,690.	12,477.	44,533.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on				3,702.	352,418.	356,120.					
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)			24,221.	11,826.		36,047.					
11	Total support. Add lines 7 through 10						10924530.					
12	Gross receipts from related activities,	•	,			12						
13	First five years. If the Form 990 is for	~			•							
<u>C</u>	organization, check this box and stor	here					>					
	ction C. Computation of Publi						0.4.11					
14	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	94.11 %					
15	Public support percentage from 2018					15	97.78 %					
16a	33 1/3% support test - 2019. If the c	_					. 37					
	stop here. The organization qualifies		•		li 45 i- 00 4 /00/							
b	33 1/3% support test - 2018. If the contract the support test - 2018 is the contract t											
47-	and stop here. The organization qual		•		12 160 0 160 0							
17a	10% -facts-and-circumstances test	-										
	and if the organization meets the "fac		Ť	•		· ·						
L	meets the "facts-and-circumstances"	-	•	*	-	7a, and line 15 is						
a	10% -facts-and-circumstances test	_										
	more, and if the organization meets the organization meets the "facts-and-circ		·				. —					
10	•			•	,							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 100, 17a, 01 17b	, check this box at	iu see iristructions	· 🖊 🗀					

Schedule A (Form 990 or 990-EZ) 2019

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	Ow, picase com	picto i ait ii.j				
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2013	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) Total
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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 five years. If the Form 990 is for t	•			•	. , . ,	
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2019 (lin					15	9/
Public support percentage from 2018 S					16	9
Section D. Computation of Invest					T .= T	
Investment income percentage for 201					17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c	-	-		•		
line 18 is not more than 33 1/3%, checl	k this box and s	top here. The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	▶

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	U		
	7		
	8		
	O		
	9a		
	Ωh		
	9b		
	9с		
	40-		
	10a		
	10b		
, a	90 or 99	0-F7	2019

	t IV Supporting Organizations (continued)		<u> </u>	age o
	Continued)		V	NI.
	Has the considering a second of a 1th annual the time for a second the fall and a second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution Touch Account (a) and (b) by least	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

_	dule A (Form 990 or 990-EZ) 2019 COUNTY, INC.			23-2053144 Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount	1	I	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
c	From 2016			
<u>d</u>	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4 tion D, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	b, 9c, 11a, 11b, an E, lines 1c, 2a, 2b,	d 11c; Part IV, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
SCHEDULE A, PART	II, LINE	10, EXPL	ANATION FO	R OTHER	INCOME:
MISCELLANEOUS IN	COME				
2017 AMOUNT: \$	24,221.				
2018 AMOUNT: \$	3,111.				
INSURANCE CLAIM					
2018 AMOUNT: \$	8,715.				
-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC.

Employer identification number 23-2053144

	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.					
		(a) Donor advise	d funds	(b)	Funds and	other acco	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets he	d in donor advise	ed funds			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?				Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be i	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose of	conferring			
_	impermissible private benefit?					Yes	No
Pa			s" on Form 990, F	Part IV, lin	e 7.		
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	1				
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of	a historic	ally import	ant land are	a
	Protection of natural habitat		Preservation of	a certified	d historic s	tructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form o	of a conse			
	day of the tax year.				Held a	t the End of t	he Tax Year
а					2a		
b				·····	2b		
С	Number of conservation easements on a certified historic str				2c		
d	Number of conservation easements included in (c) acquired a	•					
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or to	erminated by the	organizat	ion during	the tax	
	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per	•	,				
_	violations, and enforcement of the conservation easements in	***************************************				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, an	d enforcing cons	ervation e	asements	during the y	/ear
_	<u> </u>						
	Anna contrat at a company and a company in a	ulling of ciploticus and cut		.:			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	orcing conservat	ion easen	nents durir	ng the year	
	▶ \$				nents durir	ng the year	
8	▶ \$ Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(h	n)(4)(B)(i)			□ No.
8	▶ \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirement	s of section 170(h	n)(4)(B)(i)		ng the year Yes	☐ No
	▶ \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	ve satisfy the requirement	s of section 170(h ue and expense	n)(4)(B)(i) statemen	t and	Yes	☐ No
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footen	ve satisfy the requirement	s of section 170(h ue and expense	n)(4)(B)(i) statemen	t and	Yes	☐ No
9	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements.	ve satisfy the requirement ion easements in its reven	s of section 170(h ue and expense financial stateme	n)(4)(B)(i) statement ents that c	t and lescribes t	Yes he	□ No
9	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footen organization's accounting for conservation easements. III Organizations Maintaining Collections of	ve satisfy the requirement ion easements in its reven note to the organization's	s of section 170(h ue and expense financial stateme	n)(4)(B)(i) statement ents that c	t and lescribes t	Yes he	□ No
8 9 Pa i	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	ion easements in its reven note to the organization's f Art, Historical Treat n 990, Part IV, line 8.	ue and expense financial stateme	statement ents that c	t and lescribes th	Yes	□ No
8 9 Pa i	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	we satisfy the requirement ion easements in its reven note to the organization's f Art, Historical Trea n 990, Part IV, line 8.	s of section 170(h ue and expense financial stateme asures, or Oth	statement ents that control balance	t and lescribes the standard Association in the standard A	Yes	□ No
8 9 Pa i	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. † III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	ve satisfy the requirement ion easements in its reven note to the organization's fart, Historical Tream 990, Part IV, line 8.	ue and expense financial statement around statement aroun	statement ents that controlled the statement her Simulation and balance of the statement of	t and lescribes the standard Association in the standard A	Yes	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pulservice, provide in Part XIII the text of the footnote to its final	ve satisfy the requirement ion easements in its reven note to the organization's fart, Historical Tream 990, Part IV, line 8. 58, not to report in its reven blic exhibition, education, notal statements that description.	ue and expense financial statemes asures, or Otlunue statement are or research in fucribes these item.	statements that coher Simulation balance statements statements that coher simulation balance statements statem	t and lescribes the standard Association of public	Yes he ets.	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95	ion easements in its revenue to the organization's f Art, Historical Tream 1990, Part IV, line 8. s, not to report in its revenue to the organization's	ue and expense financial statement and or research in fucribes these items statement and between the statement and between	statement ents that control balance rtherance s.	t and lescribes the sheet works	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pulservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for publications are provided in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for publications.	ion easements in its revenue to the organization's f Art, Historical Tream 1990, Part IV, line 8. s, not to report in its revenue to the organization's	ue and expense financial statement and or research in fucribes these items statement and between the statement and between	statement ents that control balance rtherance s.	t and lescribes the sheet works	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pulservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	ion easements in its revenue to the organization's f Art, Historical Tream 990, Part IV, line 8. 58, not to report in its revenue to exhibition, education, incial statements that descriptions, education, or exhibition, education, or exhibition, education, or	ue and expense financial statement are or research in further statement and by research in further statement and by research in furth	statement ents that control balance ritherance s. palance sherance of	it and describes the describes	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ion easements in its revenue to the organization's fart, Historical Tream 990, Part IV, line 8. 58, not to report in its revenue cexhibition, education, notal statements that descent to report in its revenue cexhibition, education, or	ue and expense financial statemed asures, or Otionue statement and or research in fucribes these items statement and be research in furth	statement ents that contents that contents that contents that contents that contents that contents the conten	it and describes to describes t	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ion easements in its revenue to the organization's f Art, Historical Trea n 990, Part IV, line 8. 58, not to report in its revenue cexhibition, education, or exhibition, education, or exhibition, education, or exhibition, education, or	ue and expense financial statemed asures, or Otionue statement and or research in fucribes these items statement and be research in furth	statement ents that contents that contents that contents that contents that contents the conten	t and lescribes to lilar Ass e sheet wo of public leet works public ser \$ \$	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trees.	ion easements in its revenence to the organization's fart, Historical Tream 990, Part IV, line 8. 58, not to report in its revenence exhibition, education, incladed statements that described to report in its revenuence exhibition, education, or exactly as a saures, or other similar as a saures.	ue and expense financial statement are or research in further statement and bresearch	statement ents that contents that contents that contents that contents that contents the conten	t and lescribes to lilar Ass e sheet wo of public leet works public ser \$ \$	Yes he ets. orks	□ No
9 Par	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footrorganization's accounting for conservation easements. Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ion easements in its revenence to the organization's f Art, Historical Trea 1990, Part IV, line 8. 58, not to report in its revenence exhibition, education, incial statements that descend to report in its revenue exhibition, education, or exhibition, education, or exhibition, education, or exhibition education, or exhibition education exhibition education exactly statements.	ue and expense financial statemed asures, or Otlemue statement and or research in furthestatement and be research in furthestatement and be research in furthessets for financial fitems:	statements that control balance sherance of gain, pro	t and lescribes to lilar Ass e sheet wo of public leet works public ser \$ \$	Yes he ets. orks	□ No

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C		t. Histo	orical Tre	asures o	r Other			3 / a a matical		ige Z
	Using the organization's acquisition, accessi								(continu	<u>iea)</u>	
3	• • • • • • • • • • • • • • • • • • • •	on, and other records	s, crieck	any or the i	ollowing that	IIIake Si	igrillicarit u	ise oi its			
_	collection items (check all that apply): Public exhibition			l aan ar ava	banga progra						
a		d			hange progra						
b	Scholarly research	е	'	Other							
C	Preservation for future generations			a £4la a 4la				a ia Daut	VIII		
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o								7		1
Dar	to be sold to raise funds rather than to be material Escrow and Custodial Arrangement								_ Yes		No
i ai	reported an amount on Form 990, Pal		ete ii the	organizatio	n answered	Yes" on	Form 990	, Part IV,	line 9, or		
			ion efor e		- or other con	oto not i	inaludad				
та	Is the organization an agent, trustee, custodi								7 v		1
	on Form 990, Part X?							∟	」Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing t	able:					A		
	De abouto a balance						4.		Amount		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f	Ending balance								7 ٧		1
	Did the organization include an amount on Fo						ıty?		_ Yes		│ No ┐
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
ı uı	Endownient i dilds: Complete							aara baak	(a) Four	uooro l	
4.	Danisaria a of consultation of	(a) Current year	(D) H	rior year	(c) Two year	S Dack	(d) Three y	ears back	(e) Four	years i	<u> заск</u>
1a	Beginning of year balance				-						
b	Contributions				-						
С	Net investment earnings, gains, and losses										—
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	, ,	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are held ar	nd administer	ed for th	ie organiza	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book	value)
		basis (investn	nent)		(other)	de	preciation	\perp			
1a	Land				6,000.				136	,00	0.
b	Buildings			2,30	5,682.	•	499,35	4.	1,806	, 32	<u> </u>
С	Leasehold improvements										
d	Equipment			8	6,069.		86,06	59.			0.
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	Y colun	n (R) line 1	00.1				1,942	.32	28.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 COUNTY, INC	BUSE PROJECT O	F DELAWARE	23-2053144 Page
Part VII Investments - Other Securities.	<u>* • </u>		23 2033144 Fage
Complete if the organization answered "Yes"	on Form 900 Part IV line	11h Soo Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
	(b) Book value	(e) meaned of valuations ever	or one or your marker value
(2) Closely held equity interests			
(3) Other	+		
(A)	+		
(B)			
(C)	+		
(D)	+		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> 1</u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>ıe 15.) </u>		🖊
	on Form 000 Dort IV line	11a av 11f Caa Farm 000 Dart V li	no 05
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	Tie or Tii. See Form 990, Part X, III	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2019

(6) (7) (8)

	20112211	, 11000	11100101	O-1	
Schedule D (Form 990) 2019	COUNTY,	INC.			

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.			
1	Total revenue, gains, and other support per audited financial statements			1	2,424,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-1,080.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,080.
3	Subtract line 2e from line 1			3	2,426,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,255.		
b	Other (Describe in Part XIII.)	. 4b	36,151.		
С	Add lines 4a and 4b			4c	39,406.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,465,467.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,281,022.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	8,505.		
е	Add lines 2a through 2d			2e	8,505.
3	Subtract line 2e from line 1			3	2,272,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,255.		
b	Other (Describe in Part XIII.)	4b	44,656.		
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		•	4c	47,911. 2,320,428.

| Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THERE IS NO PROVISION

FOR INCOME TAXES. THE AGENCY IS NOT AWARE OF ANY ACTIVITIES THAT WOULD

JEOPARDIZE ITS TAX-EXEMPT STATUS OR ANY ACTIVITIES THAT ARE SUBJECT TO TAX

ON UNRELATED BUSINESS INCOME TAX.

THE AGENCY FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE
RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION
AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 COUNTY, INC.	23-2053144 Page 5
Part XIII Supplemental Information (continued)	
RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION	OF THIS
STANDARD HAD NO IMPACT ON THE AGENCY'S FINANCIAL STATEMENTS	. THE AGENCY'S
INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY	FEDERAL AND
STATE AUTHORITIES.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF FIXED ASSEST	-6,344.
GAMING EVENT DIRECT EXPENSES	-2,161.
NONCASH CONTRIBUTIONS RECEIVED	44,656.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	36,151.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF FIXED ASSET	6,344.
GAMING EVENT DIRECT EXPENSES	2,161.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,505.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NONCASH CONTRIBUTIONS DISTRIBUTED	44,656.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 the latest information.

DOMESTIC ABUSE PROJECT OF DELAWARE

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

COUNTY,	INC.						23-2053144
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	s to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's p	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	=				anization answered "Y	es" on Form 990, Part l	V, line 21, for any
recipient that received more than		1	T -		(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table		•		>
3 Enter total number of other organization	-	-					

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

Page 2

Schedule I (Form 990) (2019)

Part W Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. SCHEDULE I, PART III: CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.	(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
104 0. 44,656. RETAIL VALUE ITEMS	RELOCATION EXPENSES FOR CLIENTS LEAVING ABUSIVE SITUATIONS	30	78,717.	0.		
SCHEDULE I, PART III: CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.		104	0.	44,656.	RETAIL VALUE	CLOTHING, FOOD, AND HOUSEHOLD
SCHEDULE I, PART III: CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.						
SCHEDULE I, PART III: CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.						
SCHEDULE I, PART III: CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.						
CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.	Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
CLIENT MUST BE A CURRENT DAP CLIENT OR A CURRENT SHELTER CLIENT. CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.	SCHEDULE I, PART III:					
CLIENT MUST BE COMING FROM AN ABUSIVE SITUATION AND NEEDS TO EXHAUST ALL OTHER OPTIONS FOR SAFE HOUSING.		ייי אר א פון	DDFNT CHFI	THE CLIENT	1	
ALL OTHER OPTIONS FOR SAFE HOUSING.	CHIMI MOOT DE A CORRENT DAT CHIEF	VI ON A CO	KKLINI DIILI	JIER CEIENI	•	
ALL OTHER OPTIONS FOR SAFE HOUSING.	CLITENE WILLIAM DE CONTNO EDON AN ADUC	TTTE GIMILA	MION AND A		II A II CITI	
			TION AND I	NEEDS TO EX	HAUST	
CLIENT NEEDS TO MEET WITH A DAP COUNSELOR AND COMPLETE THE APPLICATION	ALL OTHER OPTIONS FOR SAFE HOUSING	} .				
CHIENT NEEDS TO MEET WITH A DAT COONDEDOK AND CONTINE THE ATTECATION	CITEME NEEDS TO MEET WITH A DAD CO	NINGELOR A	ND COMPLET	PE THE ADDI.	тсаттом	
FOR RELOCATION FUNDS.		ONDEDON A	MD COMITIES	IIID AFFD	TOATION	

Part IV | Supplemental Information

CLIENT NEEDS TO COMPLETE A CHECKLIST OF INFORMATION REQUIRED RELATING
TO PERSONAL INFORMATION AND INCOME.

AFTER REVIEW OF APPLICATION AND CHECKLIST INFORMATION PROVIDED, THE
COUNSELOR WILL INFORM CLIENT OF APPROVAL OR NON-APPROVAL OF RELOCATION

FUNDS.

THE APPLICATION AND APPROVAL RECOMMENDATION IS GIVEN TO THE EXECUTIVE DIRECTOR FOR ADDITIONAL REVIEW AND FINAL APPROVAL.

THE COUNSELOR WILL THEN CONTACT THE PROPOSED LANDLORD AND REQUEST THE

REQUIRED INFORMATION (W-9 FORM, PROOF OF OWNERSHIP OF PROPERTY AND COPY

OF LEASE APPLICATION) ON THE CHECKLIST.

WHEN ALL INFORMATION FROM BOTH THE CLIENT AND LANDLORD IS REVIEWED AND

APPROVED, THE COUNSELOR WILL REQUEST A RELOCATION CHECK, PROVIDING A

COPY OF THE W-9 AND THE AMOUNT OF THE REQUEST. ALL OTHER CLIENT

INFORMATION REMAINS CONFIDENTIAL AND IS NOT PROVIDED WITH REQUEST.

PAYMENT IS MADE TO THE LANDLORD DIRECTLY. THE CHECK IS SIGNED BY THE EXECUTIVE DIRECTOR AND EITHER THE BOARD PRESIDENT OR TREASURER.

AT THE END OF THE MONTH, ALL RELOCATION FUNDS EXPENDED ARE BILLED BACK

TO PENNSYLANIA COALITION AGAINST DOMESTIC VIOLENCE WITH THE MONTHLY

INVOICE, ALONG WITH THE REQUIRED INFORMATION ON HOW MANY INDIVIDUALS

RECEIVED THE FUNDS AND THE AMOUNTS TO EACH.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

DOMESTIC ABUSE PROJECT OF DELAWARE

COUNTY, INC. Employer identification number 23-2053144

Par	t I Types of Property					I			
		(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 amour			ts
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X			1,650.	RETAIL	VALUE		
5	Clothing and household goods	X				RETAIL			
6	Cars and other vehicles				•				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
19	Food inventory	Х	37		6,304.	RETAIL	VALUE		
20	Drugs and medical supplies								
21	Taxidermy								
22									
23									
24	Archeological artifacts								
25	Other (TOILETRIES)	Х	48	1	3,800.	RETAIL	VALUE		
26	Other (GIFT CARDS)	Х	174			FACE VA			
27	Other (HOLIDAY)	Х	4			RETAIL			
28	Other (FUNDRAISING G)	Х	1			RETAIL			
29	Number of Forms 8283 received by the organization		the tax vear for c						
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement					0)		
		,, -		,				Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. li	nes 1 throug	h 28. that it			
	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period?				30)a	Х		
b	b If "Yes," describe the arrangement in Part II.								
31					3	1 X			
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					- 	_		
JEU						X			
h	b If "Yes," describe in Part II.								
33									
	describe in Part II.								
I HA									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
TOYS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 12
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE
DIAPERS AND FORMULA
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 14
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1026.
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC.

Employer identification number 23-2053144

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WHERE 316 SESSIONS (632 HOURS) OF THERAPY WERE PROVIDED. APPROXIMATELY 3,936 HOTLINE CALLS WERE RECEIVED AND RESPONDED TO; 24 OF WHICH WERE LETHALITY ASSESSMENT PROGRAM (LAP) CALLS. ALTHOUGH DAP HAS SEEN FEWER COUNSELING CLIENTS IN-PERSON AT ITS OFFICE DURING THE COVID-19 THE AGENCY HAS CONTINUED PROVIDING COUNSELING AND ADVOCACY SERVICES THROUGH ZOOM AND TELEPHONE SESSIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEGAL ADVOCACY AND LEGAL REPRESENTATION: SERVICES INCLUDE ASSISTANCE WITH FILING TEMPORARY PROTECTION FROM ABUSE ORDERS, LEGAL OPTIONS COUNSELING, CIVIL COURT ACCOMPANIMENT, DISTRICT COURT ACCOMPANIMENT APPEAR AT THE ABUSER'S CRIMINAL PROCEEDINGS) AND ASSISTANCE IN FILING FOR CRIME VICTIMS' COMPENSATION. FOR NO CHARGE, DAP PROVIDES VICTIMS OF DOMESTIC VIOLENCE LEGAL REPRESENTATION AT FINAL PFA HEARINGS ASSISTANCE WITH U-VISA PETITIONS, AND REFERRALS FOR REPRESENTATION. 2019-2020, DAP LEGAL STAFF PROVIDED DOMESTIC ABUSE LEGAL COUNSELING SERVICES TO 490 NEW VICTIMS, DOCUMENTED 150 HOURS OF COURT ACCOMPANIMENT AND ADVOCACY TO VICTIM'S FAMILIES AND ASSISTED 125 VICTIMS WITH FILING FINAL PFA ORDERS. ALTHOUGH FEWER CLIENTS CAME TO DAP'S OFFICE FOR LEGAL SERVICES DUE TO THE COVID-19 PANDEMIC, DAP'S LEGAL STAFF CONTINUED TO SERVE CLIENTS THROUGH ZOOM AND TELEPHONE CALLS. ONCE COURTS REOPENED, DAP STAFF CONTINUED ACCOMPANYING CLIENTS TO PFA HEARINGS. EXPENSES \$ 226,680. INCLUDING GRANTS OF \$ 0. REVENUE S

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization DOMESTIC ABUSE PROJECT OF DELAWARE 23-2053144

OUTREACH AND AWARENESS: SERVICES INCLUDE GROUP EDUCATION ON THE

DYNAMICS OF DOMESTIC VIOLENCE AND ITS IMPACT ON CHILDREN, VICTIMS'

RIGHTS AND RESOURCES AVAILABLE, SYSTEMS TRAINING AND RESPONSE, AS WELL

AS GENERAL COMMUNITY AWARENESS THROUGH MATERIAL DISTRIBUTION, TABLE

SETTINGS, AND COMMUNITY PRESENTATIONS. THROUGH SOCIAL MEDIA EFFORTS AND

IN-PERSON EDUCATION GROUPS, DAP'S COMMUNITY OUTREACH STAFF PROVIDED 144

EDUCATIONAL AND PREVENTION PROGRAMS FROM JULY 1, 2019 THROUGH JUNE 30,

2020, REACHING OVER 16,100 PARTICIPANTS THROUGHOUT DELAWARE COUNTY.

ALTHOUGH THE COVID-19 PANDEMIC REDUCED DAP OUTREACH AND COMMUNITY

AWARENESS STAFF'S ABILITY TO PROVIDE IN-PERSON PROGRAMMING, SERVICES

CONTINUED THROUGH ONLINE PLATFORMS SUCH AS ZOOM AND FACEBOOK LIVE.

EXPENSES \$ 107,255. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE BOARD PRESIDENT, VICE

PRESIDENT, TREASURER AND SECRETARY. THE EXECUTIVE COMMITTEE SHALL BE

AUTHORIZED TO ACT FOR THE BOARD BETWEEN ITS REGULAR MEETINGS. THE EXECUTIVE

COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF

THE BOARD IN THE MANAGEMENT OF THE CORPORATION, EXCEPT TO SELL REAL

PROPERTY OF THE CORPORATION; ELECT OR REMOVE THE EXECUTIVE DIRECTOR,

OFFICERS OR DIRECTORS; ADOPT, AMEND OR REPEAL THE BYLAWS; AMEND OR REPEAL

ANY RESOLUTION OF THE BOARD; OR ACT ON MATTERS COMMITTED BY THE BYLAWS OR

BY RESOLUTION OF THE BOARD TO ANOTHER COMMITTEE OF THE BOARD. ALL ACTS OF

THE EXECUTIVE COMMITTEE MUST BE REPORTED AT THE NEXT PROPERLY CALLED

MEETING OF THE BOARD.

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

THE FORM 990 IS REVIEWED IN DETAIL AND APPROVED BY DAP'S BOARD OF DIRECTORS
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC. Employer identification number 23-2053144

PRIOR TO THE DOCUMENT'S SUBMISSION TO THE IRS.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS AND OFFICERS, AS
WELL AS ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF DAP. POTENTIAL
CONFLICTS ARE REPORTED TO THE EXECUTIVE DIRECTOR, THE BOARD PRESIDENT, OR A
MEMBER OF THE EXECUTIVE COMMITTEE. THE BOARD DETERMINES WHETHER A CONFLICT
EXISTS AND IF MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL
CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST,
FAIR AND REASONABLE TO DAP. AT ALL TIMES, ACTION MUST BE TAKEN IN
ACCORDANCE WITH THE BYLAWS OF DAP. OTHERWISE, THE DECISION OF THE BOARD ON
THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE
THE WELFARE OF DAP AND THE ADVANCEMENT OF ITS PURPOSE. ANNUAL DISCLOSURE OF
ACTUAL AND POTENTIAL CONFLICTS IS REQUIRED.

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

THE EXECUTIVE COMMITTEE LOOKS AT 990S OF ORGANIZATIONS WITH SIMILAR BUDGETS

AND STAFFING SIZE TO DETERMINE COMPARABLE COMPENSATION. THE EXECUTIVE

COMMITTEE OF THE BOARD PROPOSES COMPENSATION RANGE TO THE FULL BOARD OF

DIRECTORS FOR APPROVAL. ONLY WITH FULL BOARD APPROVAL CAN SALARY BE OFFERED

OR ADJUSTED.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.