

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>BUCKS COUNTY OPPORTUNITY COUNCIL, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>100 DOYLE STREET</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>DOYLESTOWN, PA 18901</b><br><b>F</b> Name and address of principal officer: <b>ERIN A. LUKOSS</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>23-6406222</b><br><b>E</b> Telephone number<br><b>215-345-8175</b><br><b>G</b> Gross receipts \$ <b>8,843,364.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ <b>WWW.BCOC.ORG</b>  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>PA</b>   |

**Part I Summary**

|                                    |                |  |  |   |
|------------------------------------|----------------|--|--|---|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO REDUCE POVERTY AND PARTNER WITH OUR COMMUNITY TO PROMOTE ECONOMIC SELF-SUFFICIENCY.</b> |  |   |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |   |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>18</b>                               |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>18</b>                               |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>   | <b>45</b>                               |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>2846</b>                             |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                               |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 39   | <b>7b</b>  | <b>0.</b>                               |
|                                    | <b>Revenue</b> | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br><b>6,973,914.</b>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)   | <b>0.</b>  | <b>0.</b>                               |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>991.</b>  | <b>2,371.</b>                           |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>47,563.</b>   | <b>51,989.</b>                          |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>7,022,468.</b>  | <b>8,843,364.</b>                       |
| <b>Expenses</b>                    |                | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>3,788,160.</b>                       |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  | <b>0.</b>                               |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>2,071,406.</b>  | <b>2,386,317.</b>                       |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  | <b>0.</b>                               |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>118,019.</b>  |  |   |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>740,547.</b>  | <b>706,012.</b>                         |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>6,600,113.</b>  | <b>8,298,889.</b>                       |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12   | <b>422,355.</b>  | <b>544,475.</b>                         |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>2,298,855.</b>            | <b>End of Year</b><br><b>3,193,539.</b> |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)  | <b>406,785.</b>  | <b>753,718.</b>                         |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   | <b>1,892,070.</b>  | <b>2,439,821.</b>                       |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |  |                                 |   |                          |
|-------------------------------|--|--|---------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>ERIN A. LUKOSS, EXECUTIVE DIRECTOR</b><br>Type or print name and title                                  | Date   |                                 |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>WILLIAM A. LOUGHERY</b>   | Preparer's signature<br><b>WILLIAM A. LOUGHERY</b> | Date<br><b>04/14/21</b>         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01603932</b> |
|                               | Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b><br>Firm's address ▶ <b>610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462</b> | Firm's EIN ▶ <b>41-0746749</b>                     | Phone no. (215) <b>643-3900</b> |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO REDUCE POVERTY AND PARTNER WITH OUR COMMUNITY TO PROMOTE ECONOMIC SELF-SUFFICIENCY. OUR VISION IS TO ELEVATE THE AWARENESS OF POVERTY, AND TO CREATE AND LEAD PARTNERSHIPS TO MAKE OUR COMMUNITY A "BRIDGES OUT OF POVERTY" COMMUNITY. (CONTINUED ON SCH. O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,526,151. including grants of \$ 2,453,748. ) (Revenue \$ 34,792. )

FOOD PROGRAM:

THE FOOD PROGRAM GARNERS THE SUPPORT OF THE ENTIRE COMMUNITY OF BUCKS COUNTY INCLUDING BUSINESSES, FARMING, AGRICULTURE, EDUCATION, UNITED WAY, PRIVATE DONORS, AND COUNTY GOVERNMENT TO PROVIDE AMPLE NUTRITIOUS FOOD TO LOW INCOME INDIVIDUALS AND FAMILIES IN BUCKS COUNTY THROUGH OVER 69 FOOD DISTRIBUTION SITES. IN FY20, MORE THAN 83,000 VISITS WERE MADE TO THE FOOD NETWORK BY FAMILIES IN NEED. THROUGH OUR COMMUNITY COLLABORATIONS, WE GREATLY INCREASED THE AMOUNTS OF FRESH PRODUCE BEING DISTRIBUTED TO PEOPLE IN NEED IMPROVE THE HEALTH AND WELL-BEING OF THE LOW INCOME COMMUNITY.

4b (Code: ) (Expenses \$ 2,631,831. including grants of \$ 2,202,059. ) (Revenue \$ 0. )

EMERGENCY SERVICES PROGRAM:

THE EMERGENCY SERVICES PROGRAM INCLUDES RAPID REHOUSING AND HOMELESS PREVENTION ASSISTANCE AS WELL AS UTILITY ASSISTANCE IN PARTNERSHIP WITH MULTIPLE ENTITIES THROUGHOUT BUCKS COUNTY. WE ASSIST OVER 1,000 HOUSEHOLDS ANNUALLY THROUGH EMERGENCY PROGRAMS. THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA), ASSISTS LOW TO MODERATE INCOME HOUSEHOLDS BY PREPARING TAX RETURNS FOR FREE AND ELIMINATING THE COST BURDEN OF ANNUAL FILING. THIS PROGRAM CLOSES THE INCOME GAP THAT FAMILIES EXPERIENCE THROUGHOUT THE YEAR BY MAXIMIZING REFUNDS THROUGH EARNED INCOME TAX CREDITS. MORE THAN 1,400 RETURNS ARE COMPLETED ANNUALLY.

4c (Code: ) (Expenses \$ 779,461. including grants of \$ 118,600. ) (Revenue \$ 13,392. )

ECONOMIC SELF-SUFFICIENCY PROGRAM:

THE ECONOMIC SELF-SUFFICIENCY (ES) PROGRAM IS THE CORE PROGRAM OF THE OPPORTUNITY COUNCIL AND IS AT THE HEART OF THE MISSION. THE ES PROGRAM REQUIRES MULTIPLE PARTNERSHIPS, COLLABORATIONS, AND BOTH PUBLIC AND PRIVATE FUNDING TO BE EFFECTIVE AND EFFICIENT. WHILE ALL OF OUR PROGRAMS CONTRIBUTE TO A MORE STABLE COMMUNITY, THIS PROGRAM HELPS PEOPLE LEAVE POVERTY, PERMANENTLY AND THRIVE IN THE COMMUNITY. 359 HOUSEHOLDS HAVE GRADUATED FROM THE PROGRAM SINCE 1997 WITH AN AVERAGE INCREASE OF INCOME OF OVER \$33,000 ANNUALLY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 683,376. including grants of \$ 432,153. ) (Revenue \$ 0. )

4e Total program service expenses 7,620,819.

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

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | X   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....   |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 215-345-8175
100 DOYLE STREET, DOYLESTOWN, PA 18901

**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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) NATASHA R. BROCKINGTON<br>DIRECTOR                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) DEBORAH A. DOWNEY<br>DIRECTOR                        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) SHANE FITZGERALD<br>DIRECTOR                         | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) AMY M. GABLER<br>DIRECTOR                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) JACOB A. IAMPIETRO<br>DIRECTOR                       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) WARREN C. LEVY<br>DIRECTOR                           | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) ALAYNA M. LOPEZ<br>DIRECTOR                          | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) CHRISTOPHER S. MAHONEY<br>DIRECTOR                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) JEFFREY J. MARTINIDES<br>DIRECTOR                    | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) TIM MCCANN<br>DIRECTOR                              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JANICE S. MCCracken ERKES<br>DIRECTOR               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) AMY MOYER<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) CHARLES J. QUATTRONE, JR.<br>DIRECTOR               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) ROGER E. RIEDLEY<br>DIRECTOR                        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) MICHAEL W. MILLS<br>CHAIR JUN 2020; VICE-CHAIR      | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (16) KERRY L. SHEPHERD<br>VICE-CHAIR JUN 2020; TREASURER | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (17) NIKKI MATTHEWS<br>SECRETARY                         | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) CONSTANCE M. FURMAN<br>TREASURER JUN 2020; DIRECTOR       | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (19) TOBIAS BRUHN<br>CHAIR TO JUN 2020                         | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (20) ERIN A. LUKOSS<br>EXECUTIVE DIRECTOR                      | 40.00<br>1.00   |   |                       | X       |              |                              |        | 115,098.   | 0.  | 3,738.  |
| (21) SARAJANE K. HAMILTON<br>CHIEF FINANCIAL OFFICER           | 40.00<br>1.00   |   |                       | X       |              |                              |        | 88,966.  | 0.  | 12,280.   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 204,064.   | 0.  | 16,018.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 204,064.   | 0.  | 16,018.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| RAY P. LITWIN HEATING & A/C INC.<br>6031 WARD LANE, LEVITTOWN, PA 19057 | WEATHERIZATION CONTRACTOR      | 224,013.            |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

|   |   |               | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |               | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns  | <b>1a</b>     |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>     |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>     |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>     |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>     | 4,866,388.     |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>     | 3,922,616.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>     | \$2,618,836.   |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |               | 8,789,004.     |                                    |                            |  |  |
| Program Service Revenue   | <b>2 a</b>  | Business Code |                |                                    |                            |  |  |
|   | <b>b</b>  |               |                |                                    |                            |  |  |
|   | <b>c</b>  |               |                |                                    |                            |  |  |
|   | <b>d</b>  |               |                |                                    |                            |  |  |
|   | <b>e</b>  |               |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |               |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |               |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |               | 1,637.         |                                    |                            | 1,637.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |               |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |               |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>     | (i) Real       |                                    |                            |  |  |
|   |   |               | (ii) Personal  |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>     |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>     |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |               |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>     | (i) Securities | 734.                               |                            |  |  |
|   |   |               | (ii) Other     |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>     | 0.             |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>     | 734.           |                                    |                            |  |  |
|   | <b>d</b> Net gain or (loss)   |               | 734.           |                                    |                            | 734.   |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |               |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |               |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |               |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> ADMINISTRATIVE FEES   | 561499        | 34,792.        | 34,792.                            |                            |  |  |
|   | <b>b</b> MANAGEMENT FEES  | 561499        | 9,000.         | 9,000.                             |                            |  |  |
|   | <b>c</b> SECURITY DEP. REFUNDS  | 900099        | 4,392.         | 4,392.                             |                            |  |  |
|   | <b>d</b> All other revenue  | 900099        | 3,805.         |                                    |                            | 3,805.   |  |
|   | <b>e Total.</b> Add lines 11a-11d   |               | 51,989.        |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   | 8,843,364.    | 48,184.        | 0.                                 | 6,176.                     |  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 2,453,748.            | 2,453,748.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 2,752,812.            | 2,752,812.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 235,005.              | 56,077.                         | 173,830.                               | 5,098.                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 1,801,134.            | 1,490,608.                      | 263,664.                               | 46,862.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 28,899.               | 25,913.                         | 2,556.                                 | 430.                        |
| <b>9</b> Other employee benefits  | 154,329.              | 128,865.                        | 22,831.                                | 2,633.                      |
| <b>10</b> Payroll taxes   | 166,950.              | 131,151.                        | 33,102.                                | 2,697.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 2,293.                | 1,340.                          | 283.                                   | 670.                        |
| <b>c</b> Accounting   | 27,450.               | 16,031.                         | 3,393.                                 | 8,026.                      |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 85,129.               | 71,979.                         | 3,392.                                 | 9,758.                      |
| <b>12</b> Advertising and promotion   | 7,743.                | 3,131.                          | 4,393.                                 | 219.                        |
| <b>13</b> Office expenses   | 129,341.              | 77,274.                         | 27,424.                                | 24,643.                     |
| <b>14</b> Information technology  | 86,992.               | 77,588.                         | 3,958.                                 | 5,446.                      |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 208,468.              | 203,760.                        | 3,089.                                 | 1,619.                      |
| <b>17</b> Travel  | 78,437.               | 68,803.                         | 8,097.                                 | 1,537.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 17,465.               | 15,577.                         | 795.                                   | 1,093.                      |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 1,718.                |                                 | 1,718.                                 |                             |
| <b>23</b> Insurance   | 40,880.               | 36,417.                         | 3,498.                                 | 965.                        |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a DUES AND PUBLICATIONS</b>  | 20,021.               | 9,670.                          | 4,028.                                 | 6,323.                      |
| <b>b REPAIRS AND MAINTENANCE</b>  | 75.                   | 75.                             |  |                             |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 8,298,889.            | 7,620,819.                      | 560,051.                               | 118,019.                    |
| <b>26 Joint costs.</b> 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)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 117,337.                 | <b>1</b>   | 850,699.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 38,684.                  | <b>2</b>   | 131,104.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net .....  | 822,208.                 | <b>4</b>   | 859,226.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   | 21,567.                  | <b>7</b>   | 14,610.            |
|   | <b>8</b> Inventories for sale or use .....   | 26,381.                  | <b>8</b>   | 34,795.            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 85,365.                  | <b>9</b>   | 78,292.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 504,289.      |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 116,027.      |            |                    |
|   |  | 355,199.                 | <b>10c</b> | 388,262.           |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                        | 832,114.   | <b>15</b>                | 836,551.   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,298,855.   | <b>16</b>                | 3,193,539. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 365,554.                 | <b>17</b>  | 318,336.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   | 41,231.                  | <b>19</b>  | 42,457.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  | 392,925.           |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 406,785.                 | <b>26</b>  | 753,718.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,273,677.               | <b>27</b>  | 891,720.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 618,393.                 | <b>28</b>  | 1,548,101.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 1,892,070.               | <b>32</b>  | 2,439,821.         |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 2,298,855.               | <b>33</b>  | 3,193,539.         |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 8,843,364. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 8,298,889. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 544,475.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,892,070. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 3,276.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,439,821. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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 Act and OMB Circular A-133? .....
- 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 .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a | X   |    |
| 3b | X   |    |

Form 990 (2019)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 4579618. | 5500982. | 6232520. | 6973914. | 8789004. | 32076038. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 4579618. | 5500982. | 6232520. | 6973914. | 8789004. | 32076038. |
| <b>5</b> 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) ..... |          |          |          |          |          | 552,596.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 31523442. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 4579618. | 5500982. | 6232520. | 6973914. | 8789004. | 32076038.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 3,139.   | 2,578.   | 1,339.   | 991.     | 1,637.   | 9,684.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 56,733.  | 76,221.  | 102,898. | 41,225.  | 3,805.   | 280,882.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 32366604.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 54,522.                  |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 97.39 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 97.22 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER ACTIVITIES**

2015 AMOUNT: \$ 50,733.

2016 AMOUNT: \$ 70,221.

2017 AMOUNT: \$ 96,898.

**ADMINISTRATIVE FEES**

2018 AMOUNT: \$ 33,106.

**MANAGEMENT FEES**

2015 AMOUNT: \$ 6,000.

2016 AMOUNT: \$ 6,000.

2017 AMOUNT: \$ 6,000.

2018 AMOUNT: \$ 8,000.

**MISCELLANEOUS INCOME**

2018 AMOUNT: \$ 119.

**CREDIT CARD FEES**

2019 AMOUNT: \$ 3,805.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** BUCKS COUNTY OPPORTUNITY COUNCIL, INC. **Employer identification number** 23-6406222

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

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 361,367.                        | 9,034.                       | 352,333.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 113,527.                        | 78,450.                      | 35,077.        |
| e Other  |                                      | 29,395.                         | 28,543.                      | 852.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 388,262.       |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (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.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) INVESTMENT IN DOYLE DEVELOPMENT   | 692,453.       |
| (2) THE BUCKS COUNTY FOUNDATION - ECONOMIC SELF SUFFICIENCY                 |                |
| (3) FUND  | 144,098.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 836,551.       |

**Part X Other Liabilities.**

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 ORGANIZATION IS A NONPROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

THE ORGANIZATION 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 TAXES.

THE ORGANIZATION 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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** Employer identification number **23-6406222**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| A WOMAN'S PLACE<br>PO BOX 299<br>DOYLESTOWN, PA 18901   | 23-2034180     | 501C3                                  | 0.                              | 9,001.                                   | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |
| COUNTY OF BUCKS - AREA AGENCY ON<br>AGING - 30 EAST OAKLAND AVENUE -<br>DOYLESTOWN, PA 18901  | 23-6003044     | COUNTY<br>GOVERNMENT                   | 0.                              | 5,220.                                   | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |
| KEYSTONE OPPORTUNITY CENTER<br>104 MAIN STREET<br>SOUDERTON, PA 18964                         | 23-2602243     | 501C3                                  | 0.                              | 29,758.                                  | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |
| BUCKS COUNTY HOUSING GROUP INC. -<br>BCHG PENNDEL - 349 DURHAM ROAD -<br>PENNDEL, PA 19047    | 23-1878791     | 501C3                                  | 0.                              | 207,396.                                 | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |
| BRISTOL BORO COMMUNITY ACTION<br>GROUP INC. - 99 WOOD STREET -<br>BRISTOL, PA 19007           | 22-2584361     | 501C3                                  | 0.                              | 81,201.                                  | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |
| CALVARY BAPTIST CHURCH - CHRISTIAN<br>CARE MINISTRIES - 250 GREEN LANE -<br>BRISTOL, PA 19067 | 23-1386165     | 501C3                                  | 0.                              | 7,290.                                   | FAIR MARKET<br>VALUE   | FOOD DONATIONS                               | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CORNWALLS UNITED METHODIST CHURCH<br>- HARVEST MINISTRIES - 2284<br>BRISTOL PIKE - BENSLEM, PA 19020 | 22-2264488 | 501C3                         | 0.                       | 43,870.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| EMERGENCY RELIEF ASSOCIATION OF<br>LOWER BUCKS COUNTY - 8525 NEW<br>FALLS ROAD - LEVITTOWN, PA 19054 | 23-7297656 | 501C3                         | 0.                       | 97,183.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| HEAVENS BOUNTY<br>455 TRUMBAUERSVILLE ROAD<br>QUAKERTOWN, PA 18951                                   | 47-2123302 | 501C3                         | 0.                       | 32,849.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| ST JOHN THE BAPTIST RC PARISH -<br>LORD PANTY - 4050 DURHAM ROAD -<br>OTTSVILLE, PA 18942            | 23-1484157 | 501C3                         | 0.                       | 55,359.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| NEW BRITAIN BAPTIST CHURCH FOOD<br>LARDER - 22 EAST BUTLER AVENUE -<br>NEW BRITAIN, PA 18901         | 23-1722224 | 501C3                         | 0.                       | 161,530.                          | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| NO LONGER BOUND INC.<br>5723 NORTON AVENUE<br>BRISTOL, PA 19007                                      | 23-2737398 | 501C3                         | 0.                       | 35,706.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| YWCA OF BUCKS CO - COUNTY COMMONS<br>3338 RICHLIE ROAD<br>BENSLEM, PA 19020                          | 23-1429832 | 501C3                         | 0.                       | 72,407.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| PENNRIDGE FISH<br>800 WEST CHESTNUT STREET<br>PERKASIE, PA 18944                                     | 23-2729559 | 501C3                         | 0.                       | 203,241.                          | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| QUAKERTOWN FOOD PANTY<br>101 B 3RD STREET<br>QUAKERTOWN, PA 18951                                    | 26-2583129 | 501C3                         | 0.                       | 61,197.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| SECOND BAPTIST CHURCH - SOULFULL BLESSINGS - 640 RACE STREET - BRISTOL, PA 19007                               | 23-2320232 | 501C3                         | 0.                       | 74,459.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| SALVATION ARMY AND ITS COMPONENTS - SALVATIONS ARMY OF LOWER BUCKS - 215 APPLETREE DRIVE - LEVITTOWN, PA 19055 | 13-5562351 | 501C3                         | 0.                       | 49,396.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| BUCKS COUNTY HOUSING GROUP INC - BCHG MILFORD - 2155 MILFORD SQUARE PIKE - MILFORD, PA 18935                   | 23-1878791 | 501C3                         | 0.                       | 114,486.                          | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA PANTRY - 4 CORNERSTONE DRIVE - LANGHORNE, PA 19047           | 23-1427724 | 501C3                         | 0.                       | 46,178.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA SHELTER - 7 LIBRARY WAY - LEVITTOWN, PA 19054                | 23-1427724 | 501C3                         | 0.                       | 10,928.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| JESUS FOCUS MINISTRY INC 1150 BRISTOL ROAD SOUTHAMPTON, PA 18966   | 23-1923427 | 501C3                         | 0.                       | 185,921.                          | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| BUCKS COUNTY HOUSING GROUP INC - BCHG - DOYLESTOWN - 470 OLD DUBLIN PIKE - DOYLESTOWN, PA 18901                | 23-1878791 | 501C3                         | 0.                       | 159,876.                          | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| LOVE FELLOWSHIP TABERNACLE - GREATER WORKS PANTRY - 5918 HULMESVILLE ROAD - BENSLEM, PA 19020                  | 23-3057525 | 501C3                         | 0.                       | 50,438.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| COMMUNITY BAPTIST CHURCH 225 RADCLIFFE STREET BRISTOL, PA 19007  | 23-2445108 | 501C3                         | 0.                       | 20,832.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| YMCA OF BUCKS CO -ASPEN GROVE FAMILY CENTER - 120 E STREET ROAD APT L4-4 - WARMINSTER, PA 18974            | 23-1429832 | 501C3                         | 0.                       | 144,511.                          | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| THE FOOD CENTER AT THE MORRISVILLE PRESBYTERIAN CHURCH - 771 N PENNSYLVANIA AVENUE - MORRISVILLE, PA 19067 | 23-6393377 | 501C3                         | 0.                       | 13,073.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| REDEEMER LUTHERAN CHURCH 239 FAIRVIEW AVENUE PENNDEL, PA 19047   | 23-1889072 | 501C3                         | 0.                       | 7,561.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| ST MATTHEW UNITED METHODIST CHURCH 4300 SOMERTON ROAD TREVOSE, PA 19053                                    | 23-2669344 | 501C3                         | 0.                       | 16,512.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| FIRST UNITED METHODIST CHURCH OF BRISTOL - 201 MULBERRY STREET - BRISTOL, PA 19007                         | 36-2167731 | 501C3                         | 0.                       | 34,001.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| CHRIST LUTHERAN CHURCH- FEAST PANTRY - 1 LUTHER LANE, PO BOX 569 - TRUMBAUERSVILLE, PA 18970               | 23-6270898 | 501C3                         | 0.                       | 42,003.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| INTERFAITH FOOD ALLIANCE 501 W MAPLE AVENUE MORRISVILLE, PA 19067  | 47-4496629 | 501C3                         | 0.                       | 8,249.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| CHRISTIAN CARE CHURCH OF LIVING HOPE - 1271 E MAPLE AVENUE - LANGHORNE, PA 19047                           | 23-1946407 | 501C3                         | 0.                       | 9,017.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| BUX-MONT CHRISTIAN CHURCH FOOD PANTY - 400 JACKSONVILLE ROAD - IVYLAND, PA 18974                           | 23-7172250 | 501C3                         | 0.                       | 2,815.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UPPER BUCKS SR. ACTIVITY CENTER<br>PO BOX 46<br>QUAKERTOWN, PA 18951                                   | 23-1626555 | 501C3                         | 0.                       | 4,788.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| ST VINCENT DE PAUL SOCIETY ST JOHN<br>BOSCO CONFERENCE - 235 E COUNTY<br>LINE ROAD - HATBORO, PA 19040 | 36-4757642 | 501C3                         | 0.                       | 1,868.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| LIVING HOPE COMMUNITY CHURCH<br>DUBLIN PANTRY - 22 H W ROUTE 313 -<br>PERKASIE, PA 18944               | 23-2920018 | 501C3                         | 0.                       | 17,753.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| MORRISVILLE SENIOR CENTER<br>31 E CLEVELAND AVENUE<br>MORRISVILLE, PA 19067                            | 23-2020777 | 501C3                         | 0.                       | 8,178.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| CENTRAL BUCKS SENIOR CENTER<br>700 N SHADY RETREAT ROAD<br>DOYLESTOWN, PA 18901                        | 23-1626555 | 501C3                         | 0.                       | 9,940.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| FALLS SENIOR CENTER<br>282 TRENTON ROAD<br>FAIRLESS HILLS, PA 19030                                    | 23-2074064 | 501C3                         | 0.                       | 10,102.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| FAITH BAPTIST CHURCH<br>1515 WILSTAR ROAD<br>FAIRLESS HILLS, PA 19050                                  | 23-1940068 | 501C3                         | 0.                       | 47,656.                           | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| WARMINSTER HEIGHTS CORP.<br>75 DOWNEY DRIVE<br>WARMINSTER, PA 18974                                    | 23-7351309 | 501C3                         | 0.                       | 8,643.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |
| CHARTER ARMS<br>1 POTTER STREET<br>WARMINSTER, PA 18974  | 45-3199958 | 501C3                         | 0.                       | 5,014.                            | FAIR MARKET<br>VALUE                                  | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT<br>AFFORD FOOD |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| ST. JOHN'S EVANGELICAL LUTHERAN CHURCH - 505 NORTH YORK ROAD - HATBORO, PA 19040                   | 23-2152237 | 501C3                         | 0.                       | 133,456.                          | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| PENNRIDGE COMMUNITY SENIOR CENTER<br>146 E MAIN STREET<br>PERKASIE, PA 18944                       | 23-1626555 | 501C3                         | 0.                       | 7,828.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| EASTERN UPPER BUCKS SENIORS<br>8040 EASTON ROAD<br>OTTSTVILLE, PA 18942                            | 23-2261029 | 501C3                         | 0.                       | 10,178.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| FAITH HOPE LOVE FELLOWSHIP CHURCH<br>524 DREXEL ROAD<br>FAIRLESS HILLS, PA 19030                   | 47-2045358 | 501C3                         | 0.                       | 946.                              | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| RACE TRACK CHAPLAINCY OF AMERICA-PA - 3001 STREET ROAD - BENSLEM, PA 19020                         | 23-3042770 | 501C3                         | 0.                       | 390.                              | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| ST. ISIDORE CHURCH<br>603 W BROAD STREET<br>QUAKERTOWN, PA 18951                                   | 23-1371129 | 501C3                         | 0.                       | 7,089.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| FIRST UNITED METHODIST CHURCH OF LESTER BAHRT PANTRY - 840 TRENTON ROAD - FAIRLESS HILLS, PA 19030 | 23-2277541 | 501C3                         | 0.                       | 74,406.                           | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| COORDINATING COUNCIL OF HEALTH AND WELFARE, INC. - 75 DOWNEY DRIVE - WARMINSTER, PA 18974          | 22-2450208 | 501C3                         | 0.                       | 1,984.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |
| CHRIST'S CUPBOARD FOOD PANTRY<br>2200 KRAMES ROAD<br>QUAKERTOWN, PA 18951                          | 23-2239079 | 501C3                         | 0.                       | 1,099.                            | FAIR MARKET VALUE                                     | FOOD DONATIONS                         | TO FEED THOSE WHO CANNOT AFFORD FOOD |

Schedule I (Form 990)

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

| (a) Type of grant or assistance                                      | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| WEATHERIZATION PROJECTS TO REDUCE ENERGY USAGE                       | 259                      | 432,153.                 | 0.                                |   |                                       |
| EMERGENCY UTILITY, RENT, MEDICAL COSTS, TRAINING AND EDUCATION COSTS | 601                      | 2,202,059.               | 0.                                |   |                                       |
| GIFT CARDS   | 642                      | 118,600.                 | 0.                                |   |                                       |
|  |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

ALL CLIENTS THAT COME IN ARE ASSIGNED A CASE MANAGER. THERE IS AN APPLICATION AND APPROVAL PROCESS. NO PAYMENTS ARE PAID DIRECTLY TO AN INDIVIDUAL BUT ARE PAID TO A THIRD PARTY ON BEHALF OF INDIVIDUALS FOR ITEMS SUCH AS EMERGENCY UTILITIES, RENT, WEATHERIZATION PROJECTS AND EDUCATION AND TRAINING.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** Employer identification number **23-6406222**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 94,719.  | FAIR MARKET VALUE   |
| 6 Cars and other vehicles                                    | X                          | 11  | 34,181.  | FAIR MARKET VALUE   |
| 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 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 49  | 2,481,012.   | USDA COMMODITY VALUE                                      |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( ENERGY MATCH )                                  | X                          | 95  | 6,334.   | FAIR MARKET VALUE   |
| 26 Other ▶ ( GIFT CARDS )                                    | X                          | 21  | 2,590.   | FAIR MARKET VALUE   |
| 27 Other ▶ ( )   |                            |   |  |   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

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

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.

SCHEDULE M, PART I, COLUMN (B):

FOR PART I, LINE 19, THE NUMBER IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED. FOR ALL OTHER LINES, IT IS THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

WE STRIVE TO BE A MODEL OF SEAMLESS CASE MANAGEMENT AND INFLUENCE OUR  
COMMUNITY TO MAKE REDUCING POVERTY ONE OF ITS PRIORITIES.

**FORM 990, PART III, LINE 4:**

IN MARCH 2020, THE COVID-19 PANDEMIC SHUT DOWN THE STATE OF  
PENNSYLVANIA. AS AN AGENCY THAT PROVIDES VITAL RESOURCES TO THE  
COMMUNITY (FOOD, UTILITY ASSISTANCE, RENT AND HOMELESS SERVICES), BCOC  
REMAINED OPEN AND SHIFTED RESOURCES TO CONTINUE TO SERVE THE COMMUNITY.  
BCOC ADMINISTERED EMERGENCY FOOD DISTRIBUTION IN THREE LOCATIONS  
THROUGHOUT BUCKS COUNTY, THREE TIMES EACH WEEK. WE WORKED IN  
CONJUNCTION WITH THE COUNTY'S EMERGENCY MANAGEMENT AGENCY TO PROVIDE  
WEEKLY FOOD BOXES TO AS MANY AS 1,500 HOUSEHOLDS EACH WEEK. WE ALSO  
RESPONDED TO THOSE THAT WERE OUT OF WORK DUE TO COVID AND THEREFORE  
LACKED INCOME TO PAY MONTHLY RENT AND UTILITIES. BCOC UTILIZED FUNDING  
TO ASSIST INDIVIDUALS AND FAMILIES WITH MONTHLY RENT WHILE WAITING FOR  
UNEMPLOYMENT BENEFITS, STIMULUS FUNDS, OR TO BE CALLED BACK TO WORK. IN  
THE FIRST 3 MONTHS OF THE PANDEMIC, BCOC SERVED 225 PEOPLE IN 91  
HOUSEHOLDS WITH RENT AND UTILITIES. WITH SUCH UNCERTAINTY, BCOC APPLIED  
FOR AND RECEIVED THE PPP LOAN TO MAXIMIZE RESOURCES AVAILABLE TO OUR  
COMMUNITY WHILE MAINTAINING STAFFING LEVELS.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**HOME ENERGY CONSERVATION PROGRAM:**

THE HOME ENERGY CONSERVATION PROGRAM ASSISTS LOW INCOME HOUSEHOLDS TO

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<br>BUCKS COUNTY OPPORTUNITY COUNCIL, INC. | Employer identification number<br>23-6406222 |
|--|--|

REDUCE ENERGY COSTS AND INCREASE DISPOSABLE INCOME THROUGH ENERGY SAVING MEASURES. THIS PROGRAM ALSO PROVIDES CRISIS SUPPORT FOR HOUSEHOLDS IN NEED OF IMMEDIATE HEATER REPAIR OR REPLACEMENT. IN FY20, WE SUCCESSFULLY INITIATED A HOME REPAIR PROGRAM TO REDUCE THE DEFERRAL RATES THAT OFTEN OCCUR WHEN LOW INCOME HOUSEHOLDS CANNOT AFFORD NEEDED REPAIRS TO COMPLETE WEATHERIZATION SERVICES.

VOLUNTEER AND COMMUNITY PARTNERSHIPS:  
THE VOLUNTEER AND COMMUNITY PARTNERSHIPS ALLOW BCOC TO CONTINUALLY BUILD RELATIONSHIPS WITHIN THE COMMUNITY TO PROVIDE SERVICE AND DONATION OPPORTUNITIES TO BENEFIT OUR CLIENTS. VOLUNTEERS SUPPORT PROGRAM AREAS THROUGH: PREPARING TAXES FOR LOW-INCOME FAMILIES; HARVESTING LOCALLY GROWN PRODUCE FOR FOOD PANTRIES; DRIVERS WHO PICK-UP AND DELIVER FOOD, CLOTHING AND MORE AMONG OUR OFFICES AND PARTNERS; ADMINISTRATIVE AND CLERICAL SUPPORT; A VOLUNTEER BOARD OF DIRECTORS; PROFESSIONAL SERVICES SUCH AS RESEARCH, GRAPHIC DESIGN AND NUTRITION EDUCATION. PRIVATE-SECTOR DONATIONS PROVIDE THE FOUNDATION FOR MANY OF OUR PROGRAMS: WHEELZ2WORK, THROUGH VEHICLE DONATIONS THAT OFFER TRANSPORTATION TO CLIENTS; COMMUNITY FOOD DRIVES; COLLECTIONS FOR SCHOOL SUPPLIES, HOLIDAY GIFTS FOR FAMILIES, AND BASIC NEED ITEMS FOR HOMELESS FAMILIES.

EXPENSES \$ 683,376. INCLUDING GRANTS OF \$ 432,153. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:  
A SIMPLE MAJORITY OF THE EXISTING QUORUM OF THE BOARD OR EXECUTIVE COMMITTEE SHALL BE NECESSARY FOR ALL BUSINESS REQUIRING A VOTE, EXCEPT IN SPECIFIC SITUATIONS OTHERWISE STATED IN THESE BYLAWS. THE BOARD MAY AUTHORIZE AN ELECTRONIC VOTE USING EMAIL. UNANIMOUS CONSENT IN LIEU OF

|  |  |
|--|--|
| Name of the organization<br>BUCKS COUNTY OPPORTUNITY COUNCIL, INC. | Employer identification number<br>23-6406222 |
|--|--|

MEETING: ANY ACTION WHICH MAY BE PROPERLY TAKEN BY THE BOARD OF DIRECTORS ASSEMBLED IN A MEETING MAY ALSO BE TAKEN WITHOUT A MEETING, IF CONSENT IN WRITING SETTING FORTH THE ACTION SO TAKEN IS SIGNED BY ALL OF THE DIRECTORS ENTITLED TO VOTE WITH RESPECT TO ACTION. SUCH CONSENT SHALL HAVE THE SAME FORCE AND EFFECT AS A VOTE OF DIRECTORS ASSEMBLED AND SHALL BE FILED WITH THE MINUTES.

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

THREE (3) BOARD SEATS ARE RESERVED FOR THE BUCKS COUNTY COMMISSIONERS. EACH COMMISSIONER SHALL BE REQUESTED TO SERVE AS A DIRECTOR FOR A TERM TO BE COTERMINOUS WITH THAT COMMISSIONER'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, SUCH COMMISSIONER MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN THE COMMISSIONER'S SEAT.

TWO (2) BOARD SEATS SHALL BE RESERVED FOR PENNSYLVANIA STATE SENATORS REPRESENTING SENATORIAL DISTRICTS IN BUCKS COUNTY. SENATORS SHALL BE REQUESTED TO SERVE AS A DIRECTOR FOR A TERM COTERMINOUS WITH THAT SENATOR'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, SUCH STATE SENATORS MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN THE SENATOR'S SEAT.

ONE (1) BOARD SEAT SHALL BE RESERVED FOR THE REPRESENTATIVE SERVING IN THE U.S. CONGRESS HOUSE OF REPRESENTATIVES FOR THE 8TH PENNSYLVANIA DISTRICT BUCKS COUNTY. THE TERM FOR THIS SEAT SHALL BE COTERMINOUS WITH THE REPRESENTATIVE'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, THE U.S. REPRESENTATIVE MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN HIS/HER SEAT.

|  |  |
|--|--|
| Name of the organization<br>BUCKS COUNTY OPPORTUNITY COUNCIL, INC. | Employer identification number<br>23-6406222 |
|--|--|

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED AND APPROVED BY BUCKS COUNTY OPPORTUNITY COUNCIL'S FINANCIAL COMMITTEE. THE FINANCIAL COMMITTEE MAKES A RECOMMENDATION TO THE BOARD AND PROVIDES THE INFORMATION RETURNS TO THE FULL BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ANNUALLY ALL STAFF AND BOARD MEMBERS RECEIVE AN ANNUAL AFFIRMATION OF COMPLIANCE DOCUMENT WHICH THEY MUST READ AND SIGN. BY SIGNING THE ANNUAL AFFIRMATION OF COMPLIANCE, STAFF AND BOARD MEMBERS CERTIFY THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND HAVE A THOROUGH UNDERSTANDING OF ITS INTENT AND PURPOSE. AS PART OF THE POLICY, ANY IDENTIFIED CONFLICTS ARE COMMUNICATED AND ADDRESSED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. THEY WILL ALSO MONITOR AND ENFORCE COMPLIANCE TO THIS POLICY.

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

AN ANNUAL APPRAISAL OF THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE IS CONDUCTED BY THE EXECUTIVE COMMITTEE. A MERIT INCREASE IS DETERMINED BASED ON PERFORMANCE AND THE COMMITTEE'S RESEARCH OF COMPARABLE POSITIONS IN BUCKS COUNTY, PENNSYLVANIA. THE DETERMINATION OF THE COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

## FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990, AND IF EVER APPLICABLE, FORM 990-T, AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE ORGANIZATION WAS FORMED PRIOR TO JULY 15, 1987 AND DOES NOT MAKE ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC. IF A COPY IS LOCATED, IT WOULD BE MADE AVAILABLE.

|  |  |
|--|--|
| Name of the organization<br>BUCKS COUNTY OPPORTUNITY COUNCIL, INC. | Employer identification number<br>23-6406222 |
|--|--|

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. WHEN A REQUEST IS RECEIVED THE DOCUMENTS ARE SENT THROUGH REGULAR MAIL OR ELECTRONIC MEDIA. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF THE BUCKS COUNTY FOUNDATION - ECONOMIC SELF SUFFICIENCY 3,276.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** Employer identification number **23-6406222**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                               | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity          | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------|---|--|--|----|
|  |   |   |                               |   |  | Yes  | No |
| DOYLE DEVELOPMENT CORPORATION - 23-2546294<br>100 DOYLE STREET<br>DOYLESTOWN, PA 18901 | HOLDS TITLE OF PROPERTY<br>FOR THE BENEFIT OF BUCKS<br>COUNTY OPPORTUNITY COUNCIL | PENNSYLVANIA  | 501 (C) (2)                   |   | BUCKS COUNTY<br>OPPORTUNITY<br>COUNCIL, INC. |  | X  |
|  |   |   |                               |   |  |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |



