Jump to Schedule: Form 990 ~

99,566

543,416

97,983

409,493

efile Public Visual Render ObjectId: 202212419349300771 - Submission: 2022-08-29 TIN: 35-2518819 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 C Name of organization D Employer identification number B Check if applicable FAMILY PROMISE OF SOUTHERN CHESTER O Address change COUNTY 35-2518819  $\ \square$  Name change Doing business as O Initial return O Final return/terminate E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite O Application pending (610) 444-0400 City or town, state or province, country, and ZIP or foreign postal code KENNETT SOUARE, PA 19348 G Gross receipts \$ 516,035 F Name and address of principal officer: H(a) Is this a group return for BURTON F ROTHENBERGER Yes Vo subordinates? Are all subordinates Yes No included? I Tax-exempt status:  $\checkmark$  501(c)(3)  $\bigcirc$  501(c) ( )  $\blacktriangleleft$  (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ J Website: ► FAMILYPROMISESCC.ORG L Year of formation: 2014 M State of legal domicile: PA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: FAMILY PROMISE OF SOUTHERN CHESTER COUNTY (FPSCC) WAS CREATED TO ADDRESS THE GROWING PROBLEM OF HOMELESSNESS IN FAMILIES WITH CHILDREN IN THE COMMUNITIES DEFINED BY THE FOUR SOUTHER CHESTER COUNTY SCHOOL DISTRICTS KENNETT, Governance AVON GROVE, OXFORD, AND UNIONVILLE-CHADDS FORD. 2 Check this box ▶ □ 3 Number of voting members of the governing body (Part VI, line 1a) . . . 15 \*8 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . 5 7 **6** Total number of volunteers (estimate if necessary) . . . . . 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7b **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . **Current Year** 624,284 441,220 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 2,288 402 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,688 55,500 663,260 497,122 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 184,273 38,030 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 259,577 273,480 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . **b** Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$81,992

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

	ı				i	i i	
	19	Revenue less e	expenses. Subtract line 18 fro	om line 12		119,844	87,629
	Ces				Begini	ning of Current Year	End of Year
	Net Assets or Fund Balances	Total assets (P	art X line 16)			495,737	537,541
	SE 21					47,392	1,567
	Z = 22		• • •	11 from line 20		448,345	535,974
	Part II	Signature				. 10,5 15	333/37 .
а	Under pen	nalties of perjury e and belief, it is	, I declare that I have examir	ned this return, including accompany Declaration of preparer (other than			
Illinois		Ik.				2022-07-22	
re	Sign	Signature of o	officer			Date	
ne	Here	CAROL LOWE	MSW LSW EXECUTIVE DIRECTOR	3			
			name and title				
	<del></del>	Print/Ty	pe preparer's name	Preparer's signature	Date	Check if PTIN	
	Paid				2022-07-22	Check ☐ if P01245 self-employed	5891
	Prepar	C1	name BLISS & COMPANY			Firm's EIN ▶ 84-44733	23
	Use Or	ily Firm's a	address 810 DOWNINGTOWN PI	KE		Phone no. (610) 696-10	012
			WEST CHESTER, PA 19:	93801935		,	
	May the II	RS discuss this :	·	vn above? (see instructions)			✓ Yes O No
dvisors			on Act Notice, see the sepa	, ,		No. 11282Y	Form <b>990</b> (2021)
aff					Cat. I	10. 112021	101111 990 (2021)
				Page 2			
owships							
	Form 990	<u> </u>					Page <b>2</b>
r	Part III		t of Program Service Ac	-			
Policy	4 Bric		nedule O contains a response organization's mission:	or note to any line in this Part III .			🗹
cs	=	•	-	PSCC) WAS CREATED TO ADDRESS T	HE GROWING	PROBLEM OF HOMEL	ESSNESS IN FAMILIES
у	WITH CHI		COMMUNITIES DEFINED BY TH	HE FOUR SOUTHER CHESTER COUNT			
Email							
y RSS	<b>2</b> Did	the organization	n undertake any significant n	rogram services during the year whic	h were not lic	ted on	
		_					☐ Yes 🗸 No
			nese new services on Schedule				
droid	<b>3</b> Did	the organization	n cease conducting, or make	significant changes in how it conduct	s, any progra	m	
	serv	vices?					🗆 Yes 🔽 No
			nese changes on Schedule O.				
				omplishments for each of its three lar are required to report the amount of o			
ies			r, for each program service rep		granico anta alla	cadons to others, the	cotal expenses,
	<b>4a</b> (Coo		) (Expenses \$	281,072 including grants of \$		) (Revenue \$	)
	ORG COM BUD IS P FAM EXP	GANIZATION IS TO MPONENT TO ENSU DGETING AND PARE PROVIDED TO FIND IILIES INDEFINITEI PERIENCE. WE ARE	MOVE FAMILIES TO SELF-SUFFICI IRE CONTINUED SUCCESS. COMPR ENTING, AS WELL AS FAMILY/INDI ) AND FURNISH THE NEW HOME W LY, SUPPLYING HOLIDAY GIFTS, SC PROUD TO HAVE PLACED 84 FAMI	ASIC NECESSITIES FOR FAMILIES WITH CI IENCY, PROVIDING THEM WITH A YEARLON REHENSIVE SERVICES INCLUDE BUT ARE N IVIDUAL COUNSELING. ONCE FAMILIES AR WITH EVERYTHING NEEDED FROM FURNITU CHOOL SUPPLIES, AND OTHER LIFE NECES ILIES WITH 175 CHILDREN AND 311 TOTAL IN PERMANENT HOUSING AS OF DECEMBE	NG AFTERCARE F NOT LIMITED TO LE IN A FINANCI NEE TO DISHWA SITIES. HOMELI PARTICIPANTS	PROGROM FOLLOWING T EMPLOYMENT ASSISTAN AL POSITION TO MOVE II RE TO LINENS. FPSCC ST ESSNESS IS A VERY STRI	HE SHELTERING ICE, EDUCATION IN NTO AN APARTMENT, HELP TAYS IN TOUCH WITH OUR ESSFUL AND TRAUMATIC
	<b>4b</b> (Coo	de:	) (Expenses \$	including grants of \$		) (Revenue \$	)

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	-					
	-					
С	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	)	
	-					
	-					
	•					
d	Other program services (Describe in Sc	hedule O.)	·	·	·	
	(Expenses \$	including grants of	\$	) (Revenue \$	)	
e	Total program service expenses▶	281,07	72			
	· · ·	,			Form <b>990</b>	(202

----- Page 3 -

Form 990 (2021)
Part IV Checklist of Required Schedules

Schedule A Schedule A Schedule A Schedule A Schedule A Section 501(  Section 501( Section in effection in eff	tion described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1 2 3 4	Yes Yes	No No
<ul> <li>Schedule A</li> <li>Is the organization public office</li> <li>Section 501(     election in effection in effectio</li></ul>	tion required to complete Schedule B, Schedule of Contributors? See instructions.  attion engage in direct or indirect political campaign activities on behalf of or in opposition to candidates a complete Schedule C, Part I  c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) at during the tax year? If "Yes," complete Schedule C, Part II  tion a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		
<ul> <li>3 Did the organize for public office</li> <li>4 Section 501(a election in effection in</li></ul>	tation engage in direct or indirect political campaign activities on behalf of or in opposition to candidates en a complete Schedule C, Part I	3	Yes	
for public office  4 Section 501( election in effe  5 Is the organiza assessments, of  6 Did the organizato provide advischedule D,Pa  7 Did the organizato provide advischedule D,Pa	e?If "Yes," complete Schedule C, Part I  c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ct during the tax year? If "Yes," complete Schedule C, Part II  tion a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	4		
<ul> <li>election in effe</li> <li>Is the organizal assessments, of</li> <li>Did the organizato provide advischedule D,Pa</li> <li>Did the organizato provide advischedule D,Pa</li> <li>Did the organizato provide advischedule D,Pa</li> </ul>	ct during the tax year? If "Yes," complete Schedule C, Part II			No
assessments, of  Did the organize to provide advision Schedule D,Pa  Did the organize	or similar amounts as défined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
to provide advi Schedule D,Pa 7 Did the organiz	ration maintain any donor adviced funds or any similar funds or accounts for which donors have the right			No
	ce on the distribution or investment of amounts in such funds or accounts?If "Yes," complete	6		No
	ration receive or hold a conservation easement, including easements to preserve open space, nt, historic land areas, or historic structures?If "Yes," complete Schedule D, Part II 😭	7		No
	tation maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> dule D, Part III 📆	8		No
for amounts no	ration report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian of listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation es," complete Schedule D, Part IV	9		No
	ation, directly or through a related organization, hold assets in temporarily restricted endowments, lowments, or quasi endowments? If "Yes," complete Schedule D, Part V 📆	10		No
11 If the organiza or X, as applica	tion's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, able.			
<b>a</b> Did the organiz Schedule D, Pa	ration report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i> art VI. 🥩	11a	Yes	
	ation report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
<b>c</b> Did the organiz				iı

-	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 📆	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📆	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21				No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		INO
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm <b>99</b>	<b>0</b> (2021)
			orm <b>99</b>	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm <b>99</b>	
Form	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			<b>0</b> (2021) Page <b>4</b>
Form	Page 4  Page 4  Poly (2021)  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes Yes	<b>0</b> (2021)
Form Par	Page 4  990 (2021)  tiv Checklist of Required Schedules (continued)	F	Yes	<b>0</b> (2021) Page <b>4</b>
Form Par 22 23	Page 4  Page 4	22	Yes	Page 4
Par 22 23 24a	Page 4  990 (2021)  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? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	22 23	Yes	Page 4
Form Par 22 23 24a b	Page 4  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? If "Yes," complete Schedule I, Parts I and III	22 23 24a	Yes	Page 4
22 23 24a b c	Page 4  Page 4  Page 4  Page 4  Page 4  Page 4  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? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	22 23 24a 24b	Yes	Page 4
Par 22 23 24a b c d	Page 4  Page 4  Page 4  Page 4  Page 4  Page 4  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? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	22 23 24a 24b 24c	Yes	Page 4
Par 22 23 24a b c d 25a	Page 4  Page 5 Checklist of Required Schedules (continued)  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? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b 24c 24d	Yes	0 (2021  Page 4  No  No
Par 22 23 24a b c d 25a	Page 4  Page 4	22 23 24a 24b 24c 24d 25a	Yes	Page 4 No No No

27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,Part III</i> .	27		No								
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):											
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No								
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No								
31												
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II											
33	33		No									
34	34	Yes										
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No								
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b										
36	organization? If "Yes," complete Schedule R, Part V, line 2											
37	is treated as a partnership for federal income tax purposes?If "Yes," complete Schedule R, Part VI											
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes									
Pa	Statements Regarding Other IRS Filings and Tax Compliance											
	Check if Schedule O contains a response or note to any line in this Part V	·i	Yes	No								
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   8											
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0											
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c										
		F	orm <b>99</b>	<b>0</b> (2021)								
	Page 5 ————											
Form	990 (2021)			Page <b>5</b>								
	Statements Regarding Other IRS Filings and Tax Compliance (continued)	-										
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes									
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		No								
	3b											
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No								
F.	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E-		No								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No								
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No								

С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wasrequired to file Form 8282?	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8									
9	9 Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
C	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No							
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17									

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . **5** Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Nο **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b No 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes 8b Yes 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 in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? . . . . 10a No **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . . Yes 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could giverise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Yes 12c 13 Yes **14** Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 Yes 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 . . . . . Yes 15a

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

PA

15b

16a

16b

No

No

18 Section 6104 requires an organization to make its Form 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.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** 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

Own website Another's website  Describe in Schedule O whether (and if so,	, how) the orga	nization	n mad	de its	s go	xplain vernin	in S ıg do	chedule O) ocuments, conflict o	of interest	
policy, and financial statements available t 20 State the name, address, and telephone n	umber of the pe	erson w	ho po	, osse	sses	the o	rgan	nization's books and	d records:	
►CAROL LOWE PO BOX 394 KENNETT S	SQUARE, PA 193	48 (61)	0) 44	4-04	100					Form <b>990</b> (2021)
										(2021)
			Page	e 7	_					
Form 990 (2021)										Page <b>7</b>
Part VII Compensation of Officers, D	irectors,Tru	stees	, Key	y Er	mpl	oyee	s, H	lighest Compe	nsated Employ	
and Independent Contracto										
Check if Schedule O contains a resp Section A. Officers, Directors, Truste	·									<u> U</u>
<b>1a</b> Complete this table for all persons required to			•					•		ganization's tax
year.  List all of the organization's <b>current</b> officers of compensation. Enter -0- in columns (D), (E), (C), (C), (C), (C), (C), (C), (C), (C	s, directors, tru	stees (	wheth	ner i	ndiv	iduals				<b></b>
• List all of the organization's <b>current</b> key em							efinit	tion of "key employ	ee."	
• List the organization's five <b>current</b> highest of who received reportable compensation (box 5 of organization and any related organizations.										000 from the
• List all of the organization's <b>former</b> officers, of reportable compensation from the organization	n and any relate	ed orga	nizati	ions				•		,000
<ul> <li>List all of the organization's former directo organization, more than \$10,000 of reportable co</li> </ul>										
See the instructions for the order in which to list	the persons ab	ove.								
Check this box if neither the organization no	or any related o	rganiza	tion c	comp	oens	ated a	any c	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than d	one b	ox, ι an of	t ch unle	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-Z/1099- MISC/1099- NEC)	organization and related organizations
(1) KAREN VAN OOT EXECUTIVE DI	40.00			х				83,884	0	12,597
(2) LAUREN CAMPBELL MEMBER	0.60	х						0	0	C
(3) JORGE CHAMORRO MEMBER	0.50	х						0	0	C
(4) JOAN DEMING-MURPHY MEMBER	0.50	х						0	0	C
(5) SHELLY DUTTON MEMBER	0.50	х						0	0	C
(6) ANGELA EMRICH	1.60	х		х				0	0	C

0.80

0.50

(7) KAREN E EICHMAN ESQ

(8) AMANDA FOXMAN

MEMBER

MEMBER		Х			0	0	0
(9) JAMES M HERR MEMBER	0.70	х			0	0	0
(10) ROBERT F JOHNSTON MEMBER	0.50	х			0	0	0
(11) CAROL LOWE MSW LSW EXECUTIVE DI	0.50	х	х		0	0	0
(12) GEORGE LOCK SECRETARY	2.30	Х	х		0	0	0
(13) BURTON F ROTHENBERGER VICE PRESIDE	8.70	Х	х		0	0	0
(14) TOM SAUSEN MEMBER	0.50	х			0	0	0
(15) MICHAEL SKAY MEMBER	0.50	Х			0	0	0
(16) KIMBERLY L ZULEBA PRESIDENT	2.10	х	х		0	0	0
							F 000 (2021)

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

	•							•	•	
(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
										_

				1	1		t		1	1						
														_		
														-		
	Sub-Total							•						_		
	Total from continuation sheet		•					<u>.</u>			02 004			+		12.50
	Total (add lines 1b and 1c) .							•			83,884					12,59
2	Total number of individuals (in of reportable compensation from				e list	ed a	bove	e) who	rec	eived m	ore than	\$10	00,000			
															Yes	No
3	Did the organization list any fo		,		,	,	•			_	ompensa	ted	employee on			
	line 1a? If "Yes," complete Sch											•		3		No
4	For any individual listed on line												ithe			
	organization and related organ	nzations	greater than	\$150,00	0? 17	res	5, " C	отріе	te Si	neauie	J FOF SUC	:n		_		
		• •		•	•	•	•	•	•	•				4		No
5	Did any person listed on line 1															
	services rendered to the organ	nization :	rir "Yes," comp	oiete Scr	eauie	е Ј го	or su	icn pei	rson	• •	• •	•		5		No
Se	ection B. Independent Co	ntract	ors													
1	Complete this table for your five from the organization. Report													mpen	sation	
	from the organization. Report	compen	(A)	Calelluai	yeai	enc	iiig	WILII O	i vvi	illii tile	Organiza	itioi	(B)		(0	:)
		Name a	nd business addr	ress							Е	Descr	ription of services		Compe	
	Total number of independent cor		s (including bu	t not lim	ited t	to th	ose	listed	abov	/e) who	received	l mo	ore than \$100,00	)0 of		
(	compensation from the organiza	tion 🕨													Form <b>99</b>	<b>n</b> (2021
															101111 99	0 (2021
						Page	۵ ۵									
						age										
orm	n 990 (2021)															Page <b>S</b>
Pa	art VIII Statement of Rev	/enue														
	Check if Schedule Occ	ontains	a response or	note to	any li	ne ir	thi:	s Part	VIII							
					Ť		(A	()			(B)		(C)		(D	)
						Tot	al re	venue	)	Rela	ated or		Unrelated		Revei	nue
											cempt nction		business revenue	t	excluded tax under	
											venue		10101140		512 -	
	Federated campaigns	1a														
	ributions,															
<del>Sifts</del>	<del>Grants,</del> Membership dues	1b														
	erAmt															
Simi	<del>lar</del> Fundraising events	1c														
\n <u>n</u> o																
	5,993	1														
d	Related organizations	1d														
е	Government grants (contributions)	1e														
	All other contributions, gifts, grants,	1														
	and similar amounts not included above	1f														
	435,227															
۱ م	Noncash contributions included in	1														

	lines 1a - 1f:\$	uucu	1g					
	20.770							
h 1	20,779 <b>Fotal.</b> Add lines 1a-1f	_						
Т					Business Code	, ]		
2	la				240655 6646			
200								
ě	·							
9	2							
ž								_
Š	1							
ran								
Program Service Revenue								
lada	<b>f</b> All other program s	servi	ice revenue.					
	<b>9 Total.</b> Add lines 2			•				<u> </u>
1	3 Investment income				nterest, and other			
	similar amounts) .	•			▶	402		402
	4 Income from investr	men	t of tax-exem	npt bo	nd proceeds 🕨			
	<b>5</b> Royalties	•			▶			
		1	(i) Rea	ıl	(ii) Personal			
	<b>6a</b> Gross rents	6a						
	<b>b</b> Less: rental							
	expenses	6b						
1	<ul> <li>Rental income or (loss)</li> </ul>	6с						
	<b>d</b> Net rental income	or (	loss)			<u> </u> 		
	[	—	(i) Securi		(ii) Other			
	7a Gross amount	1_				1		
	from sales of assets other	7a						
	than inventory					_		
	<b>b</b> Less: cost or other basis and	7b						
	sales expenses					_		
	c Gain or (loss)	7с	1					
	<b>d</b> Net gain or (loss)					1		
	© a Gross income from fur					†		
evenue	(not including \$ contributions reported	l on !	5,993 of					
Ve	See Part IV, line 18		· · ·	8a	74,413			
æ	<b>b</b> Less: direct expens	ses		8b	18,913	1		
ē	c Net income or (loss				nts	55,500		55,500
Othe								
Ĭ	Gross income from g See Part IV, line 19	gami	ng activities.					
				9a				
	<b>b</b> Less: direct expens <b>c</b> Net income or (loss			9b ctivitie	es ~	]		
	e wer income or (1059	a) IN	om yanınığ a	CUVILIE	es <b>.</b>	1		
1	.0aGross sales of inve							
	returns and allowa	nces	· .	10a		]		
	<b>b</b> Less: cost of goods	sol	d	10b		]		
	c Net income or (loss	s) fr	om sales of i	nvento	ory ►			

Miscellaneous Revenue	Business Code			
11a				
b				
С				
d All other revenue				
e Total. Add lines 11a-11d				
<b>12 Total revenue.</b> See instructions .		497,122		55,902
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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,030	38,030		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<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)				
7 Other salaries and wages	236,541	159,064	12,782	64,695
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,369	10,514	1,237	618
10 Payroll taxes	24,570	16,704	1,298	6,568
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	8,539		8,539	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,337	3,949	2,728	1,660
12 Advertising and promotion	5,941	2,971		2,970
13 Office expenses	7,904	4,959	860	2,085
<b>14</b> Information technology				
15 Royalties				
<b>16</b> Occupancy	38,950	32,718	6,232	

<b>17</b> Travel	269	236		22	1
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .					
19 Conferences, conventions, and meetings					
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortization	3,684	3,684			
23 Insurance	9,953	6,967		2,986	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
a ASSOCIATION FEES	7,863			7,863	
<b>b</b> FUNDRAISING	2,422				2,42
c BANK FEES	1,854			927	9
d MISCELLANEOUS	884			884	
e All other expenses	1,383	1,276		71	3
25 Total functional expenses. Add lines 1 through 24e	409,493	281,072	4	6,429	81,9
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).					
				For	m <b>990</b> (202
	Page 11 ———				
orm 990 (2021)					Page :
Part X Balance Sheet					
Check if Schedule O contains a response or note to any lin	e in this Part IX .				
		(A) Beginning of ye	ear		<b>B)</b> of year
1 Cash-non-interest-bearing		1	121,418 <b>1</b>		190,8
2 Cayings and temperature each investments		<del></del>	210 024		210.0

	Check if Schedule O contains a response or not			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing			121,418	1	190,813
2	Savings and temporary cash investments .		🕇	318,834	2	318,987
3	Pledges and grants receivable, net			31,010	3	6,950
4	Accounts receivable, net				4	
5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the			5		
6	Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in s			6		
7	Notes and loans receivable, net	[		7		
8 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			2,100	9	2,100
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	36,329			
b	Less: accumulated depreciation	10b	17,638	22,375	10c	18,691
11	Investments—publicly traded securities .				11	
12	Investments—other securities. See Part IV, line	11			12	
13	Investments—program-related. See Part IV, line	e 11			13	
14	Intangible assets	[		14		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line 33)			495,737	16	537,541
17	Accounts payable and accrued expenses		İ	2 702	17	1 567

	Accounts payable and accrued expenses	2,192	1/		1,50
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
Liabilities	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity				
ap	or family member of any of these persons		22		
Ĭ	23 Secured mortgages and notes payable to unrelated third parties	44,600	23		
	24 Unsecured notes and loans payable to unrelated third parties	·	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).		25		
	Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25	47,392	26		1,
35	Organizations that follow FASB ASC 958, check here				
S	complete lines 27, 28, 32, and 33.				
ala	27 Net assets without donor restrictions	359,770	27		459,
ĕ	28 Net assets with donor restrictions	88,575	28		76,
Fund Balances	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.				
5	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
Assets	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	448,345	32		535,
Net	<u> </u>		33		537.
		495,737			
orm	Page 12 ———————————————————————————————————				<b>0</b> (20
	Page 12 ———————————————————————————————————				
	990 (2021)				
	990 (2021) rt XI Reconcilliation of Net Assets				Page
Pa	990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				Page
Pa	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	1		Page 497 409
1 2	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·	1 2		Page 497 409 87
1 2 3	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)		1 2 3		Page 497 409 87
1 2 3 4	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1 2 3 4		Page 497 409 87
1 2 3 4 5 6	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5		Page 497 409 87
1 2 3 4 5 6 7	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7		Page 497 409 87
1 2 3 4 5 6 7 8	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7		Page 497 409 87
1 2 3 4 5 6 7 8	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments  Donated services and use of facilities  Drior period adjustments		1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7		
1 2 3 4 5 6 7 8 9	Page 12  990 (2021)  It XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI .  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9 10	Page 12  990 (2021)  rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses		1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9 10	Page 12  990 (2021)  It XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI .  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments  Donated services and use of facilities		1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9 10 P2	Page 12  990 (2021)  RXI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	ther	1 2 3 4 5 6 7 8 9		497 409 87 448
1 2 3 4 5 6 7 8 9 10 Pa	Page 12  990 (2021)  It XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI .  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	ther explain on	1 2 3 4 5 6 7 8 9 10	· · · Yes	497 409 87 448

b	If 'Ye	-	ox below to i		y an independent accountant? ncial statements for the year were audite	d on a separate basis	<b>2b</b>		No
		Separate ba	asis C	Consolidated basis	☐ Both consolidated and separate b	asis			
С	of the	audit, revie	ew, or compil	lation of its financial state	committee that assumes responsibility fo ements and selection of an independent a s or selection process during the tax year,	ccountant?	<b>2c</b>	Yes	
	Audit	Act and OM	B Circular A-	133?	quired to undergo an audit or audits as se		3a		No
ь					dit or audits? If the organization did not ungle any steps taken to undergo such audits		3b	00	<b>0</b> (2021)
	990 (2								
Ac	lditi	onal Dat	ta				Retur	n to Fo	orm
<u>↑ Ba</u>	ck to T	<u>Гор</u>		Soft	Software ID: tware Version:				
efil	e Pub	lic Visual	Render	ObjectId: 202212	419349300771 - Submission: 20	22-08-29			<b>18819</b> 45-0047
(Fori	m 990) ment of th	ne Treasury		mplete if the organizat 4947(a ▶ Atta	ty Status and Public Surtion is a section 501(c)(3) organization (1) nonexempt charitable trust. In the Form 990 or Form 990-EZ. orm 990 for instructions and the latest	on or a section	Ор	202 en to F	Public
	Y PROM	ne organiza ISE OF SOUTH	ition HERN CHESTER			<b>Employer ide</b> 35-2518819	ntificatio	n numb	er
	rt I organiz				organizations must complete this par or lines 1 through 12, check only one box.		S.		
1		A church, c	convention of	churches, or association	of churches described in section 170(b	)(1)(A)(i).			
2		A school de	escribed in <b>s</b> e	ection 170(b)(1)(A)(ii	). (Attach Schedule E (Form 990).)				
3		A hospital of	or a cooperat	tive hospital service orga	nization described in section 170(b)(1)	(A)(iii).			
4			research orga and state:	anization operated in con	ijunction with a hospital described in <b>sect</b>	ion 170(b)(1)(A)(i	ii). Enter t	the hosp	oital's
5				ed for the benefit of a coll omplete Part II.)	lege or university owned or operated by a	governmental unit o	lescribed in	n <b>sectic</b>	n
6					nental unit described in section 170(b)(				
7		section 17	70(b)(1)(A)	(vi). (Complete Part II.)		ital unit or from the o	jeneral pul	olic desc	cribed in
8					(1)(A)(vi). (Complete Part II.)	stion with a land :	nt aall		units /
9					in <b>170(b)(1)(A)(ix)</b> operated in conjunctions. Enter the name, city, and state of			n univer	isity or a
10	<b>✓</b>	from activition investment 30, 1975.	ties related t income and See <b>section</b>	o its exempt functions—s unrelated business taxal <b>509(a)(2).</b> (Complete P	•	more than 33 1/3% of sinesses acquired by	its suppor	rt from g	gross
11		An organiza	ation organiz	ed and operated exclusiv	vely to test for public safety. See <b>section</b>	509(a)(4).			
12		more public	cly supported	d organizations described	vely for the benefit of, to perform the func if in <b>section 509(a)(1)</b> or <b>section 509(a)</b> e of supporting organization and complete	a)(2). See section 5	509(a)(3)		
а		organizatio	n(s) the pow		pervised, orcontrolled by its supported orgonized orgonized orgonized or trusted or trus				

b		Type II. A supporting organ ormanagement of the supporting Youmust complete Part I	rting organ	nization v	ested in the s				
С		Type III functionally inte organization(s) (see instruct						nd functionally integrat	ted with, itssupported
d		Type III non-functionally notfunctionally integrated. To (seeinstructions). You mus	he organiz	ation gen	erally must s	atisfy adistribut	tion requirement a		
е		Check this box if the organizintegrated, or Type III non-					IRS that it is a Ty	pe I, Type II, Type III	I functionally
f	Enter	the number of supported or		-		-			
g	Provi	de the following information a	bout the s	upported	organization(	(s).			
			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
Tot									
		vork Reduction Act Notice, or 990-EZ.	see the I	nstructio	ons for	Cat. No. 112	85F	Schedule	A (Form 990) 2021
_					Pa	ge 2 ———			
Sch	odulo A	(Form 990) 2021							
		<u> </u>	•		5		470(1)(4)(4)	(' ) 1 470(b)(c	Page 2
	art II	Support Schedule for (Complete only if you If the organization fail	checked t	he box c	n line 5, 7,	or 8 of Part I	or if the organ	ization failed to qua	
		A. Public Support							
	lendar		(a) 20	17	<b>(b)</b> 2018	(c) 2019	(d) 202	0 <b>(e)</b> 2021	(f) Total
1		year beginning in)  rants, contributions, and	-				- 1		
•		rship fees received. (Do not							
		any "unusual grant.") .  .							
2		enues levied for the							
		ation's benefit and either paid pended on its behalf	1						
3		ue of services or facilities							
_		ed by a governmental unit to							
_		anization without charge							
4		Add lines 1 through 3							
5		tion of total contributions by erson (other than a							
		mental unit or publicly							
		ed organization) included on							
		hat exceeds 2% of the amour on line 11, column (f) .  .	it						
6	Public	<b>support.</b> Subtract line 5 fror	1						
_	line 4.	B. Total Support							
	lendar				1	1			
		year beginning in)	<b>(a)</b> 20	17	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 202	0 <b>(e)</b> 2021	(f) Total
7	Amou	nts from line 4							
8		income from interest,							
	securi	nds, payments received on ties loans, rents, royalties an	d						
9		e from similar sources come from unrelated busines	s						
9	activit	come from unrelated busines lies, whether or not the less is regularly carried on	3						
10		income. Do not include gain	or		1				
	loss fr	rom the sale of capital assets in in Part VI.).							
11		<b>support.</b> Add lines 7 through	1						
12		receipts from related activities	s, etc. (see	instructio	ons)			12	L

	First 5 years. If the Form 990 is for th						ization, check
	this box and <b>stop here</b> .					▶□	
Se	ection C. Computation of Public	Support Perce	entage				
	Public support percentage for 2021 (line	, , ,	, ,	( //		14	
	Public support percentage for 2020 Sch					15	
	33 1/3% support test—2021. If the o						
b	and <b>stop here.</b> The organization qualifi <b>33</b> 1/3% <b>support test—2020.</b> If the	organization did r	ot check a box on	line 13 or 16a, a	nd line 15 is 33 <sub>1/</sub>	3% or more, checl	k this
17a	box and <b>stop here.</b> The organization of <b>10%-facts-and-circumstances test-</b> and if the organization meets the "facts	<b>-2021.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b	and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" te  10%-facts-and-circumstances test more, and if the organization meets th	-2020. If the or	ganization did not	check a box on lii	ne 13, 16a, 16b, o	or 17a, and line 15	5 is 10% or
18	meets the "facts-and-circumstances" t <b>Private foundation.</b> If the organizatio						▶□
	instructions						▶□
						Schedule A (F	orm 990) 2021
			Page 3				
Sche	dule A (Form 990) 2021						Page <b>3</b>
Р	art III Support Schedule fo						
	(Complete only if you on the organization fails to	checked the box	on line 10 of P	art I or if the or	ganization faile amplete Part II	d to qualify und \	er Part II. If
Se	ection A. Public Support	o quality under	the tests listed	below, please co	ompiete rait II.	)	
Cal	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or	<b>fiscal year beginning in)</b> Gifts, grants, contributions, and	(4) 2017	(2) 2020	(6) 2013	(4) 2020	(0) 2021	(1) 10101
•	membership fees received. (Do not	295,434	241,721	380,155	624,284	441,220	1,982,814
2	include any "unusual grants.") . Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the			245			245
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or		122 617	02.071	45.007	74.412	226 000
	business under section 513		123,617	82,971	45,087	74,413	326,088
4	 Tax revenues levied for the						
-	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
-	furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5	295,434	365,338	463,371	669,371	515,633	2,309,147
	Amounts included on lines 1, 2, and						7-1-7
b	3 received from disqualified persons 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.						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
8	from line 6.)						2,309,147
	ection B. Total Support						
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9		295,434	365,338	463,371	669,371	515,633	2,309,147
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and		2,643	4,194	2,288	402	9,527
_	income from similar sources	ļ					
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,	1					

	19/5.	1	i		1		1		
С	Add lines 10a and 10b.		2,643	4,194	2,288	4	02		9,527
11									
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12									
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,	295,434	367,981	467,565	671,659	516,0	35	2	318,674
	11, and 12.).	,	•	•	,				
14	First 5 years. If the Form 990 is for t								
	this box and stop here								ightharpoons
	Public support percentage for 2021 (li			column (f))		15		00	.590 %
16	Public support percentage from 2020	, , ,	, ,	` ''		16			.560 %
	ection D. Computation of Invest					10		23	.300 /0
<u> </u>	Investment income percentage for 20			line 13. column (f	))	17			0 %
18	Investment income percentage from 2		.,		• •	18			0 %
	33 1/3% support tests-2021. If the		•				line 17	is not	0 /
19a	more than 33 1/3%, check this box and							<b>▶</b> ✓	
b	33 1/3% support tests—2020. If the							nd line	18 is
-	not more than 33 1/3%, check this box	and <b>stop here.</b> 1	The organization o	ualifies as a publi	clv supported orga	anization	1	▶ □	
20	Private foundation. If the organizati	-	-					▶ □	
	The organization	on did not check t	box on line 11, 1	194, 01 195, effect	this box and see	Schedule A			2021
			Page 4						
Scho	dule A (Form 990) 2021								
	· · · · ·							ŀ	Page <b>4</b>
Par	t IV Supporting Organization		6 D+ I I6		Dt I		D 16		-1
	(Complete only if you checked box 12b, of Part I, complete Se								
	12d, of Part I, complete Section			., ,	,	, ,			
Se	ction A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an			ted. If designated	by class or purpos	se,			
	describe the designation. If historic ar	iu continuing relat	іопыпр, ехріаіп.				1		<u> </u>
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in I wasdescribed in section 509(a)(1) or (		rganization deteri	ninea that the sup	portea organizatio	on			<u> </u>
	. , , ,	,					2		<u> </u>
3а	Did the organization have a supported 3c below.	organization desc	cribed in section 5	01(c)(4), (5), or (	6)? If "Yes," answ	er lines 3b and	′		
	SC Delow.						3a		
b	Did the organization confirm that each								
	thepublic support tests under section thedetermination.	509(a)(2)? If "Yes	," aescribe in <b>Par</b>	<b>t V1</b> wnen and no	w tne organization	n made			<u> </u>
							3b		
С	Did the organization ensure that all su If "Yes," explain in <b>Part VI</b> what conta				section 170(c)(2)(	B) purposes?			<u> </u>
	ii res, explain in <b>Fait VI</b> what cond	ois the organization	on put in place to	ensure such use.			3с		
4a	Was any supported organization not o			ign supported org	anization")? If "Ye	s" and if you			<u> </u>
	checked box 12a or 12b in Part I, ans	wer iines 40 and 4	c below.				4a		
b	Did the organization have ultimate con						L		
	supportedorganization? If "Yes," description of the controlled or supervised by or in connection.				and discretion des	spite being	4b		
_	Did the organization support any forei		-		determination	der			
С	sections501(c)(3) and 509(a)(1) or (2						L		
	support tothe foreign supported organ						4c		
5a	Did the organization add, substitute, o	or remove any sup	ported organization	ons during the tax	year? If "Yes," an	swer lines 5b			
	and 5c below (if applicable). Also, pro								
	organizations added, substituted, or re organization's organizing document au						<u> </u>	<u> </u>	<u> </u>
	amendment to the organizing docume		, (,			/	5a		<u> </u>
b	Type I or Type II only. Was any add		supported organi	zation part of a cla	ss already design	ated in	<u></u>		<u> </u>
	theorganization's organizing documen	t?					5h	1	l

	спестданиватого отданивну восителе.	טע		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone otherthan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form $990$ ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether the organization had excess business holdings).	10a		
	Schedule A	10b	000	2024
	Scileutie A	(1 01111	990)	2021
	Page 5 —			
Sche	edule A (Form 990) 2021			age <b>5</b>
	rt IV Supporting Organizations (continued)			age <b>J</b>
	Capporania organizations (continuou)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described on 11a above?	11b		_
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		_
	VI.			
Se	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit out the purposes of the supported organization(s) that operated, supervised or controlled the supportingorganization.	2		
	action C. Type II Supporting Organizations			<u> </u>
	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	ofeach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of	1		
_	thesupporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	thesupporting organization's supported organization(s)? If "No," describe in Part VI now control or management or thesupporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations	1	Yes	No

	documents in effect on the date of notification, to the extent not previously provided:					ı		
2			by the supported	1		-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "	No," e	xplain in <b>Part VI</b> how the					
	organization maintained a close and continuous working relationship with the support	ed orga	anization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's support							
	voice in the organization's investment policies and in directing the use of the organizaduring the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supporte			3		_		
		u organ	mzations played in this regard.	L		L		
1	ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Processing P	art Tes	t during the year (see instruct	ions).				
- a	, ,	are res	t during the year (See instruct					
Ŀ		a lina '	3 helow					
					、			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you	ou supp	orted a government entity (see	instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				V	N.		
_	a Did substantially all of the organization's activities during the tax year directly further	the ev	compt purposes of the		Yes	No		
٠	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported					
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th							
	substantially all of its activities.	at thes	se activities constituted	2a				
Ŀ	Did the activities described on line 2a, above constitute activities that, but for the org							
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t							
	organization's involvement.			2b				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.							
ā	<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? If "Yes" or "No", provide details in <b>Part VI</b> .							
Ŀ	Did the organization exercise a substantial degree of direction over the policies, progr	ams ar	nd activities of each of its					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ir	n this regard.	3b		_		
			Schedule A		n 990)	2021		
Scha	Page 6 ———————————————————————————————————		Schedule A					
	dule A (Form 990) 2021	rgani				2021 Page 6		
Pa	dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O		izations	(Form	F			
	dule A (Form 990) 2021	st on N	i <b>zations</b> Nov. 20, 1970 (explain in <b>Part V</b>	(Form	F			
Pa	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true	st on N	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	F	Page <b>6</b>		
Pa	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	st on N	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
Pa 1	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	ist on f	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  Net short-term capital gain	ist on Mations i	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions	st on Nations r	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2 3	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion	st on Nations r	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2 3 4	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3	st on Nations r	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2 3 4 5	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for	1 2 3 4 5	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2 3 4 5	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	1 2 3 4 5 6	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b> nust complete Sections A throu</i>	(Form	e rent Yea	Page <b>6</b>		
1 1 2 3 4 5 6	dule A (Form 990) 2021  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization of prior-year distributions  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A throu  (A) Prior Year	(Forn	e rent Yea	Page <b>6</b>		
1 1 2 3 4 5 6	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A throu  (A) Prior Year	(Forn	e erent Yea	Page <b>6</b>		
1 1 2 3 4 5 6	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizates.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A throu  (A) Prior Year	(Forn	e erent Yea	Page <b>6</b>		
1 1 2 3 4 5 6	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizated Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1 2 3 4 5 6 7 8	izations  Nov. 20, 1970 (explain in Part V must complete Sections A throu  (A) Prior Year	(Forn	e erent Yea	Page <b>6</b>		
1 1 2 3 4 5 6	dule A (Form 990) 2021  Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizated Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)  Section B - Minimum Asset Amount  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	1 1 2 3 4 5 6 6 7 8 8	izations  Nov. 20, 1970 (explain in Part V must complete Sections A throu  (A) Prior Year	(Forn	e erent Yea	Page <b>6</b>		

- Mill of the block of the first

e	uiscount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount		-			Current Year
1	Adjusted net income for prior year (from Section A,line	e 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, u	nless subject to emergency	6			
-	temporary reduction (see instructions)					
7	Check here if the current year is the organization	n's first as a non-functionally-	integrate	ed Type III sup	porting	organization (see
	dule A (Form 990) 2021	Page 7				Page <b>7</b>
	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	zations (cor	ntinued	, 
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiza	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )	)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instruction	ns			6	
7 -	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	sive ( <i>pro</i>	vide	8	
	Distributable amount for 2021 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) lerdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 [	Distributable amount for 2021 from Section C, line 6					
(	Underdistributions, if any, for years prior to 2021 reasonable cause required explain in <b>Part VI</b> ). See instructions.					
	Excess distributions carryover, if any, to 2021:					
	From 2016			•		
	From 2017					
	From 2018					
	From 2019					
е	From 2020					

α Annlied to underdistributions of prior years

Applied to 2021 distributable amount			
Carryover from 2016 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i fr	rom line 3f.		
Distributions for 2021 from Section D, line \$	7:		
Applied to underdistributions of prior year	rs		
Applied to 2021 distributable amount			
Remainder. Subtract lines 4a and 4b from	ı line 4.		
Remaining underdistributions for years pri 2021, if any. Subtract lines 3g and 4a fro If the amount is greater than zero, explai See instructions.	m line 2.		
Remaining underdistributions for 2021. Su lines 3h and 4b from line 1. If the amoun than zero, explain in <b>Part VI</b> . See instruc	nt is greater		
Excess distributions carryover to 2022 3j and 4c.	2. Add lines		
Breakdown of line 7:			
Excess from 2017			
Excess from 2018			
Excess from 2019			
Excess from 2020			
Excess from 2021			
Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3;	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b; Part IV, Section E, lines 1c, 2a	o, and 11c; Part IV, Section B, li a, 2b, 3a and 3b; Part V, line 1;	ie 17a or 17b; Part III, line 12; Part IV, ines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V ir any additional information. (See
	Facts And Circun	nstances Test	
	Facts And Circun	nstances Test	
Return Reference	Facts And Circun	nstances Test  Explanation	
Return Reference	Facts And Circun		Schedule A (Form 990) 202
<b>1</b>	Facts And Circun		Schedule A (Form 990) 202
Return Reference  dditional Data	Facts And Circun		Schedule A (Form 990) 202 Return to Form

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Internal Revenue Service	► GO tO <u>www.iis.gov/F</u>	וטו נוופ ומנפסג ווווטוווומנוטוו. <u>טפפווווטי</u>							
Name of the organization FAMILY PROMISE OF SOU COUNTY			<b>Employer id</b> 35-2518819	entification number					
Organization type (che	eck one):		00 2010017						
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) orga	nization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	☐ 527 political organization								
Form 990-PF	☐ 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	☐ 501(c)(3) taxable private foundation								
money or othe contributions.	ation filing Form 990, 990-EZ, or 990-PF t r property) from any one contributor. Com								
Special Rules									
under sections 5 received from ar	tion described in section 501(c)(3) filing Fo 509(a)(1) and 170(b)(1)(A)(vi), that checke ny one contributor, during the year, total co ne 1h, or (ii) Form 990-EZ, line 1. Complet	d Schedule A (Form 990 or 990-EZ), Pa ontributions of the greater of <b>(1)</b> \$5,000 o	rt II, line 13,	16a, or 16b, and that					
during the year,	tion described in section 501(c)(7), (8), or total contributions of more than \$1,000 ex the prevention of cruelty to children or ani	clusively for religious, charitable, scienti-							
during the year, If this box is che purpose. Don't o	tion described in section 501(c)(7), (8), or contributions exclusively for religious, chacked, enter here the total contributions the complete any of the parts unless the <b>Gene</b> lable, etc., contributions totaling \$5,000 or religious.	ritable, etc., purposes, but no such contr at were received during the year for an e ral Rule applies to this organization bed	ributions tota exclusively rel cause it recei	led more than \$1,000. ligious, charitable, etc.,					
990-EZ, or 990-PF), but	on that isn't covered by the General Rule a it <b>must</b> answer "No" on Part IV, line 2, of art I, line 2, to certify that it doesn't meet th	its Form 990; or check the box on line H	l of its Form 9						
For Paperwork Reduction	Act Notice, see the Instructions	Cat. No. 30613X	Sch	edule B (Form 990) (2021)					

Schedule B (Form 990) (2021) Page 2 Name of organization FAMILY PROMISE OF SOUTHERN CHESTER **Employer identification number** 35-2518819 COUNTY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) No. (d) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED Payroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (b) (c) Total contributions (a) Νo. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) Total contributions (a) Νo. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)			Page 3			
Name of or	ganization DMISE OF SOUTHERN CHESTER	Em	Employer identification number				
COUNTY	DMISE OF SOUTHERN CHESTER	35-2	2518819				
Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash		(c) //V (or estimate) See instructions)	(d) Date received			
-			\$_				
(a) No. from Part I	(b) Description of noncash		(c) MV (or estimate) See instructions)	(d) Date received			
·			\$				
(a) No. from Part I	(b) Description of noncash		(c) MV (or estimate) See instructions)	(d) Date received			
-			\$				
(a) No. from Part I	(b) Description of noncash		(c) MV (or estimate) See instructions)	(d) Date received			
-			\$				
(a) No. from Part I	(b) Description of noncash	property given	(c) MV (or estimate) See instructions)	(d) Date received			
-			\$				
(a) No. from Part I	(b) Description of noncash		(c) MV (or estimate) See instructions)	(d) Date received			
-			\$				
	_	<u> </u>		Schedule B (Form 990) (2021)			
		Page 4					
Schedule I	B (Form 990) (2021)			Page 4			
	ganization DMISE OF SOUTHERN CHESTER		<b>Employer iden</b> 35-2518819	tification number			
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See instude the deplicate copies of Part III if additional specific processes in the second sec	tributor. Complete columns (a) through e total of exclusively religious, charitab tructions.) \( \)	n section 501(c)(7), (a (e) and the followin	g line entry. For			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	ption of how gift is held			

. =				_	
_	Transferee's name, address, an	id ZIP 4	) Transfer of gift Relatio	onship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Descript	ion of how gift is held
· <u>-</u>	Transferee's name, address, an	d ZIP 4	) Transfer of gift Relatio	onship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Descript	ion of how gift is held
	Transferee's name, address, an	(e nd ZIP 4	) Transfer of gift Relatio	onship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Descript	ion of how gift is held
-	Transferee's name, address, an		) Transfer of gift Relatio	onship of transferor to t	ransferee
				Sche	dule B (Form 990) (2021)
Addition	al Data				Return to Form

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# SCHEDULE D (Form 990) 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. Department of the Treasury Internal Revenue Service Part IV, line 6 or to www.irs.gov/Form990 for instructions and the latest information. TIN: 35-2518819 OMB No. 1545-0047 2021 Open to Public Inspection

35-2518819

Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye			or Ac	counts.	
	Complete ii the organization answered Te		advised funds		(b) Funds and other	er accounts
1	Total number at end of year	(1)			(.,	
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 advisor	ore in writing that the	accets hold in donor	advicod	funds are the	
5	organization's property, subject to the organization's ex					Yes No
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or	for any other purpose	n be us conferi	ring impermissible	☐ Yes ☐ No
Pa	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, F	art IV, line 7.			
1	Purpose(s) of conservation easements held by the orga	anization (check all th	at apply).			
	Preservation of land for public use (e.g., recreatio	on or education)	Preservation of a	an histor	rically important land	d area
	Protection of natural habitat	,			ed historic structure	
			— rieservation of a	a ceruiie	a mstoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation	on contribution in the f	orm of	Held at the End	l of the Very
_	Total number of conservation easements			2a	neid at the End	or the Year
a	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified histor					
c			• •	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register			2d		
3	Number of conservation easements modified, transferred tax year	ed, released, extingu	shed, or terminated b	y the or	ganization during th	e
4	Number of states where property subject to conservation	ion easement is locate	ed ▶			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold			g of viol	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of vic	lations, and enforcing	conserv	ration easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting,  \$	, handling of violation	s, and enforcing cons	ervation	easements during t	he year
8	Does each conservation easement reported on line 2(d			170(h)(	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				☐ Yes	☐ No
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the orga	in its revenue and exp inization's financial sta	ense sta atement	atement, and s that describes	
Pai	t III Organizations Maintaining Collections Complete if the organization answered "Ye			ther Si	milar Assets.	
1a	If the organization elected, as permitted under FASB At historical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial statem	blic exhibition, educat	ion, or research in fur	ent and therance	balance sheet works e of public service, p	of art, rovide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for put following amounts relating to these items:	SC 958, to report in i	ts revenue statement	and bala	ance sheet works of e of public service, p	art, rovide the
	i) Revenue included on Form 990, Part VIII, line 1				. ▶\$	
	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	rical treasures, or oth	er similar assets for fir			
а	Revenue included on Form 990, Part VIII, line ${\bf 1}$				. ▶\$	
b	Assets included in Form 990, Part X · · · · · · ·				. 🕨 \$	

Schedule D (Form 990) 2021 Page 2

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, H	listori	cal Tr	easure	s, or	Other	Similar A	ssets (	continued)	)
3		the organization's acquicheck all that apply):		, and other	records,	check a	ny of t	he follov	ving tl	nat are a	significant ι	use of it	s collection	1
а		Public exhibition				d		Loan or	excha	nge prog	ırams			
b		Scholarly research				е		Other						
С		Preservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Pa	rt IV	Escrow and Cust Complete if the org line 21.			' on Fori	m 990,	Part 1	IV, line	9, or	reporte	d an amou	ınt on F	orm 990,	, Part X,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?													
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table:		Ī		А	mount		
c	Begin	ning balance								1c				<u> </u>
d	Additi	ons during the year .							. [	1d				
e	Distrib	butions during the year	r							1e				
f	Ending	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for e	escrow	or custo	dialac	count lia	bility?	□ Ye	es 🗆	No
b	If "Yes	s," explain the arrange	ment in Part XIII.	Check here	if the ex	planatio	on has	been pro	ovided	in Part >	(III			
Pa	rt V	Endowment Fund												
		Complete if the org	ganization answ								L D =			
1a	Reginni	ing of year balance .		(a) Curren	it year	( <b>D</b> ) PI	rior year	(c)	IWO ye	ears back	(d) Three ye	ars back	(e) Four ye	ears back
	-	outions												
		estment earnings, gain	ns and losses											
		or scholarships	15, 4114 105565					-						
	Other e	expenditures for facilities	es											
f	Adminis	strative expenses .												
		year balance												
2	Provid	le the estimated perce	ntage of the curre	nt year end	balance	(line 1g	ı, colun	nn (a)) h	neld as	S:	l			
а	Board	designated or quasi-e	ndowment ►											
b	Perma	anent endowment 🛌												
С	Term	endowment ►												
За	Are th	ercentages on lines 2a, nere endowment funds		-		ion that	are he	eld and a	dmini	stered fo	r the			
	-	ization by: nrelated organizations										-	Yes a(i)	No
	` ,	elated organizations							•				a(i) a(ii)	+
ь	` '	s" on $3a(ii)$ , are the rel							•				3b	+
4		ibe in Part XIII the inte						-			- •	<u> </u>	-	<del></del>
Pai	rt VI	Land, Buildings,												
		Complete if the org												
	Descrip	ption of property	(a) Cost or oth (investme		(b) Cost	or other	pasis (o	tner) (	c) Accı	imulated o	lepreciation	(	( <b>d)</b> Book val	ue
12	Land													
	Building													
	-	old improvements												

d Equipment	36,32	9	17,638	18,691
<b>e</b> Other				
<b>Fotal.</b> Add lines 1a through 1e. (Column (d) must equal Form 99	0, Part X, column (B), lin	e 10(c).)	Schodula D /	18,691 (Form 990) 202
			Schedule D (	,roiiii 990) 202
	—— Page 3 ————			
Schedule D (Form 990) 2021				Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000 Part IV	ing 11h Coo For	m 000 Part V line:	12
(a) Description of security or category	(b)		(c) Method of valuation	n:
(including name of security)	Book value	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)				
(1)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	Þ			
Complete if the organization answered 'Yes' of	on Form 990, Part IV,			
(a) Description of investment		(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>&gt;</b>			
Part IX Other Assets.  Complete if the organization answered 'Yes' o	n Form 990 Part IV	ne 11d Soc For	m 000 Part V line :	15
(a) Descri		ne iiu. See ror		<b>b)</b> Book value
(1)				
(2)				
(3)				
(A)				

(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Tota	I. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Pa	rt X Other Liabilities.		
1.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See I  (a) Description of liability	orm 990, P	(b) Book value
	ederal income taxes		(B) Book value
(-)	edular mounte taxes		
Total	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>.</b>	
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financia		that reports the
	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote		
			le D (Form 990) 2021
	Page 4 —————		
Sche	dule D (Form 990) 2021		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1 1	
2	Total revenue, gains, and other support per audited financial statements	1	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del>                                   </del>	
a	Donated services and use of facilities 2a		
	<del>                                     </del>	<b>─</b>	

ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Return Reference  ditional Data	provide any au	ulciona	xplanation	Sche	dule D (Form 990) 2021  Return to Form
	<u> </u>	provide any ad-	uiciona		Sche	dule D (Form 990) 2021
	<u> </u>	provide any au	uitioni			_
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any au	ultioni	ation.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, and 9; Part IIII, lines 4, and 9; Part IIII, lines 4, and 9; Part III, lines 4, and 9; Part III				t V, line	e 4; Part X, line 2; Part XI,
	XIII Supplemental Information	, ,			-	
	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Par		٠. ٠	 	5	
	Other (Describe in Part XIII.)	<u></u>			4c	
	Investment expenses not included on Form 990, Part VIII, line 7b		_		4	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	•			
	Subtract line <b>2e</b> from line <b>1</b>				3	
е	Add lines 2a through 2d				2e	
d	Other (Describe in Part XIII.)	. 2d				
_	Other losses	2c				
		. 2b			1	

# ↑ Back to Top

efi	le Public Visual R	ender	ObjectId: 202	21241934930		TIN: 35-2518819					
CH	HEDULE G		Supplei	nental Info	ormation Rega	OMB No. 1545-0047					
Form 990)  Fundraisin  Complete if the organization answers  organization entered repairment of the Treasury					Gaming Activit	ē	2021 Open to Public Inspection				
lame of the organization AMILY PROMISE OF SOUTHERN CHESTER OUNTY  Employer identification number 35-2518819											
Pa	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1	Indicate whether the	organizat	ion raised funds thr	ough any of the f	ollowing activities. Check	all that apply.					
а	☐ Mail solicitations			•	Solicitation of non-	-government gran	ts				
b	☐ Internet and ema	ail solicitat	ons	1	f Solicitation of government grants						
c	Phone solicitation	ns		g	■ Special fundraising	Special fundraising events					
d	☐ In-person solicita	itions									
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b	If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amo								(vi) Amount paid to			

or ent	ity (Turiuraiser)		custo	custody or control of contributions?		fundraiser listed in col. (i)	organization
			Yes	No			
		-					
		-					
Total				. ▶			
		anization is re	gistered or licens	sed to soli	cit contributions or has	been notified it is exempt	from registration or
licensing.							
For Panerwor	k Reduction Act Notice	. see the Instr	uctions for Form	990 or 990	)- <b>F7</b> . Cat No	o. 50083H <b>S</b> e	chedule G (Form 990) 2021
. с арс. нс.		, 500 1110 211011					
					2		
				—— Pa	ge 2 ————		
Cabadula C (	Form 000) 2021						D <b>3</b>
	Form 990) 2021						Page 2
Part II	Fundraising Eve	<b>nts.</b> Comple	te if the organ	ızation a	nswered "Yes" on Fo	rm 990, Part IV, line 18	, or reported more
				ons and	gross income on Fori	m 990-EZ, lines 1 and $\epsilon$	bb. List events with
	gross receipts gre	ater than \$5	.000.				
	<u>, , , , , , , , , , , , , , , , , , , </u>		,		(b) Event #2	(c)Other events	(d) Total events

Revenue		(a)Event #1  DAY OF PROMISE (event type)	(b) Event #2  DOUBLE THE LOVE  (event type)	(c)Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	54,347	17,051	9,008	80,406
	<b>2</b> Less: Contributions	5,993			5,993
	<b>3</b> Gross income (line 1 minus line 2)	48,354	17,051	9,008	74,413
	4 Cash nrizes				

	T Cuair prizes	<b> </b>	<u> </u>	<u> </u>	+
Ś	5 Noncash prizes				
nse	6 Rent/facility costs				
œ	7 Food and beverages				
iii ts	8 Entertainment				<del> </del>
Direct Expenses	9 Other direct expenses	18,588	3	32	18,913
ш	10 Direct expense summary. Add lines 4 t	•	1		18,913
	11 Net income summary. Subtract line 10	from line 3, column (d)			55,500
Par	<b>Gaming.</b> Complete if the organism on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	<u> </u>
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue				
S					<del> </del>
ense	2 Cash prizes				<u> </u>
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
ä	5 Other direct expenses				
	, , , , , , , , , , , , , , , , , , ,	☐ Yes %	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
			1		
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	nn (d)	🕨	
9	Enter the state(s) in which the organizati	ion conducts gaming activ	vities:		
a	Is the organization licensed to conduct ga				Yes No
b	If "No," explain:				
					1
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				
					1
				Schedule G	(Form 990) 2021
		F	Page 3 ————		
Sche	edule G (Form 990) 2021				Page <b>3</b>
11	Does the organization conduct gaming ac	ctivities with nonmembers	s?		· O Yes O No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?		member of a partnership	or other entity	
13	Indicate the percentage of gaming activit				· O Yes O No
а	The organization's facility	·		13a	%
b	An outside facility			<b>13</b> b	%
14	Enter the name and address of the perso	n who prepares the organ	nization's gaming/special e	events books and records	»: ———
	Name				

<b>5a</b> D	ddress				
		a contract with a third party from wh	nom the organization receives gai	mina	
		· · · · · · · · · · · · · · · · · · ·			· 🗆 Yes 🗆 No
o I		f gaming revenue received by the or			U tes U No
		retained by the third party > \$	· · · · · · · · · · · · · · · · · · ·		
I	f "Yes," enter name and add	dress of the third party:			
N	lame 🕨				
А	ddress				
G	Saming manager information	n:			
	lame				
G	Saming manager compensat	tion • \$			
D	Description of services provi	ded			
1	☐ Director/officer	☐ Employee	☐ Independent con	tractor	
N	landatory distributions:				
		under state law to make charitable of	distributions from the gaming are	ceeds to	
	s the organization required etain the state gaming licen				
	3 3				· 🗌 Yes 🗌 No
		tions required under state law distrib	· -	ons or spent	
	•	empt activities during the tax year	•		
art :		<b>formation.</b> Provide the explana b, 15b, 15c, 16, and 17b, as app			
	Return Reference		Explanation		
				Schedule G	(Form 990) 2021
				Schedule G	(Form 990) 2021
١dd	litional Data			Schedule G	
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	litional Data			Schedule G	
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(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)  Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat. No. 50055P  Schedule I (Form 990)	33   34   35   36   37   37   38   38   39   39   39   30   30   30   30   30			(2)		
(3)	33	3	3	(3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		
(4)	4)  4)  55  66  77  78  88  99  40  40  40  40  40  40  40  40  40	(4)   (5)   (6)   (7)   (8)   (8)   (8)   (8)   (9)   (9)   (10)	(4)   (5)   (6)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)	(4) (6) (7) (8) (9) (10) (11) (12) (12) (12)		
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No. 500559  Schedule I (Form 990)	(1) HOUSING SERVICES  (28)   Services   Schedule I (Form 990) 2021   Page 2    (30)   Page 1   Page 2    (40)   Page 1   Page 2    (50)   Page 1   Page 2    (50)   Page 1   Page 2    (61)   Page 1   Page 3    (62)   Page 3   Page 4    (63)   Page 4   Page 5    (74)   Page 5   Page 6    (75)   Page 7   Page 7    (76)   Page 8    (77)   Page 8    (78)   Page 9    (79)   Page 1   Page 9    (80)   Page 9    (90)   Page 1   Page 9    (10)   Page 1   Page 9    (11)   Page 1   Page 9    (12)   Page 1   Page 9    (13)   Page 9   Page 9    (14)   Page 9   Page 9    (15)   Page 9   Page 9    (16)   Page 9   Page 9    (17)   Page 9   Page 9    (17)   Page 9   Page 9    (18)   Page 9    (19)   Page 9    (19)   Page 9    (19)   Page 9    (20)   Page 9    (31)   Page 9    (42)   Page 9    (53)   Page 9    (64)   Page 9    (75)   Page 9    (76)   Page 9    (77)   Page 9    (76)   Page 9    (77)   Page 9    (77)   Page 9    (78)   Page 9    (79)   Page 9    (80)   Page 9    (90)   Page 9    (10)   Page 9    (11)   Page 9    (12)   Page 9    (13)   Page 9    (14)   Page 9    (15)   Page 9    (16)   Page 9    (17)   Page 9    (17)   Page 9    (18)   Page 9    (19)   Page 9    (19)   Page 9    (20)   Page 9    (30)   Page 9    (41)   Page 9    (42)   Page 9    (43)   Page 9    (44)   Page 9    (45)   Page 9    (46)   Page 9    (47)   Page 9    (48)   Page 9    (48)   Page 9    (48)   Page 9    (49)   Page 9    (40)   Page 9    (40)   Page 9    (41)   Page 9    (42)   Page 9    (43)   Page 9    (44)   Page 9    (45)   Page 9    (46)   Page 9    (47)   Page 9    (48)   Page 9    (4	(8) (9) (10) (11) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  7 Enter total number of other organizations listed in the line 1 table.  8 Enter total number of other organizations listed in the line 1 table.  8 Enter total number of other organizations listed in the line 1 table.  8 Enter total number of other organizations listed in the line 1 table.  9 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organization and line line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  1 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  2 Enter total number of ot	(8) (9) (10) (11) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  The Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat. No. 500559  Schedule I (Form 990) 2021  Page 2  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  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	4)		(6)	Page 2  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  recipients  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)	33   44   55   56   66   77   78   79   79   79   79   79   79
(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)				Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)				Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	2
	4)		(6)	Schedule I (Form 990) 2021  Part III	2)	33   44   55   56   66   77   78   79   79   79   79   79   79
(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)				Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
(4)		(7)	(-7)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
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(4)		(7)	(-)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	2
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(4)				Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	2
	(4)		(6)	Schedule I (Form 990) 2021  Part III	2)   33   44   55   56   57   57   57   57   57   57	23
	(4)	(6)		Page 2  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  recipients  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)   33   44   55   56   57   57   57   57   57   57	23
		(6)		Page 2  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  recipients  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)   33   44   55   56   57   57   57   57   57   57	23
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		(6)		Schedule I (Form 990) 2021  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  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)	33   44   55   56   66   77   78   79   79   79   79   79   79
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(3)		(6)		Schedule I (Form 990) 2021  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  (cash grant noncash assistance)  (1) HOUSING SERVICES  17,251  20,779  FMV  RENT, UTILITIES	2)   33   44   55   56   57   57   57   57   57   57	23
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(3)		(6)		Schedule I (Form 990) 2021  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  (cash grant noncash assistance)  (1) HOUSING SERVICES  17,251  20,779  FMV  RENT, UTILITIES	2)   33   44   55   56   57   57   57   57   57   57	2
		(6)		Schedule I (Form 990) 2021  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  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)   33   44   55   56   57   57   57   57   57   57	23
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(4)			(6)	Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	
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(4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(5)	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	<u>``</u>	Schedule I (Form 990) 2021  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 noncash assistance  (d) Amount of noncash assistance  (FMV, appraisal, other)  (1) RENT, UTILITIES  (3) RENT, UTILITIES  (4) RENT, UTILITIES  (5) RENT, UTILITIES  (6) RENT, UTILITIES	2	20
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(4)				Schedule I (Form 990) 2021  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of cash grant  (c) Amount of noncash assistance  (l) HOUSING SERVICES  (l) RENT, UTILITIES  (l) RENT, UTILITIES  (l) RENT, UTILITIES	2	2
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	(4)		(6)	Page 2  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  recipients  17,251  20,779 FMV  RENT, UTILITIES  (1)  (2)  (3)	2)   33   44   55   56   57   57   57   57   57   57	23
(3)		(6)		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 noncash assistance  (l) HOUSING SERVICES  17,251  20,779 FMV  RENT, UTILITIES	2)   33   44   55   56   57   57   57   57   57   57	20
	(3)	(4)       (5)       (6)	(4) (5)	Page 2   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 noncash assistance   (e) Method of valuation (book, FMV, appraisal, other)   (f) Description of noncash assistance   (1) HOUSING SERVICES   17,251   20,779   FMV   RENT, UTILITIES   (1)   (1)   (2)   (3)   (3)   (4)   (4)   (4)   (5)   (5)   (6)   (6)   (6)   (6)   (7)	3) 4) 4) 5) 6) 7) 8) 9) 10) 11) 12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  11) 12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  12) 3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  12) 4 Enter total number of other organizations listed in the line 1 table.  12) 5 Enter total number of other organizations listed in the line 1 table.  13) 6 Enter total number of other organizations listed in the line 1 table.  14) 7 Page 2 7 Page 1   Page 2 7 Page 1   Page 2 7 Page 1   Page 2   Page 3   Page 4   Page 4   Page 4   Page 5   Page 6   Page 6   Page 6   Page 6   Page 7   Page 7   Page 7   Page 8   Page 8   Page 8   Page 9   Pag	1
	(2)	(3) (4) (5) (6)	(3) (4) (5)	Schedule I (Form 990) 2021  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 noncash assistance  (d) Amount of noncash assistance  FMV, appraisal, other)  (f) Description of noncash assistance  FMV, appraisal, other)	33 44 45 55 66 77 88 99 100 101 112 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  3 Enter total number of other organizations listed in the line 1 table.  4 Cat. No. 5005SP  Schedule I (Form 990) 2021  Page 2  Page 1  Fart III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Page 1  Page 1  Page 2  Page 2  Page 1  Page 3  Page 4  Page 3  Page 4  Page 4  Page 4  Page 5  Page 1  Page 6  Page 7  Part III can be duplicated if additional space is needed.  Page 8  Page 9  Page 1  Page 9  Page 1  Page 9  Page 1  Page 9  Page 1  Page 1  Page 1  Page 1  Page 1  Page 3  Page 4  Page 4  Page 4  Page 4  Page 4  Page 4  Page 5  Page 6  Page 7  Page 9  Page 8  Page 9  Page 9  Page 9  Page 1  Page 9  Page 9  Page 1  Page 9  Page 1  Page 9   33   3   3   3   3   3   3   3   3   3	
	(1)	(1)     (2)       (3)     (4)       (5)     (6)	(1)     (2)       (3)     (4)       (5)     (5)	Schedule I (Form 990) 2021  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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance	3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.  2 Enter total number of other organizations listed in the line 1 table.  3 Enter total number of other organizations listed in the line 1 table.  4 Page 2  Page 1  Page 1  Page 2  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	23   33   34   34   35   36   36   36   36   36   36   36
Schedule I (Form 990) 2021  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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance)	recipients	recipients	recipients	D 3	2)	2)
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

TIN: 35-2518819

OMB No. 1545-0047 **2021** 

Open to Public Inspection

lame of the org	anization F SOUTHERN CHESTER	Employer identification number
OUNTY	1 550 MERRICHESTER	35-2518819
Return Reference	Explanation	
FORM 990 - ORGANIZATIO MISSION	FAMILY PROMISE OF SOUTHERN CHESTER COUNTY (FPSCC) WAS CF DIGIS HOMELESSNESS IN FAMILIES WITH CHILDREN IN THE COMMUNITI COUNTY SCHOOL DISTRICTS KENNETT, AVON GROVE, OXFORD, AND	IES DEFINED BY THE FOUR SOUTHER CHESTER
FORM 990, PAGE 2, PART III, LINE 4A	FPSCC PROVIDES HOUSING, WHOLESOME FOOD AND BASIC NECESS EXPERIENCING HOMELESSNESS. THE GOAL OF THE ORGANIZATION PROVIDING THEM WITH A YEARLONG AFTERCARE PROGROM FOLLO'C CONTINUED SUCCESS. COMPREHENSIVE SERVICES INCLUDE BUTA EDUCATION IN BUDGETING AND PARENTING, AS WELL AS FAMILY/IND FINANCIAL POSITION TO MOVE INTO AN APARTMENT, HELP IS PROVIE EVERYTHING NEEDED FROM FURNITURE TO DISHWARE TO LINENS. INDEFINITELY, SUPPLYING HOLIDAY GIFTS, SCHOOL SUPPLIES, AND CVERY STRESSFUL AND TRAUMATIC EXPERIENCE. WE ARE PROUD TO AND 311 TOTAL PARTICIPANTS INTO PERMANENT HOUSING TO DATE. ARE STILL IN PERMANENT HOUSING AS OF DECEMBER 2021.	IS TO MOVE FAMILIES TO SELF-SUFFICIENCY, WING THE SHELTERING COMPONENT TO ENSURE RE NOT LIMITED TO EMPLOYMENT ASSISTANCE, IVIDUAL COUNSELING. ONCE FAMILIES ARE IN A DED TO FIND AND FURNISH THE NEW HOME WITH FPSCC STAYS IN TOUCH WITH OUR FAMILIES DTHER LIFE NECESSITIES. HOMELESSNESS IS A D HAVE PLACED 84 FAMILIES WITH 175 CHILDREN
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM IS REVIEWED AND APPROVED BY THE TREASURER BEFOR BOARD. ANY QUESTIONS OR CONCERNS BY MEMBERS ARE BROUGH EXECUTIVE DIRECTOR.	
FORM 990, PAGE 6, PART VI, LINE 12C	THE FPSCC HAS A CONFLICT OF INTEREST POLICY THAT REQUIRES I ANNUALLY DISCLOSE ANY AND ALL CONFLICTS OF INTEREST.	MEMBERS OF THE BOARD OF DIRECTORS TO
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD APPROVES COMPENSATION BASED UPON SIMILAR ORGA	ANIZATIONS IN THE AREA.

DOCUMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE TO THE PUBLIC UPON

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

REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS.

Cat. No. 51056K

Schedule O (Form 990) 2021

## Additional Data

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FORM 990, PAGE 6, PART VI,

LINE 19

efile Public Visual Rend	er ObjectId: 202212419349300771 - St	ubmission: 2022-08-	29			TIN: 35-251881
SCHEDULE R	erships		OMB No. 1545-0047			
(Form 990) Department of the Treasury	r 37.	2021 Open to Public Inspection				
Name of the organization  AMILY PROMISE OF SOUTHERN CH  COUNTY  Part I Identification		anization answered "Y	es" on Form 990. Part	35-2	ployer identification 2518819	number
	n of Disregarded Entities. Complete if the org (a) d EIN (if applicable) of disregarded entity	anization answered "You (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Ex			ns. Complet	e if the orga	anization answe	ered "Yes"	on Form	990, Pa	rt IV, line 3	34 because	it had	one or m	iore
related tax-exempt organizations ( (a)  Name, address, and EIN of related organizations	luring the ta	ax year.	( Primary	b) activity	(c) Legal domicile (st or foreign countr	cate Exemp	(d) t Code sect	ion Pul	(e) blic charity sta section 501(c)(	tus (3))	(f) rirect contr entity	rolling	(g) Section 512( (13) controll entity?
L)FAMILY PROMISE L SUMMIT AVE JUMMIT, NJ 07901 2-1591461			NONPROFIT		NJ	501C		8		NA			Yes No
or Paperwork Reduction Act Notice, see the I					Cat. No. 5								90) 2021
		— Page										(, , , , , , , , , , , , , , , , , , ,	,
nedule R (Form 990) 2021 art III Identification of Related Organ						nization ar	swered '	"Yes" on	Form 990,	, Part IV, li	ine 34, l	because	Page <b>2</b> it had
one or more related organizations (a) Name, address, and EIN of related organization	treated as a	(b) Primary activity	(c) Legal	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of- year assets	Dispro		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
			,,		512-514)		-	Yes	No		Yes	No	
Part IV Identification of Related Organ because it had one or more related	l organizatio	ons treate	ed as a corp	oration or tr	ust during the	tax year.							
(a) Name, address, and EIN of related organization	(b Primary	activity	( Le don (state o cou	<b>c)</b> gal nicile rr foreign ntry)	(d) Direct controlling entity	(e) Type of en (C corp, corp, or trust	tity Share S in	(f) e of total come	(g) Share of end of-year assets	I- Perce owne		Section contro Yes	(i) 512(b)(13) lled entity?
						I						l	

								I					
	+												
		Page 3 -								Sche	edule R (	(Form 9	90) 202
hadula B /Farm 000) 2021		ruge 5											
hedule R (Form 990) 2021  Part V Transactions With Related Orga	nizations. Cor	mplete if t	he organizatio	n answe	ered "Yes"	on Form 9	90. Part 1	IV. line 34	. 35b. or	36.			Page
Note. Complete line 1 if any entity is listed in							,	.,					Yes N
During the tax year, did the organization engage	in any of the foll	owing trans	actions with on	e or more	related org	anizations li	isted in Pa	rts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) roya												1a	N
<b>b</b> Gift, grant, or capital contribution to related or												1b	N
c Gift, grant, or capital contribution from related											•		Yes
d Loans or loan guarantees to or for related orga												1d 1e	N
e Loans or loan guarantees by related organizati	on(s)											16	
f Dividends from related organization(s)												1f	N
g Sale of assets to related organization(s)												1g	N
h Purchase of assets from related organization(s	s)											1h	N
i Exchange of assets with related organization(s	)											1i	N
j Lease of facilities, equipment, or other assets t	o related organiz	ation(s) .										1j	N
k Lease of facilities, equipment, or other assets	_											1k 1l	N
I Performance of services or membership or fund	-		-									1m	N
m Performance of services or membership or fund										•		1n	- N
<ul> <li>n Sharing of facilities, equipment, mailing lists, o</li> <li>o Sharing of paid employees with related organi.</li> </ul>												10	N
o sharing or paid employees man relaced organis													
p Reimbursement paid to related organization(s)	) for expenses .											1р	N
<b>q</b> Reimbursement paid by related organization(s	) for expenses .											1q	N
r Other transfer of cash or property to related or													Yes
s Other transfer of cash or property from related			· · · ·								•	1s	N
2 If the answer to any of the above is "Yes," see		for informat	ion on who mus	st comple	te this line, i		vered rela		nd transact	tion threshold			
Name of rela	(a) ted organization					(b) Transaction type (a-s		(c) Amount involv	ved	Method of de	(d) termining	amount in	volved
FAMILY PROMISE					(	2	, i	7,500	FMV				
FAMILY PROMISE					F	२		4,925	FMV				
										Sche	edule R	(Form 9	90) 202
		Page 4 -											•
		_											
nedule R (Form 990) 2021													Page
art VI Unrelated Organizations Taxab													
ovide the following information for each entity taxe s not a related organization. See instructions regal					nducted mo	re than five	percent of	f its activitie	es (measu	red by total as	ssets or g	ross rev	enue) th
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(1	1)	(i)	(j	)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	Are al	l partners ection	Share of total	Share of end-of-year	Disprop alloca	rtionate tions?	Code V-UBI amount in	Gener		Percent owners
		(state or foreign	(related, unrelated,	50:	1(c)(3) nizations?	income	assets			box 20 of Schedule	parti	ner?	
		country)	excluded from tax under	organ	nzaciono.					K-1			
		country				1		1		(Form 1065)			l
		country)	sections 512-										
		country		Yes	No			Yes	No	<u> </u>	Yes	No	
		country	sections 512-	Yes	No			Yes	No	<u>-</u>	Yes	No	
		country	sections 512-	Yes	No			Yes	No		Yes	No	
		country	sections 512-	Yes	No			Yes	No		Yes	No	
		country	sections 512-	Yes	No			Yes	No		Yes	No	
		Country	sections 512-	Yes	No			Yes	No		Yes	No	
		Country	sections 512-	Yes	No			Yes	No		Yes	No	
			sections 512-	Yes	No			Yes	No		Yes	No	

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Schedule R (Form 990) 2021			rage 5 —											Page <b>5</b>
Part VII Supplemental Info	rmation													raye 3
Provide additional infor		s to questio	ns on Sche	dule R. See in	structions.									
Return Reference						Ex	planation	1						
												Schedul	e R (For	n 990) 2021
Additional Data												Re	eturn t	o Form

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