

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

51-0351863

### CANCER SUPPORT COMMUNITY DELAWARE

**Net Asset / Fund Balance at Beginning of Year** 2,717,129

**Revenue**

Contributions	<u>649,033</u>		
Program service revenue	<u>35,300</u>		
Investment income	<u>24,538</u>		
Capital gain / loss	<u>-2,209</u>		
Fundraising / Gaming:			
Gross revenue	<u>172,666</u>		
Direct expenses	<u>77,761</u>		
Net income	<u>94,905</u>		
Other income	<u>0</u>		
<b>Total revenue</b>		<u>801,567</u>	

**Expenses**

Program services	<u>656,703</u>		
Management and general	<u>52,510</u>		
Fundraising	<u>86,480</u>		
<b>Total expenses</b>		<u>795,693</u>	
<b>Excess / (deficit)</b>			<u>5,874</u>

Changes 91,890

**Net Asset / Fund Balance at End of Year** 2,814,893

**Reconciliation of Revenue**

Total revenue per financial statements	<u>886,242</u>
Less:	
Unrealized gains	<u>91,890</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>7,215</u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>801,567</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>788,478</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>7,215</u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>795,693</u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>2,730,291</u>	<u>2,834,551</u>	
Liabilities	<u>13,162</u>	<u>19,658</u>	
Net assets	<u>2,717,129</u>	<u>2,814,893</u>	<u>97,764</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/24  
 Failure to file penalty \_\_\_\_\_

Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning , ending

Name

Taxpayer Identification Number

**CANCER SUPPORT COMMUNITY DELAWARE****51-0351863**

		2022	2023	Differences	
<b>Revenue</b>	1. Contributions, gifts, grants	1. 462,874	454,610	-8,264	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 172,118	194,423	22,305	
	4. Program service revenue	4. 33,290	35,300	2,010	
	5. Investment income	5. 19,420	24,538	5,118	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7. 3,445	-2,209	-5,654	
	8. Net income or (loss) from fundraising events	8. 82,538	94,905	12,367	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>773,685</b>	<b>801,567</b>	<b>27,882</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15. 90,833	104,843	14,010	
	16. Salaries, other compensation, and employee benefits	16. 228,856	302,116	73,260	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 59,604	69,514	9,910	
	19. Occupancy, rent, utilities, and maintenance	19. 73,431	80,327	6,896	
	20. Depreciation and Depletion	20. 43,690	43,829	139	
	21. Other expenses	21. 174,646	195,064	20,418	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>671,060</b>	<b>795,693</b>	<b>124,633</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>102,625</b>	<b>5,874</b>	<b>-96,751</b>
<b>Other Information</b>	24. Total exempt revenue	24. 773,685	801,567	27,882	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 138,693	152,534	13,841	
	27. Total assets	27. 2,730,291	2,834,551	104,260	
	28. Total liabilities	28. 13,162	19,658	6,496	
	29. Retained earnings	29. 2,717,129	2,814,893	97,764	
	30. Number of voting members of governing body	30. 26	25		
	31. Number of independent voting members of governing body	31. 26	25		
32. Number of employees	32. 10	8			
33. Number of volunteers	33. 50	50			

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning . . . . . 2023, and ending . . . . . 20 . . . . .

**2023**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

EIN or SSN  
**51-0351863**

Name and title of officer or person subject to tax  
**CANCER SUPPORT COMMUNITY DELAWARE  
NICOLE PICKLES  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>801,567</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **SPARANO, VINCELETTE & JOINER, CPA'S** to enter my PIN **51863** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **05/29/24**

**Part III Certification and Authentication**

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

**51038218145**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **EVELYN M. KOTSIS-JOINER, CPA** Date **05/29/24**

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

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

**2023**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2023 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **CANCER SUPPORT COMMUNITY DELAWARE**

Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**4810 LANCASTER PIKE**  
 City or town, state or province, country, and ZIP or foreign postal code:  
**WILMINGTON DE 19807**

**D** Employer identification number: **51-0351863**

**E** Telephone number: **302-995-2850**

**F** Name and address of principal officer:  
**NICOLE PICKLES**  
**4810 LANCASTER PIKE**  
**WILMINGTON DE 19807**

**G** Gross receipts \$: **911,927**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CSCDE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1994**

**M** State of legal domicile: **DE**

**H(c)** Group exemption number \_\_\_\_\_

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>CANCER SUPPORT COMMUNITY OF DELAWARE'S MISSION IS TO TAKE ON CANCER TOGETHER.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>25</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>25</b>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>8</b>
	6	Total number of volunteers (estimate if necessary)	<b>50</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>634,992</b> Current Year: <b>649,033</b>
	9	Program service revenue (Part VIII, line 2g)	<b>33,290</b> <b>35,300</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>22,865</b> <b>22,329</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>82,538</b> <b>94,905</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>773,685</b> <b>801,567</b>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>319,689</b> <b>406,959</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
16b		Total fundraising expenses (Part IX, column (D), line 25)	<b>86,480</b>
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>351,371</b> <b>388,734</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>671,060</b> <b>795,693</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>102,625</b> <b>5,874</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>2,730,291</b> End of Year: <b>2,834,551</b>
	21	Total liabilities (Part X, line 26)	<b>13,162</b> <b>19,658</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>2,717,129</b> <b>2,814,893</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer: *Nicole Pickles* Date: \_\_\_\_\_  
**NICOLE PICKLES** **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **EVELYN M. KOTSIS-JOINER, CPA** Preparer's signature: *Evelyn M. Kotsis-Joiner* Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00960481**  
 Firm's name: **SPARANO, VINCELETTE & JOINER, CPA'S** Firm's EIN: **23-2299481**  
 Firm's address: **1814 NEWPORT GAP PIKE WILMINGTON, DE 19808** Phone no.: **302-999-7300**

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **656,703** including grants of \$ ) (Revenue \$ **35,300** )

**THE FOLLOWING PROGRAMS WERE HELD THROUGHOUT THE STATE OF DELAWARE FREE OF CHARGE:**

**EDUCATIONAL AND NUTRITIONAL WORKSHOPS; WEEKLY SUPPORT GROUPS FOR THOSE WITH CANCER & THEIR CAREGIVERS; MIND/BODY WELLNESS CLASSES; AND ART AND ART THERAPY CLASSES. PROGRAMS WERE HELD VIRTUALLY AT THE BEGINNING OF THE YEAR, THEN A TRANSITION TO MORE IN-PERSON MID-YEAR.**

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

**N/A**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **656,703**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>8</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<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?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person 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.	<b>17</b>			



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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 status with respect to such arrangements?		

**Section C. Disclosure**

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

**THE ORGANIZATION** **4810 LANCASTER PIKE** **DE 19807** **302-995-2850**  
**WILMINGTON**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICOLE PICKLES	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			104,833	0	8,074	
(2) HONORABLE PEGGY L. ABLEMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) JOSEPH AMON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) BARBARA ANDRISANI	1.00									
ASST. TREASURER	0.00	X		X			0	0	0	
(5) ALEXIS CANNON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) KRISTEN WILLIAMS CHANDLER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) MARK D COLLINS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) B. CHRIS DANEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) JORDAN DANIELS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) CAROLYN DEPEW-SWAYZE	1.00									
ASST. SECRETARY	0.00	X		X			0	0	0	
(11) ADAM DISABATINO	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LABARRE EVERETTE</b>										
(12) BOARD MEMBER	1.00 0.00							0	0	0
(13) <b>MARK FISS</b>										
(13) BOARD MEMBER	1.00 0.00							0	0	0
(14) <b>DON FULTON</b>										
(14) IMMEDIATE PAST CHAIR	1.00 0.00				X			0	0	0
(15) <b>MOLLY GOELLER</b>										
(15) BOARD MEMBER	1.00 0.00							0	0	0
(16) <b>DINA HANDWERK</b>										
(16) BOARD MEMBER	1.00 0.00							0	0	0
(17) <b>JB HERSCH</b>										
(17) BOARD MEMBER	1.00 0.00							0	0	0
(18) <b>TED H DWYER, III</b>										
(18) CHAIR	1.00 0.00							0	0	0
(19) <b>STEPHANIE JABLOW</b>										
(19) BOARD MEMBER	1.00 0.00							0	0	0
<b>1b Subtotal</b>								<b>104,833</b>		<b>8,074</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>104,833</b>		<b>8,074</b>

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	2,923					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	160,678					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	194,423					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	291,009					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 18,087					
	<b>h Total.</b> Add lines 1a-1f			649,033				
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE REVENUE	Business Code	624100	35,300	35,300			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			35,300				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			24,538	18,843		5,695	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	29,537				853
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	32,599					
<b>c</b> Gain or (loss)	<b>7c</b>	-3,062				853		
<b>d</b> Net gain or (loss)				-2,209	-2,209			
<b>8a</b> Gross income from fundraising events (not including \$ 160,678 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		172,666					
		<b>b</b> Less: direct expenses	<b>8b</b>	77,761				
		<b>c</b> Net income or (loss) from fundraising events			94,905		94,905	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
		<b>b</b> Less: cost of goods sold	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				801,567	51,934	0	100,600	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,843	84,097	6,447	14,299
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	259,333	208,032	15,935	35,366
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,675	14,179	1,086	2,410
10 Payroll taxes	25,108	20,141	1,542	3,425
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	53,099	40,355	3,717	9,027
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,215		7,215	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,200	6,992	644	1,564
12 Advertising and promotion	28,485	28,485		
13 Office expenses	64,572	45,915	3,657	15,000
14 Information technology	7,180	6,821		359
15 Royalties				
16 Occupancy	80,327	71,675	6,489	2,163
17 Travel	4,781	4,781		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,966	3,145	821	
20 Interest				
21 Payments to affiliates	11,942	10,748		1,194
22 Depreciation, depletion, and amortization	43,829	38,569	3,945	1,315
23 Insurance	11,242	9,893	1,012	337
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM SUPPLIES</b>	62,896	62,875		21
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>795,693</b>	<b>656,703</b>	<b>52,510</b>	<b>86,480</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	148,431	1	188,844
	2	Savings and temporary cash investments	309,537	2	209,684
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,120	4	19,390
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,276	9	9,680
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,338,932		
	10b	Less: accumulated depreciation	950,741	10c	1,388,191
	11	Investments—publicly traded securities	620,803	11	807,366
	12	Investments—other securities. See Part IV, line 11	157,074	12	177,367
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	34,029	15	34,029
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,730,291	16	2,834,551	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	11,625	17	13,596
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,537	25	6,062
	26	<b>Total liabilities.</b> Add lines 17 through 25	13,162	26	19,658
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,717,129	27	2,814,893
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	2,717,129	32	2,814,893	
33	<b>Total liabilities and net assets/fund balances</b>	2,730,291	33	2,834,551	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>801,567</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>795,693</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>5,874</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,717,129</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>91,890</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,814,893</b>

**Part XII Financial Statements and Reporting**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>MICHAEL KINNARD</b>										
(12) CHAIR ELECT	1.00 0.00	X		X				0	0	0
(21) <b>STEVEN G. KOCHIE</b>										
(13) VICE CHAIR	1.00 0.00	X		X				0	0	0
(22) <b>HOWARD LAWS</b>										
(14) BOARD MEMBER	1.00 0.00	X						0	0	0
(23) <b>ADAM RABEN, MD</b>										
(15) BOARD MEMBER	1.00 0.00	X						0	0	0
(24) <b>GINA PIKE</b>										
(16) PARLIAMENTARIAN	1.00 0.00	X		X				0	0	0
(25) <b>MEG RAFALLI</b>										
(17) TREASURER	1.00 0.00	X		X				0	0	0
(26) <b>PAULA SWAIN</b>										
(18) MEMBER AT LARGE	1.00 0.00	X						0	0	0
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**CANCER SUPPORT COMMUNITY DELAWARE**

Employer identification number

**51-0351863**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	403,895	446,951	452,776	634,992	649,033	2,587,647
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	403,895	446,951	452,776	634,992	649,033	2,587,647
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						447,113
<b>6 Public support.</b> Subtract line 5 from line 4						2,140,534

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	403,895	446,951	452,776	634,992	649,033	2,587,647
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,706	17,842	23,305	8,745	5,695	74,293
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				151,086	172,666	323,752
<b>11 Total support.</b> Add lines 7 through 10						2,985,692

**12** Gross receipts from related activities, etc. (see instructions) 12 98,108

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

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

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	71.69 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	84.56 %
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>			
<b>b</b>		Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</b>		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>			

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

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

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

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b> Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ 151,086



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization

Employer identification number

CANCER SUPPORT COMMUNITY DELAWARE

51-0351863

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ .....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>CANCER SUPPORT COMMUNITY DELAWARE</b>	Employer identification number <b>51-0351863</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAFFEY MCHUGH FOUNDATION PO BOX 2286 WILMINGTON DE 19899	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INCYTE CORPORATION 1801 AUGUSTINE CUT OFF WILMINGTON DE 19803	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF DELAWARE 820 SILVER LAKE BLVD. SUITE 100 DOVER DE 19904	\$ 194,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HOLOGIC, INC 600 TECHNOLOGY DRIVE NEWARK DE 19702	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WELFARE FOUNDATION, INC. 100 W. 10TH STREET, SUITE 1109 WILMINGTON DE 19801	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CANCER SUPPORT COMMUNITY DELAWARE

Employer identification number

51-0351863

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>567,432</b>		<b>567,432</b>
<b>b</b> Buildings .....		<b>1,582,514</b>	<b>766,796</b>	<b>815,718</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>124,108</b>	<b>121,722</b>	<b>2,386</b>
<b>e</b> Other .....		<b>64,878</b>	<b>62,223</b>	<b>2,655</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>1,388,191</b>

**Part VII Investments – Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <b>COMMUNITY FOUNDATION</b>	<b>177,367</b>	<b>MARKET</b>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))	<b>177,367</b>	

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PATIENT ASSISTANCE FUNDS PAYABLE</b>	<b>6,062</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>6,062</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>886,242</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>91,890</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>91,890</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>794,352</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>7,215</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>7,215</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>801,567</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>788,478</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>788,478</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>7,215</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>7,215</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>795,693</b>

**Part XIII Supplemental Information**

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

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, IT IS NOT SUBJECT TO STATE OR FEDERAL INCOME TAXES. NO PROVISION OR LIABILITY FOR INCOME TAX IS PRESENTED IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITION BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. THE CENTER RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, AS COMPONENT OF FUNCTIONAL EXPENSES. THE CENTER DID NOT HAVE ANY INCOME TAX UNCERTAINTIES THAT WERE CONSIDERED GREATER THAN REMOTE.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

**CANCER SUPPORT COMMUNITY DELAWARE**

Employer identification number

**51-0351863**

**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 organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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?  Yes  No

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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>D DISABATINO GO</u> (event type)	<u>COCKTAILS FOR A</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	148,161	52,930	132,253	333,344
	2	Less: Contributions	72,129	29,820	58,729	160,678
	3	Gross income (line 1 minus line 2)	76,032	23,110	73,524	172,666
Direct Expenses	4	Cash prizes	3,900			3,900
	5	Noncash prizes	4,526		150	4,676
	6	Rent/facility costs	29,059		4,888	33,947
	7	Food and beverages	18,160	5,997		24,157
	8	Entertainment		2,251		2,251
	9	Other direct expenses	2,509	2,418	3,903	8,830
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					94,905

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE 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 Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**CANCER SUPPORT COMMUNITY DELAWARE**

Employer identification number

**51-0351863**

**FORM 990 - ORGANIZATION'S MISSION**

CANCER SUPPORT COMMUNITY DELAWARE IS A STATEWIDE NONPROFIT ORGANIZATION  
WHOSE MISSION IS TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWERED  
BY KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMMUNITY. OUR  
MEMBERS ARE ADULTS, TEENS, AND CHILDREN.

**FORM 990, PART III - ADDITIONAL INFORMATION**

WITH CANCER AND THEIR FAMILY MEMBERS/CAREGIVERS. AS ALL OF OUR SERVICES ARE  
PROVIDED FREE OF CHARGE, WE MUST RELY ON THE GENEROSITY OF GOVERNMENT,  
FOUNDATIONS, CORPORATIONS AND INDIVIDUALS TO CONTINUE OUR PROGRAMS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE 990 IS PROVIDED TO THE DESIGNATED REPRESENTTIVES OF THE ORGANIZATION  
FOR REVIEW BEFORE IT IS FILED. ONCE APPROVED, AN AUTHORIZED OFFICER OF THE  
ORGANIAZATION WILL SIGN THE E-FILE AUTHORIZATION FORM AND RETURN IT TO THE  
PREPARER'S OFFICE. AT THAT TIME, THE TAX RETURN WILL BE ELECTRONICALLY  
FILLED WITH THE IRS.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

MANAGEMENT AND EMPLOYEES ARE FAMILIARIZED WITH THE ETHICAL BUSINESS  
PRACTICES THAT ARE EXPECTED TO BE FOLLOWED. MANAGEMENT TAKES APPROPRIATE  
DISCIPLINARY ACTION IN RESPONSE TO DEPARTURES FROM APPROVED POLICIES OR  
VIOLATIONS OF THE CODE OF CONDUCT.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

CANCER SUPPORT COMMUNITY DELAWARE

51-0351863

THE DIRECTOR IS SUBJECT TO AN ANNUAL REVIEW. ALL EMPLOYEES ARE SUBJECT TO AN ANNUAL REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORMS ARE AVAILABLE UPON REQUEST AND ON THE PUBLIC WEBSITE: WWW.GUIDESTAR.ORG

FORM 990, PART XII - ADDITIONAL INFORMATION NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

CANCER SUPPORT COMMUNITY DELAWARE

Identifying number 51-0351863

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 1,160,000; Line 3: 2,890,000; Line 16: 43,826.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 16: 43,826.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Part III. Line 17: 0.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 25 yrs., (f) 27.5 yrs., (g) 39 yrs., (h) 25 yrs., (i) 40 yrs., (j) MM, (k) S/L.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 43,826.

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	HP DESKTOP - KENT COUNTY	7/28/09	1,344			1,344	3 MO S/L	1,344	0
2	(2) HP COMPUTERS HARDWARE	8/06/10	2,232			2,232	3 MO S/L	2,232	0
3	HP 6000 PRO COMPUTER	5/17/11	1,734			1,734	3 MO S/L	1,734	0
4	(1) COMPUTER KENT COUNTY	6/30/11	2,119			2,119	3 MO S/L	2,119	0
5	SERVER, SOFTWARE, COMPUTER UP	12/31/11	26,518			26,518	3 MO S/L	26,518	0
6	PARKING LOT	1/01/01	10,565			10,565	15 MO S/L	10,565	0
7	PARKING LOT LIGHTING	1/01/01	30,000			30,000	15 MO S/L	30,000	0
8	AWNINGS FOR DECK ENTRANCE	5/21/05	7,870			7,870	15 MO S/L	7,870	0
9	SPRINKLERS FOR MEDITATION ROOM	11/10/05	13,894			13,894	15 MO S/L	13,894	0
10	NEW SIGN	8/16/06	2,900			2,900	15 MO 150DB	2,900	0
11	PAVING NCC	10/01/06	5,294			5,294	15 MO S/L	5,294	0
12	BUILDING AT 812 S. BRADFORD ST.	12/31/03	53,092			53,092	40 MO S/L	25,219	1,327
13	BUILDING AT LANCASTER PIKE	9/28/00	366,600			366,600	40 MO S/L	201,630	9,165
14	ACQUISITION COSTS 2000	1/01/00	57,217			57,217	40 MO S/L	31,469	1,431
15	ACQUISITION COSTS 2001	1/01/01	135,473			135,473	40 MO S/L	74,510	3,387
16	DONATED BLDG./ACQ COSTS	1/01/01	71,403			71,403	40 MO S/L	39,272	1,785
17	PAINT SIDING	8/31/10	1,700			1,700	10 MO S/L	1,700	0
18	BUILDING SUSSEX COUNTY	12/31/06	381,139			381,139	40 MO S/L	152,456	9,528
19	BUILDING IMPROVEMENTS 2003	12/31/03	35,597			35,597	40 MO S/L	16,908	890
20	BUILDING IMPROVEMENTS 2004	12/31/04	18,849			18,849	40 MO S/L	8,482	471
21	RENOVATIONS TO SUNPORCH	7/05/05	12,500			12,500	40 MO S/L	5,469	312
22	BASEMENT WATERPROOFING	9/04/09	4,800			4,800	10 MO S/L	4,760	0
23	BUILDING IMPROVEMENTS 2002	6/30/02	73,302			73,302	40 MO S/L	37,568	1,832
24	BUILDING IMPROVEMENTS 2003	6/30/03	19,989			19,989	40 MO S/L	9,745	499
25	BASEMENT WATERPROOFING	7/01/08	14,999			14,999	40 MO S/L	5,750	375
26	PARKING LOT	7/01/08	53,571			53,571	40 MO S/L	16,741	1,339
27	NEW WINDOWS	9/30/11	11,592			11,592	40 MO S/L	3,260	290
28	(3) IPADS	1/23/13	1,641			1,641	3 MO S/L	1,140	0
29	HP ELITE BOOK 8470P LAPTOP	2/28/13	3,278			3,278	3 MO S/L	3,278	0
30	SCREEN DOOR	12/31/11	1,830			1,830	10 MO S/L	1,830	0
31	PHONE SYSTEM	12/12/06	4,240			4,240	7 MO S/L	4,240	0
32	CONSTRUCTION COSTS	2/01/07	118,349			118,349	40 MO S/L	47,093	2,959
33	APPLIANCES	2/01/07	1,436			1,436	7 MO S/L	1,436	0
34	COPIER	2/01/07	3,091			3,091	3 MO S/L	3,091	0
35	OFFICE RENOVATION FOR EX DIRECT	7/03/13	7,240			7,240	40 MO S/L	1,720	181
36	GARDEN SERVICES	1/01/02	51,843			51,843	0 -- Land	0	0
37	GARDEN SERVICES	2/14/03	128,989			128,989	0 -- Land	0	0
38	GARDEN SERVICES	6/03/03	19,900			19,900	0 -- Land	0	0
39	GARDEN SERVICES	5/28/03	23,234			23,234	0 -- Land	0	0
40	GARDEN SERVICES	12/31/03	3,466			3,466	0 -- Land	0	0
41	4810 LANCASTER PIKE	9/28/00	283,300			283,300	0 -- Land	0	0
42	812 S. BRADFORD ST - DOVER	10/28/03	56,700			56,700	0 -- Land	0	0
43	MISC. FURNITURE & EQIP	1/01/98	14,238			14,238	10 MO S/L	14,238	0
44	PIANO	3/10/98	2,000			2,000	10 MO S/L	2,000	0
45	CHAIRS	3/30/98	6,615			6,615	10 MO S/L	6,615	0
46	LT. BLUE RUG (LIBRARY)	1/01/01	1,000			1,000	10 MO S/L	1,000	0
47	ORIENTAL RUG (LIVING ROOM)	1/01/01	5,000			5,000	10 MO S/L	5,000	0
48	LOVESEAT	4/15/03	1,537			1,537	10 MO S/L	1,537	0
49	FILE CABINETS	5/15/03	540			540	10 MO S/L	540	0
50	SAFE	6/11/03	357			357	10 MO S/L	357	0
51	BENCH	7/08/03	360			360	10 MO S/L	360	0
52	STOVE	11/25/03	916			916	10 MO S/L	916	0
53	LEATHER COUCHES	9/15/04	2,000			2,000	10 MO S/L	2,000	0
54	TV	11/01/05	2,000			2,000	10 MO S/L	2,000	0
55	BINGO	3/04/05	5,795			5,795	10 MO S/L	5,795	0
56	DISHWASHER	8/08/06	800			800	10 MO S/L	800	0
57	NCC PHONE SYSTEM	8/01/09	4,000			4,000	10 MO S/L	4,000	0
58	KENT PHONE SYSTEM	4/01/11	1,900			1,900	10 MO S/L	1,900	0
59	RETRACTABLE SIGNS	7/26/11	1,733			1,733	10 MO S/L	1,733	0
60	SIDEWALK AND RAMP FOR WHEEL CH	8/28/13	4,554			4,554	15 MO S/L	2,833	304
61	10 PELLA WINDOWS	10/10/14	20,540			20,540	39 MO S/L	4,321	526
62	New Windows	6/11/15	1,975			1,975	39 MO S/L	384	51
63	New Roof	11/30/15	33,600			33,600	39 MO S/L	6,103	861
64	Gutter Replacement	11/30/15	5,760			5,760	15 MO S/L	2,720	384
65	Computer	2/12/05	555			555	5 MO S/L	555	0
66	Computer	2/12/15	554			554	3 MO S/L	554	0
67	Video Equipment	2/12/15	785			785	5 MO S/L	785	0
68	Video Equipment	2/12/15	665			665	5 MO S/L	665	0
69	DE Audio Visual	2/19/15	1,550			1,550	5 MO S/L	1,550	0
70	DE Audio Visual	2/19/15	1,550			1,550	5 MO S/L	1,550	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	DE Audio Visual	2/19/15	1,550			1,550	5 MO S/L	1,550	0
72	DE Audio Visual	6/19/15	2,325			2,325	5 MO S/L	2,325	0
73	DE Audio Visual	6/19/15	2,325			2,325	5 MO S/L	2,325	0
74	HP Desktop Computer	12/14/16	573			573	5 MO S/L	573	0
75	Install and Training	7/23/15	600			600	5 MO S/L	600	0
76	Install and Training	7/23/15	600			600	5 MO S/L	600	0
77	New Server	12/27/16	6,830			6,830	5 MO S/L	6,830	0
78	Windows Officw Software	9/26/17	889			889	5 MO S/L	889	0
79	Heat Pump for Yoga Room	6/26/17	4,980			4,980	7 MO S/L	3,913	711
80	Kitchen Improvements	3/01/17	9,018			9,018	15 MO S/L	3,310	601
81	Jam Air A/C Unit	7/11/18	3,980			3,980	15 MO S/L	1,194	265
82	New Roof	9/30/18	10,247			10,247	39 MO S/L	1,117	262
83	Computer for Kent County	8/17/20	1,290			1,290	5 MO S/L	613	258
84	Computer New Castle County	12/23/20	1,329			1,329	5 MO S/L	565	266
85	Painting the Kent Office	12/03/21	1,200			1,200	5 MO S/L	260	240
86	Windows - NCC	5/20/21	26,926			26,926	40 MO S/L	1,066	673
87	Exterior Painting of NCC House	10/04/21	9,625			9,625	5 MO S/L	2,406	1,925
88	New Phone System	8/16/21	2,044			2,044	10 MO S/L	290	204
89	New Chairs for Sussex	9/01/21	1,750			1,750	10 MO S/L	233	175
90	CHIMNEY MAINTENANCE	4/14/22	2,100			2,100	15 MO S/L	105	140
91	COMPUTER	6/30/22	1,044			1,044	5 MO S/L	104	209
<b>Total Other Depreciation</b>			<u>2,338,934</u>			<u>2,338,934</u>		<u>906,916</u>	<u>43,826</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,338,934</u>			<u>2,338,934</u>		<u>906,916</u>	<u>43,826</u>
<b>Grand Totals</b>			2,338,934			2,338,934		906,916	43,826
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>2,338,934</u>			<u>2,338,934</u>		<u>906,916</u>	<u>43,826</u>

# DE Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	DE Prior	DE Current	Federal Current	Difference Fed - DE
<b>Other Depreciation:</b>								
1	HP DESKTOP - KENT COUNTY	7/28/09	1,344	1,344	896	448	0	-448
2	(2) HP COMPUTERS HARDWARE	8/06/10	2,232	2,232	1,488	744	0	-744
3	HP 6000 PRO COMPUTER	5/17/11	1,734	1,734	1,156	578	0	-578
4	(1) COMPUTER KENT COUNTY	6/30/11	2,119	2,119	1,413	706	0	-706
5	SERVER, SOFTWARE, COMPUTER UP	12/31/11	26,518	26,518	17,678	8,840	0	-8,840
6	PARKING LOT	1/01/01	10,565	10,565	1,409	704	0	-704
7	PARKING LOT LIGHTING	1/01/01	30,000	30,000	4,000	2,000	0	-2,000
8	AWNINGS FOR DECK ENTRANCE	5/21/05	7,870	7,870	1,049	525	0	-525
9	SPRINKLERS FOR MEDITATION ROOM	11/10/05	13,894	13,894	1,853	926	0	-926
10	NEW SIGN	8/16/06	2,900	2,900	2,900	0	0	0
11	PAVING NCC	10/01/06	5,294	5,294	706	353	0	-353
12	BUILDING AT 812 S. BRADFORD ST.	12/31/03	53,092	53,092	2,655	1,327	1,327	0
13	BUILDING AT LANCASTER PIKE	9/28/00	366,600	366,600	18,330	9,165	9,165	0
14	ACQUISITION COSTS 2000	1/01/00	57,217	57,217	2,861	1,430	1,431	1
15	ACQUISITION COSTS 2001	1/01/01	135,473	135,473	6,774	3,386	3,387	1
16	DONATED BLDG./ACQ COSTS	1/01/01	71,403	71,403	3,570	1,785	1,785	0
17	PAINT SIDING	8/31/10	1,700	1,700	340	170	0	-170
18	BUILDING SUSSEX COUNTY	12/31/06	381,139	381,139	19,057	9,528	9,528	0
19	BUILDING IMPROVEMENTS 2003	12/31/03	35,597	35,597	16,908	890	890	0
20	BUILDING IMPROVEMENTS 2004	12/31/04	0	0	0	0	471	471
21	RENOVATIONS TO SUNPORCH	7/05/05	12,500	12,500	625	313	312	-1
22	BASEMENT WATERPROOFING	9/04/09	4,800	4,800	960	480	0	-480
23	BUILDING IMPROVEMENTS 2002	6/30/02	73,302	73,302	3,665	1,833	1,832	-1
24	BUILDING IMPROVEMENTS 2003	6/30/03	19,989	19,989	999	500	499	-1
25	BASEMENT WATERPROOFING	7/01/08	14,999	14,999	750	375	375	0
26	PARKING LOT	7/01/08	53,571	53,571	2,679	1,339	1,339	0
27	NEW WINDOWS	9/30/11	11,592	11,592	580	289	290	1
28	(3) IPADS	1/23/13	1,640	1,640	1,093	547	0	-547
29	HP ELITE BOOK 8470P LAPTOP	2/28/13	3,278	3,278	2,185	1,093	0	-1,093
30	SCREEN DOOR	12/31/11	1,830	1,830	366	183	0	-183
31	PHONE SYSTEM	12/12/06	4,240	4,240	1,211	606	0	-606
32	CONSTRUCTION COSTS	2/01/07	118,349	118,349	5,917	2,959	2,959	0
33	APPLIANCES	2/01/07	1,436	1,436	410	205	0	-205
34	COPIER	2/01/07	3,091	3,091	2,061	1,030	0	-1,030
35	OFFICE RENOVATION FOR EX DIRECT	7/03/13	7,240	7,240	362	181	181	0
36	GARDEN SERVICES	1/01/02	51,843	51,843	0	0	0	0
37	GARDEN SERVICES	2/14/03	128,989	128,989	0	0	0	0
38	GARDEN SERVICES	6/03/03	19,900	19,900	0	0	0	0
39	GARDEN SERVICES	5/28/03	23,234	23,234	0	0	0	0
40	GARDEN SERVICES	12/31/03	3,466	3,466	0	0	0	0
41	4810 LANCASTER PIKE	9/28/00	283,300	283,300	0	0	0	0
42	812 S. BRADFORD ST - DOVER	10/28/03	56,700	56,700	0	0	0	0
43	MISC. FURNITURE & EQIP	1/01/98	14,238	14,238	2,848	1,423	0	-1,423
44	PIANO	3/10/98	2,000	2,000	400	200	0	-200
45	CHAIRS	3/30/98	6,615	6,615	1,323	662	0	-662
46	LT. BLUE RUG (LIBRARY)	1/01/01	1,000	1,000	200	100	0	-100
47	ORIENTAL RUG (LIVING ROOM)	1/01/01	5,000	5,000	1,000	500	0	-500
48	LOVESEAT	4/15/03	1,537	1,537	307	154	0	-154
49	FILE CABINETS	5/15/03	540	540	108	54	0	-54
50	SAFE	6/11/03	357	357	71	36	0	-36
51	BENCH	7/08/03	360	360	72	36	0	-36
52	STOVE	11/25/03	916	916	183	92	0	-92
53	LEATHER COUCHES	9/15/04	2,000	2,000	400	200	0	-200
54	TV	11/01/05	2,000	2,000	400	200	0	-200
55	BINGO	3/04/05	5,795	5,795	1,159	580	0	-580
56	DISHWASHER	8/08/06	800	800	160	80	0	-80
57	NCC PHONE SYSTEM	8/01/09	4,000	4,000	800	400	0	-400
58	KENT PHONE SYSTEM	4/01/11	1,900	1,900	380	190	0	-190
59	RETRACTABLE SIGNS	7/26/11	1,733	1,733	347	173	0	-173
60	SIDEWALK AND RAMP FOR WHEEL C	8/28/13	4,554	4,554	607	304	304	0
61	10 PELLA WINDOWS	10/10/14	20,540	20,540	1,053	527	526	-1
62	New Windows	6/11/15	1,975	1,975	101	51	51	0
63	New Roof	11/30/15	33,600	33,600	1,723	862	861	-1
64	Gutter Replacement	11/30/15	5,760	5,760	768	384	384	0
65	Computer	2/12/05	555	555	222	111	0	-111
66	Computer	2/12/15	554	554	370	184	0	-184
67	Video Equipment	2/12/15	785	785	314	157	0	-157
68	Video Equipment	2/12/15	665	665	266	133	0	-133
69	DE Audio Visual	2/19/15	1,550	1,550	620	310	0	-310
70	DE Audio Visual	2/19/15	1,550	1,550	620	310	0	-310



# DE Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	DE Prior	DE Current	Federal Current	Difference Fed - DE
71	DE Audio Visual	2/19/15	1,550	1,550	620	310	0	-310
72	DE Audio Visual	6/19/15	2,325	2,325	930	465	0	-465
73	DE Audio Visual	6/19/15	2,325	2,325	930	465	0	-465
74	HP Desktop Computer	12/14/16	573	573	229	115	0	-115
75	Install and Training	7/23/15	600	600	240	120	0	-120
76	Install and Training	7/23/15	600	600	240	120	0	-120
77	New Server	12/27/16	6,830	6,830	2,732	1,366	0	-1,366
78	Windows Officw Software	9/26/17	889	889	356	177	0	-177
79	Heat Pump for Yoga Room	6/26/17	4,980	4,980	1,423	711	711	0
80	Kitchen Improvements	3/01/17	9,018	9,018	1,202	602	601	-1
81	Jam Air A/C Unit	7/11/18	3,980	3,980	531	265	265	0
82	New Roof	9/30/18	10,247	10,247	525	263	262	-1
83	Computer for Kent County	8/17/20	1,290	1,290	516	258	258	0
84	Computer New Castle County	12/23/20	1,329	1,329	532	265	266	1
85	Painting the Kent Office	12/03/21	1,200	1,200	260	240	240	0
86	Windows - NCC	5/20/21	26,926	26,926	1,066	673	673	0
87	Exterior Painting of NCC House	10/04/21	9,625	9,625	2,406	1,925	1,925	0
88	New Phone System	8/16/21	2,044	2,044	273	204	204	0
89	New Chairs for Sussex	9/01/21	1,750	1,750	233	175	175	0
90	CHIMNEY MAINTENANCE	4/14/22	2,100	2,100	105	140	140	0
91	COMPUTER	6/30/22	1,044	1,044	104	209	209	0
<b>Total Other Depreciation</b>			<u>2,320,084</u>	<u>2,320,084</u>	<u>161,181</u>	<u>72,919</u>	<u>43,826</u>	<u>-29,093</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,320,084</u>	<u>2,320,084</u>	<u>161,181</u>	<u>72,919</u>	<u>43,826</u>	<u>-29,093</u>
<b>Grand Totals</b>			2,320,084	2,320,084	161,181	72,919	43,826	-29,093
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>2,320,084</u>	<u>2,320,084</u>	<u>161,181</u>	<u>72,919</u>	<u>43,826</u>	<u>-29,093</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	HP DESKTOP - KENT COUNTY	7/28/09	0				0	0	HY	0
2	(2) HP COMPUTERS HARDWARE	8/06/10	0				0	0	HY	0
3	HP 6000 PRO COMPUTER	5/17/11	0				0	0	HY	0
4	(1) COMPUTER KENT COUNTY	6/30/11	0				0	0	HY	0
5	SERVER, SOFTWARE, COMPUTER UP	12/31/11	0				0	0	HY	0
6	PARKING LOT	1/01/01	0				0	0	HY	0
7	PARKING LOT LIGHTING	1/01/01	0				0	0	HY	0
8	AWNINGS FOR DECK ENTRANCE	5/21/05	0				0	0	HY	0
9	SPRINKLERS FOR MEDITATION ROOM	11/10/05	0				0	0	HY	0
10	NEW SIGN	8/16/06	0				0	15	MO S/L	0
11	PAVING NCC	10/01/06	0				0	0	HY	0
12	BUILDING AT 812 S. BRADFORD ST.	12/31/03	0				0	0	HY	0
13	BUILDING AT LANCASTER PIKE	9/28/00	0				0	0	HY	0
14	ACQUISTION COSTS 2000	1/01/00	0				0	0	HY	0
15	ACQUISITION COSTS 2001	1/01/01	0				0	0	HY	0
16	DONATED BLDG./ACQ COSTS	1/01/01	0				0	0	HY	0
17	PAINT SIDING	8/31/10	0				0	0	HY	0
18	BUILDING SUSSEX COUNTY	12/31/06	0				0	0	HY	0
19	BUILDING IMPROVEMENTS 2003	12/31/03	0				0	0	HY	0
20	BUILDING IMPROVEMENTS 2004	12/31/04	0				0	0	HY	0
21	RENOVATIONS TO SUNPORCH	7/05/05	0				0	0	HY	0
22	BASEMENT WATERPROOFING	9/04/09	0				0	0	HY	0
23	BUILDING IMPROVEMENTS 2002	6/30/02	0				0	0	HY	0
24	BUILDING IMPROVEMENTS 2003	6/30/03	0				0	0	HY	0
25	BASEMENT WATERPROOFING	7/01/08	0				0	0	HY	0
26	PARKING LOT	7/01/08	0				0	0	HY	0
27	NEW WINDOWS	9/30/11	0				0	0	HY	0
28	(3) IPADS	1/23/13	0				0	0	HY	0
29	HP ELITE BOOK 8470P LAPTOP	2/28/13	0				0	0	HY	0
30	SCREEN DOOR	12/31/11	0				0	0	HY	0
31	PHONE SYSTEM	12/12/06	0				0	0	HY	0
32	CONSTRUCTION COSTS	2/01/07	0				0	0	HY	0
33	APPLIANCES	2/01/07	0				0	0	HY	0
34	COPIER	2/01/07	0				0	0	HY	0
35	OFFICE RENOVATION FOR EX DIRECT	7/03/13	0				0	0	HY	0
36	GARDEN SERVICES	1/01/02	0				0	0	HY	0
37	GARDEN SERVICES	2/14/03	0				0	0	HY	0
38	GARDEN SERVICES	6/03/03	0				0	0	HY	0
39	GARDEN SERVICES	5/28/03	0				0	0	HY	0
40	GARDEN SERVICES	12/31/03	0				0	0	HY	0
41	4810 LANCASTER PIKE	9/28/00	0				0	0	HY	0
42	812 S. BRADFORD ST - DOVER	10/28/03	0				0	0	HY	0
43	MISC. FURNITURE & EQIP	1/01/98	0				0	0	HY	0
44	PIANO	3/10/98	0				0	0	HY	0
45	CHAIRS	3/30/98	0				0	0	HY	0
46	LT. BLUE RUG (LIBRARY)	1/01/01	0				0	0	HY	0
47	ORIENTAL RUG (LIVING ROOM)	1/01/01	0				0	0	HY	0
48	LOVESEAT	4/15/03	0				0	0	HY	0
49	FILE CABINETS	5/15/03	0				0	0	HY	0
50	SAFE	6/11/03	0				0	0	HY	0
51	BENCH	7/08/03	0				0	0	HY	0
52	STOVE	11/25/03	0				0	0	HY	0
53	LEATHER COUCHES	9/15/04	0				0	0	HY	0
54	TV	11/01/05	0				0	0	HY	0
55	BINGO	3/04/05	0				0	0	HY	0
56	DISHWASHER	8/08/06	0				0	0	HY	0
57	NCC PHONE SYSTEM	8/01/09	0				0	0	HY	0
58	KENT PHONE SYSTEM	4/01/11	0				0	0	HY	0
59	RETRACTABLE SIGNS	7/26/11	0				0	0	HY	0
60	SIDEWALK AND RAMP FOR WHEEL C	8/28/13	0				0	0	HY	0
61	10 PELLA WINDOWS	10/10/14	0				0	0	HY	0
62	New Windows	6/11/15	0				0	0	HY	0
63	New Roof	11/30/15	0				0	0	HY	0
64	Gutter Replacement	11/30/15	0				0	0	HY	0
65	Computer	2/12/05	0				0	0	HY	0
66	Computer	2/12/15	0				0	0	HY	0
67	Video Equipment	2/12/15	0				0	0	HY	0
68	Video Equipment	2/12/15	0				0	0	HY	0
69	DE Audio Visual	2/19/15	0				0	0	HY	0
70	DE Audio Visual	2/19/15	0				0	0	HY	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
71	DE Audio Visual	2/19/15	0			0	0 HY	0	0
72	DE Audio Visual	6/19/15	0			0	0 HY	0	0
73	DE Audio Visual	6/19/15	0			0	0 HY	0	0
74	HP Desktop Computer	12/14/16	0			0	0 HY	0	0
75	Install and Training	7/23/15	0			0	0 HY	0	0
76	Install and Training	7/23/15	0			0	0 HY	0	0
77	New Server	12/27/16	0			0	0 HY	0	0
78	Windows Officw Software	9/26/17	0			0	0 HY	0	0
79	Heat Pump for Yoga Room	6/26/17	0			0	0 HY	0	0
80	Kitchen Improvements	3/01/17	0			0	0 HY	0	0
81	Jam Air A/C Unit	7/11/18	0			0	0 HY	0	0
82	New Roof	9/30/18	0			0	0 HY	0	0
83	Computer for Kent County	8/17/20	0			0	0 HY	0	0
84	Computer New Castle County	12/23/20	0			0	0 HY	0	0
85	Painting the Kent Office	12/03/21	0			0	0 HY	0	0
86	Windows - NCC	5/20/21	0			0	0 HY	0	0
87	Exterior Painting of NCC House	10/04/21	0			0	0 HY	0	0
88	New Phone System	8/16/21	0			0	0 HY	0	0
89	New Chairs for Sussex	9/01/21	0			0	0 HY	0	0
90	CHIMNEY MAINTENANCE	4/14/22	0			0	0 HY	0	0
91	COMPUTER	6/30/22	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Grand Totals</b>			0			0		0	0
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

# Future Depreciation Report    FYE: 12/31/24

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	HP DESKTOP - KENT COUNTY	7/28/09	1,344	0	0
2	(2) HP COMPUTERS HARDWARE	8/06/10	2,232	0	0
3	HP 6000 PRO COMPUTER	5/17/11	1,734	0	0
4	(1) COMPUTER KENT COUNTY	6/30/11	2,119	0	0
5	SERVER, SOFTWARE, COMPUTER UP	12/31/11	26,518	0	0
6	PARKING LOT	1/01/01	10,565	0	0
7	PARKING LOT LIGHTING	1/01/01	30,000	0	0
8	AWNINGS FOR DECK ENTRANCE	5/21/05	7,870	0	0
9	SPRINKLERS FOR MEDITATION ROOM	11/10/05	13,894	0	0
10	NEW SIGN	8/16/06	2,900	0	0
11	PAVING NCC	10/01/06	5,294	0	0
12	BUILDING AT 812 S. BRADFORD ST.	12/31/03	53,092	1,327	0
13	BUILDING AT LANCASTER PIKE	9/28/00	366,600	9,165	0
14	ACQUISTION COSTS 2000	1/01/00	57,217	1,430	0
15	ACQUISITION COSTS 2001	1/01/01	135,473	3,387	0
16	DONATED BLDG./ACQ COSTS	1/01/01	71,403	1,785	0
17	PAINT SIDING	8/31/10	1,700	0	0
18	BUILDING SUSSEX COUNTY	12/31/06	381,139	9,528	0
19	BUILDING IMPROVEMENTS 2003	12/31/03	35,597	890	0
20	BUILDING IMPROVEMENTS 2004	12/31/04	18,849	472	0
21	RENOVATIONS TO SUNPORCH	7/05/05	12,500	313	0
22	BASEMENT WATERPROOFING	9/04/09	4,800	0	0
23	BUILDING IMPROVEMENTS 2002	6/30/02	73,302	1,833	0
24	BUILDING IMPROVEMENTS 2003	6/30/03	19,989	500	0
25	BASEMENT WATERPROOFING	7/01/08	14,999	375	0
26	PARKING LOT	7/01/08	53,571	1,340	0
27	NEW WINDOWS	9/30/11	11,592	290	0
28	(3) IPADS	1/23/13	1,641	0	0
29	HP ELITE BOOK 8470P LAPTOP	2/28/13	3,278	0	0
30	SCREEN DOOR	12/31/11	1,830	0	0
31	PHONE SYSTEM	12/12/06	4,240	0	0
32	CONSTRUCTION COSTS	2/01/07	118,349	2,958	0
33	APPLIANCES	2/01/07	1,436	0	0
34	COPIER	2/01/07	3,091	0	0
35	OFFICE RENOVATION FOR EX DIRECTOR	7/03/13	7,240	181	0
36	GARDEN SERVICES	1/01/02	51,843	0	0
37	GARDEN SERVICES	2/14/03	128,989	0	0
38	GARDEN SERVICES	6/03/03	19,900	0	0
39	GARDEN SERVICES	5/28/03	23,234	0	0
40	GARDEN SERVICES	12/31/03	3,466	0	0
41	4810 LANCASTER PIKE	9/28/00	283,300	0	0
42	812 S. BRADFORD ST - DOVER	10/28/03	56,700	0	0
43	MISC. FURNITURE & EQUIP	1/01/98	14,238	0	0
44	PIANO	3/10/98	2,000	0	0
45	CHAIRS	3/30/98	6,615	0	0
46	LT. BLUE RUG (LIBRARY)	1/01/01	1,000	0	0
47	ORIENTAL RUG (LIVING ROOM)	1/01/01	5,000	0	0
48	LOVESEAT	4/15/03	1,537	0	0
49	FILE CABINETS	5/15/03	540	0	0
50	SAFE	6/11/03	357	0	0
51	BENCH	7/08/03	360	0	0
52	STOVE	11/25/03	916	0	0
53	LEATHER COUCHES	9/15/04	2,000	0	0
54	TV	11/01/05	2,000	0	0
55	BINGO	3/04/05	5,795	0	0
56	DISHWASHER	8/08/06	800	0	0
57	NCC PHONE SYSTEM	8/01/09	4,000	0	0
58	KENT PHONE SYSTEM	4/01/11	1,900	0	0
59	RETRACTABLE SIGNS	7/26/11	1,733	0	0
60	SIDEWALK AND RAMP FOR WHEEL CHAIR	8/28/13	4,554	304	0
61	10 PELLA WINDOWS	10/10/14	20,540	527	0
62	New Windows	6/11/15	1,975	50	0
63	New Roof	11/30/15	33,600	862	0
64	Gutter Replacement	11/30/15	5,760	384	0
65	Computer	2/12/05	555	0	0
66	Computer	2/12/15	554	0	0
67	Video Equipment	2/12/15	785	0	0
68	Video Equipment	2/12/15	665	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
69	DE Audio Visual	2/19/15	1,550	0	0
70	DE Audio Visual	2/19/15	1,550	0	0
71	DE Audio Visual	2/19/15	1,550	0	0
72	DE Audio Visual	6/19/15	2,325	0	0
73	DE Audio Visual	6/19/15	2,325	0	0
74	HP Desktop Computer	12/14/16	573	0	0
75	Install and Training	7/23/15	600	0	0
76	Install and Training	7/23/15	600	0	0
77	New Server	12/27/16	6,830	0	0
78	Windows Officw Software	9/26/17	889	0	0
79	Heat Pump for Yoga Room	6/26/17	4,980	356	0
80	Kitchen Improvements	3/01/17	9,018	601	0
81	Jam Air A/C Unit	7/11/18	3,980	266	0
82	New Roof	9/30/18	10,247	263	0
83	Computer for Kent County	8/17/20	1,290	258	0
84	Computer New Castle County	12/23/20	1,329	265	0
85	Painting the Kent Office	12/03/21	1,200	240	0
86	Windows - NCC	5/20/21	26,926	673	0
87	Exterior Painting of NCC House	10/04/21	9,625	1,925	0
88	New Phone System	8/16/21	2,044	204	0
89	New Chairs for Sussex	9/01/21	1,750	175	0
90	CHIMNEY MAINTENANCE	4/14/22	2,100	140	0
91	COMPUTER	6/30/22	1,044	209	0
	<b>Total Other Depreciation</b>		<u>2,338,934</u>	<u>43,476</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,338,934</u>	<u>43,476</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,338,934</u>	<u>43,476</u>	<u>0</u>

Asset	Description	Date In Service	Cost	DE
<b>Other Depreciation:</b>				
1	HP DESKTOP - KENT COUNTY	7/28/09	1,344	0
2	(2) HP COMPUTERS HARDWARE	8/06/10	2,232	0
3	HP 6000 PRO COMPUTER	5/17/11	1,734	0
4	(1) COMPUTER KENT COUNTY	6/30/11	2,119	0
5	SERVER, SOFTWARE, COMPUTER UP	12/31/11	26,518	0
6	PARKING LOT	1/01/01	10,565	704
7	PARKING LOT LIGHTING	1/01/01	30,000	2,000
8	AWNINGS FOR DECK ENTRANCE	5/21/05	7,870	525
9	SPRINKLERS FOR MEDITATION ROOM	11/10/05	13,894	926
10	NEW SIGN	8/16/06	2,900	0
11	PAVING NCC	10/01/06	5,294	353
12	BUILDING AT 812 S. BRADFORD ST.	12/31/03	53,092	1,327
13	BUILDING AT LANCASTER PIKE	9/28/00	366,600	9,165
14	ACQUISTION COSTS 2000	1/01/00	57,217	1,431
15	ACQUISITION COSTS 2001	1/01/01	135,473	3,387
16	DONATED BLDG./ACQ COSTS	1/01/01	71,403	1,785
17	PAINT SIDING	8/31/10	1,700	170
18	BUILDING SUSSEX COUNTY	12/31/06	381,139	9,529
19	BUILDING IMPROVEMENTS 2003	12/31/03	35,597	890
20	BUILDING IMPROVEMENTS 2004	12/31/04	0	0
21	RENOVATIONS TO SUNPORCH	7/05/05	12,500	312
22	BASEMENT WATERPROOFING	9/04/09	4,800	480
23	BUILDING IMPROVEMENTS 2002	6/30/02	73,302	1,832
24	BUILDING IMPROVEMENTS 2003	6/30/03	19,989	500
25	BASEMENT WATERPROOFING	7/01/08	14,999	375
26	PARKING LOT	7/01/08	53,571	1,339
27	NEW WINDOWS	9/30/11	11,592	290
28	(3) IPADS	1/23/13	1,640	0
29	HP ELITE BOOK 8470P LAPTOP	2/28/13	3,278	0
30	SCREEN DOOR	12/31/11	1,830	183
31	PHONE SYSTEM	12/12/06	4,240	606
32	CONSTRUCTION COSTS	2/01/07	118,349	2,959
33	APPLIANCES	2/01/07	1,436	206
34	COPIER	2/01/07	3,091	0
35	OFFICE RENOVATION FOR EX DIRECTOR	7/03/13	7,240	181
36	GARDEN SERVICES	1/01/02	51,843	0
37	GARDEN SERVICES	2/14/03	128,989	0
38	GARDEN SERVICES	6/03/03	19,900	0
39	GARDEN SERVICES	5/28/03	23,234	0
40	GARDEN SERVICES	12/31/03	3,466	0
41	4810 LANCASTER PIKE	9/28/00	283,300	0
42	812 S. BRADFORD ST - DOVER	10/28/03	56,700	0
43	MISC. FURNITURE & EQUIP	1/01/98	14,238	1,424
44	PIANO	3/10/98	2,000	200
45	CHAIRS	3/30/98	6,615	661
46	LT. BLUE RUG (LIBRARY)	1/01/01	1,000	100
47	ORIENTAL RUG (LIVING ROOM)	1/01/01	5,000	500
48	LOVESEAT	4/15/03	1,537	154
49	FILE CABINETS	5/15/03	540	54
50	SAFE	6/11/03	357	36
51	BENCH	7/08/03	360	36
52	STOVE	11/25/03	916	91
53	LEATHER COUCHES	9/15/04	2,000	200
54	TV	11/01/05	2,000	200
55	BINGO	3/04/05	5,795	579
56	DISHWASHER	8/08/06	800	80
57	NCC PHONE SYSTEM	8/01/09	4,000	400
58	KENT PHONE SYSTEM	4/01/11	1,900	190
59	RETRACTABLE SIGNS	7/26/11	1,733	173
60	SIDEWALK AND RAMP FOR WHEEL CHAIR	8/28/13	4,554	303
61	10 PELLA WINDOWS	10/10/14	20,540	527
62	New Windows	6/11/15	1,975	51
63	New Roof	11/30/15	33,600	861
64	Gutter Replacement	11/30/15	5,760	384
65	Computer	2/12/05	555	111
66	Computer	2/12/15	554	0
67	Video Equipment	2/12/15	785	157
68	Video Equipment	2/12/15	665	133

# DE Future Depreciation Report    FYE: 12/31/24

## Form 990, Page 1

Asset	Description	Date In Service	Cost	DE
69	DE Audio Visual	2/19/15	1,550	310
70	DE Audio Visual	2/19/15	1,550	310
71	DE Audio Visual	2/19/15	1,550	310
72	DE Audio Visual	6/19/15	2,325	465
73	DE Audio Visual	6/19/15	2,325	465
74	HP Desktop Computer	12/14/16	573	114
75	Install and Training	7/23/15	600	120
76	Install and Training	7/23/15	600	120
77	New Server	12/27/16	6,830	1,366
78	Windows Officw Software	9/26/17	889	178
79	Heat Pump for Yoga Room	6/26/17	4,980	712
80	Kitchen Improvements	3/01/17	9,018	601
81	Jam Air A/C Unit	7/11/18	3,980	265
82	New Roof	9/30/18	10,247	263
83	Computer for Kent County	8/17/20	1,290	258
84	Computer New Castle County	12/23/20	1,329	266
85	Painting the Kent Office	12/03/21	1,200	240
86	Windows - NCC	5/20/21	26,926	673
87	Exterior Painting of NCC House	10/04/21	9,625	1,925
88	New Phone System	8/16/21	2,044	204
89	New Chairs for Sussex	9/01/21	1,750	175
90	CHIMNEY MAINTENANCE	4/14/22	2,100	140
91	COMPUTER	6/30/22	1,044	209
	<b>Total Other Depreciation</b>		<u>2,320,084</u>	<u>58,749</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,320,084</u>	<u>58,749</u>
	<b>Grand Totals</b>		<u>2,320,084</u>	<u>58,749</u>



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

**Fundraising Other Events**

**2023**

For calendar year 2023, or tax year beginning , and ending

Name

Employer Identification Number

**CANCER SUPPORT COMMUNITY DELAWARE**

**51-0351863**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events	
		<u>CONWAY&amp;DWYER ME</u> (event type)	<u>PINK AFFAIR</u> (event type)	<u>VARIOUS SMALL E</u> (event type)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	40,263	32,771	26,432	132,253
	2	Less: Charitable contributions	39,163			58,729
	3	Gross income (line 1 minus line 2)	1,100	32,771	26,432	73,524
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				150
	6	Rent/facility costs		4,888		4,888
	7	Food/beverages				
	8	Entertainment				
	9	Other expenses	38	602	571	3,903

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

**Fundraising Other Events**

**2023**

For calendar year 2023, or tax year beginning , and ending

Name

Employer Identification Number

**CANCER SUPPORT COMMUNITY DELAWARE**

**51-0351863**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>WINGS OF HOPE</u>	<u>CRUSH OUT CANCE</u>		(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	<b>1</b> Gross receipts	<b>25,866</b>	<b>6,921</b>		
	<b>2</b> Less: Charitable contributions	<b>19,566</b>			
	<b>3</b> Gross income (line 1 minus line 2)	<b>6,300</b>	<b>6,921</b>		
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	<b>150</b>			
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>2,692</b>			

Form **990****Tax Return History****2023**

Name

**CANCER SUPPORT COMMUNITY DELAWARE**

Employer Identification Number

**51-0351863**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....			606,935	634,992	649,033	
Membership dues .....						
Program service revenue .....			33,430	33,290	35,300	
Capital gain or loss .....			2,464	3,445	-2,209	
Investment income .....			23,305	19,420	24,538	
Fundraising revenue (income/loss) .....			220,176	82,538	94,905	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....			<b>886,310</b>	<b>773,685</b>	<b>801,567</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			70,930	90,833	104,843	
Other compensation .....			214,824	228,856	302,116	
Professional fees .....			67,729	59,604	69,514	
Occupancy costs .....			73,349	73,431	80,327	
Depreciation and depletion .....			43,659	43,690	43,829	
Other expenses .....			155,227	174,646	195,064	
<b>Total expenses</b> .....			<b>625,718</b>	<b>671,060</b>	<b>795,693</b>	
<b>Excess or (Deficit)</b> .....			<b>260,592</b>	<b>102,625</b>	<b>5,874</b>	
Total exempt revenue .....			886,310	773,685	801,567	
Total unrelated revenue .....						
Total excludable revenue .....			279,375	138,693	152,534	
Total Assets .....			2,790,666	2,730,291	2,834,551	
Total Liabilities .....			30,388	13,162	19,658	
Net Fund Balances .....			2,760,278	2,717,129	2,814,893	

# Federal Statements

## Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 147		14			
TOTAL	\$ <u>147</u>					

## Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST						
	\$ 5,548		14			
DIVIDENDS	18,843					
TOTAL	\$ <u>24,391</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	\$ 9,200	\$ 6,992	\$ 644	\$ 1,564
	\$ 9,200	\$ 6,992	\$ 644	\$ 1,564

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 2,923
OTHER	116,009
LAFFEY MCHUGH FOUNDATION CASH CONTRIBUTION	15,000
INCYTE CORPORATION CASH CONTRIBUTION	100,000
STATE OF DELAWARE CASH CONTRIBUTION	194,423
HOLOGIC, INC CASH CONTRIBUTION	20,000
WELFARE FOUNDATION, INC. CASH CONTRIBUTION	40,000
COCKTAILS FOR A CAUSE CASH CONTRIBUTION	29,820
D DISABATINO GOLF CLASSIC CASH CONTRIBUTION	72,129
CONWAY&DWYER MEMORIAL BASH CASH CONTRIBUTION	39,163
WINGS OF HOPE CASH CONTRIBUTION	19,566
TOTAL	<u>\$ 649,033</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
LAFFEY MCHUGH FOUNDATION	\$ 30,000	\$
INCYTE CORPORATION	200,000	140,286
DELAWARE COMMUNITY FOUNDATION		
LONGWOOD FOUNDATION		
CHICHESTER DUPONT FOUNDATION INC	20,000	
HIGHMARK	20,000	
ROYAL FARMS	10,820	
SAN DIEGO FOUNDATION	20,000	
STATE OF DELAWARE	366,541	306,827
TIMMONS	10,000	
REVOCABLE TRUST OF BARBARA GITTINGS	14,894	
HOLOGIC, INC	20,000	
WELFARE FOUNDATION, INC.	40,000	
TOTAL	<u>\$ 752,255</u>	<u>\$ 447,113</u>

## Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 147
TOTAL	<u>5,548</u>
	<u>\$ 5,695</u>

Schedule A, Part II, Line 10(e)

Description	Amount
COCKTAILS FOR A CAUSE	\$ 23,110
D DISABATINO GOLF CLASSIC	76,032
CONWAY&DWYER MEMORIAL BASH	1,100
PINK AFFAIR	32,771
CRUSH OUT CANCER	6,921
WINGS OF HOPE	6,300
VARIOUS SMALL EVENTS	26,432
TOTAL	<u>\$ 172,666</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM SERVICE REVENUE	\$ 35,300
DIVIDENDS	18,843
TOTAL	<u>\$ 54,143</u>



**COCKTAILS FOR A CAUSE****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PRINTING	\$ 883
SUPPLIES	<u>1,535</u>
TOTAL	<u><u>\$ 2,418</u></u>

**D DISABATINO GOLF CLASSIC****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROFESSIONAL FEES	\$ 2,475
SUPPLIES	34
TOTAL	<u>\$ 2,509</u>

**PINK AFFAIR**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ <u>602</u>
TOTAL	\$ <u><u>602</u></u>

## WINGS OF HOPE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
PA AND SOUND TECH	\$ 325
SUPPLIES	2,367
TOTAL	\$ <u>2,692</u>

**VARIOUS SMALL EVENTS****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 160
SUPPLIES	411
TOTAL	<u>\$ 571</u>