

Form 990 (2020)

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

23-6406222

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Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

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

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- 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 \$ 5,869,949. including grants of \$ 5,407,060.) (Revenue \$ 10,544.)

FOOD PROGRAM:

THE FOOD PROGRAM GARNERS THE SUPPORT OF THE ENTIRE COMMUNITY OF BUCKS COUNTY INCLUDING BUSINESSES, FARMERS, EDUCATION, UNITED WAY, PRIVATE DONORS, AND COUNTY GOVERNMENT, AS WELL AS STATE AND FEDERAL RESOURCES TO PROVIDE AMPLE NUTRITIOUS FOOD TO LOW-INCOME INDIVIDUALS AND FAMILIES IN BUCKS COUNTY THROUGH 69 FOOD DISTRIBUTION SITES. IN FY21, MORE THAN 69,000 VISITS WERE MADE TO THE FOOD NETWORK BY FAMILIES IN NEED. THROUGH OUR COMMUNITY COLLABORATIONS, WE GREATLY INCREASED THE AMOUNTS OF FRESH PRODUCE AND OTHER FOOD ITEMS BEING DISTRIBUTED TO IMPROVE THE HEALTH AND WELL-BEING OF THE LOW-INCOME COMMUNITY.

4b (Code:) (Expenses \$ 4,091,948. including grants of \$ 2,395,105.) (Revenue \$ 0.)

EMERGENCY SERVICES PROGRAM:

THE EMERGENCY SERVICES PROGRAM INCLUDES RAPID REHOUSING AND HOMELESS PREVENTION ASSISTANCE AS WELL AS UTILITY ASSISTANCE IN PARTNERSHIP WITH MULTIPLE ENTITIES THROUGHOUT BUCKS COUNTY. WE ASSIST OVER 2,000 HOUSEHOLDS ANNUALLY THROUGH EMERGENCY AND HOUSING PROGRAMS. THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA) ASSISTS LOW TO MODERATE INCOME HOUSEHOLDS BY PREPARING TAX RETURNS FOR FREE AND ELIMINATING THE COST BURDEN OF ANNUAL FILING. THIS PROGRAM CLOSES THE INCOME GAP THAT FAMILIES EXPERIENCE THROUGHOUT THE YEAR BY MAXIMIZING REFUNDS THROUGH EARNED INCOME TAX CREDITS. WE AVERAGE 1,200 RETURNS ANNUALLY.

4c (Code:) (Expenses \$ 854,342. including grants of \$ 404,878.) (Revenue \$ 36,405.)

ECONOMIC SELF-SUFFICIENCY PROGRAM:

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

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

(Expenses \$ 849,067. including grants of \$ 563,253.) (Revenue \$ 0.)

4e Total program service expenses 11,665,306.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 in 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?		

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

		Yes	No
2a 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	2a 50		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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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
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18	
b Enter the number of voting members included on line 1a, above, who are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 **SARAJANE HAMILTON - 215-345-8175**
100 DOYLE STREET, DOYLESTOWN, PA 18901

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ERIN A. LUKOSS EXECUTIVE DIRECTOR	40.00 1.00			X				126,481.	0.	3,943.
(2) SARAJANE K. HAMILTON CHIEF FINANCIAL OFFICER	40.00 0.00			X				97,971.	0.	11,845.
(3) RYAN BAUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(4) LARA CHRISTIANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) JAMES DACEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) DEBORAH A. DOWNEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) SHANE FITZGERALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) AMY M. GABLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) JACOB A. IAMPIETRO DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) CHRISTOPHER S. MAHONEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JEFFREY J. MARTINIDES DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) TIM MCCANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) JANICE S. MCCracken ERKES DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) CHRISTINA MCGINLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) ANDREW MOSER DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CHARLES J. QUATTRONE, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MICHAEL W. MILLS CHAIR	1.00 1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KERRY L. SHEPHERD VICE-CHAIR	1.00 0.00	X		X				0.	0.	0.
(19) NIKKI MATTHEWS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(20) CONSTANCE M. FURMAN TREASURER	1.00 0.00	X		X				0.	0.	0.
(21) NATASHA R. BROCKINGTON DIRECTOR TO SEP 2020	1.00 0.00	X						0.	0.	0.
(22) WARREN C. LEVY DIRECTOR TO DEC 2020	1.00 0.00	X						0.	0.	0.
(23) ALAYNA M. LOPEZ DIRECTOR TO DEC 2020	1.00 0.00	X						0.	0.	0.
(24) AMY MOYER DIRECTOR TO DEC 2020	1.00 0.00	X						0.	0.	0.
(25) ANGELA RANKIN DIRECTOR TO MAY 2021	1.00 0.00	X						0.	0.	0.
(26) ROGER E. RIEDLEY DIRECTOR TO DEC 2020	1.00 0.00	X						0.	0.	0.
1b Subtotal								224,452.	0.	15,788.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								224,452.	0.	15,788.

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

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

	Yes	No
3		X
4		X
5		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

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

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
NONE		
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		

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BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

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Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	50,266.			
	e Government grants (contributions)	1e	5,941,564.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,171,416.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,433,391.			
	h Total. Add lines 1a-1f		13,163,246.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		623.			623.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a		2,327.		
	b Less: cost or other basis and sales expenses	7b		0.		
	c Gain or (loss)	7c		2,327.		
	d Net gain or (loss)		2,327.			2,327.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a FORGIVENESS OF PPP LOAN	900099	392,925.			392,925.
	b MANAGEMENT FEES	561499	23,600.	23,600.		
	c PAYROLL REIMBURSEMENT	900099	17,946.			17,946.
	d All other revenue	561499	27,997.	23,349.		4,648.
	e Total. Add lines 11a-11d		462,468.			
12 Total revenue. See instructions		13,628,664.	46,949.	0.	418,469.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,916,072.	2,916,072.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,854,224.	5,854,224.		
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	242,234.	58,631.	178,273.	5,330.
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	2,093,779.	1,703,919.	334,102.	55,758.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,007.	24,451.	1,836.	720.
9 Other employee benefits	230,672.	187,229.	37,274.	6,169.
10 Payroll taxes	194,557.	152,043.	37,492.	5,022.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,921.	2,128.	2,046.	747.
c Accounting	28,925.	12,509.	12,024.	4,392.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	164,553.	129,989.	25,118.	9,446.
12 Advertising and promotion	6,195.	4,295.	605.	1,295.
13 Office expenses	182,880.	144,718.	15,971.	22,191.
14 Information technology	92,608.	72,717.	15,687.	4,204.
15 Royalties				
16 Occupancy	266,451.	247,275.	15,997.	3,179.
17 Travel	61,537.	55,941.	5,181.	415.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,385.	26,214.	5,655.	1,516.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,281.	24,816.		465.
23 Insurance	36,694.	32,963.	2,875.	856.
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 DUES AND PUBLICATIONS	33,369.	13,448.	4,976.	14,945.
b REPAIRS AND MAINTENANCE	1,724.	1,724.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,497,068.	11,665,306.	695,112.	136,650.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	850,699.	1	1,448,227.
	2 Savings and temporary cash investments	131,104.	2	38,924.
	3 Pledges and grants receivable, net		3	65,000.
	4 Accounts receivable, net	859,226.	4	1,063,786.
	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	14,610.	7	7,424.
	8 Inventories for sale or use	34,795.	8	27,307.
	9 Prepaid expenses and deferred charges	78,292.	9	48,973.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 599,473.		
	b Less: accumulated depreciation	10b 116,309.		
		388,262.	10c	483,164.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	836,551.	15	872,157.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,193,539.	16	4,054,962.	
Liabilities	17 Accounts payable and accrued expenses	318,336.	17	447,939.
	18 Grants payable		18	
	19 Deferred revenue	42,457.	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	392,925.	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		25	
	26 Total liabilities. Add lines 17 through 25	753,718.	26	447,939.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	891,720.	27	1,536,779.
	28 Net assets with donor restrictions	1,548,101.	28	2,070,244.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,439,821.	32	3,607,023.
	33 Total liabilities and net assets/fund balances	3,193,539.	33	4,054,962.

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,628,664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,497,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,131,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,439,821.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	35,606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,607,023.

Part XII Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
	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	Were the organization's financial statements audited by an independent accountant?	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222

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 or 990-EZ).)
- 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 in 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.

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		
Total						

Schedule A (Form 990 or 990-EZ) 2020 **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** 23-6406222 Page 2**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5500982.	6232520.	6973914.	8789004.	13163246.	40659666.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5500982.	6232520.	6973914.	8789004.	13163246.	40659666.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						564,603.
6 Public support. Subtract line 5 from line 4.						40095063.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5500982.	6232520.	6973914.	8789004.	13163246.	40659666.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,578.	1,339.	991.	1,637.	623.	7,168.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	76,221.	102,898.	41,225.	3,805.	415,519.	639,668.
11 Total support. Add lines 7 through 10						41306502.
12 Gross receipts from related activities, etc. (see instructions)					12	101,471.

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.39 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** 23-6406222 Page 7**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

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

2016 AMOUNT: \$ 70,221.

2017 AMOUNT: \$ 96,898.

ADMINISTRATIVE FEES

2018 AMOUNT: \$ 33,106.

MANAGEMENT FEES

2016 AMOUNT: \$ 6,000.

2017 AMOUNT: \$ 6,000.

2018 AMOUNT: \$ 8,000.

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 119.

CREDIT CARD FEES

2019 AMOUNT: \$ 3,805.

2020 AMOUNT: \$ 4,648.

FORGIVENESS OF PPP LOAN

2020 AMOUNT: \$ 392,925.

PAYROLL REIMBURSEMENT

2020 AMOUNT: \$ 17,946.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundationCheck 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

- ☒ 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Name of organization

Employer identification number

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

23-6406222

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	COUNTY OF BUCKS 55 EAST COURT STREET DOYLESTOWN, PA 18901	\$ 2,159,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMEN 400 NORTH STREET, 4TH FLOOR HARRISBURG, PA 17120	\$ 2,112,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVENUE SW WASHINGTON, DC 20250	\$ 2,102,624.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	\$ 863,503.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	PENNSYLVANIA DEPARTMENT OF AGRICULTURE, BUREAU OF FOOD DISTR 2301 NORTH CAMERON STREET HARRISBURG, PA 17110	\$ 780,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	UNITED WAY OF BUCKS COUNTY 413 HOODS BLVD. FAIRLESS HILLS, PA 19030	\$ 501,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	WEGMANS FOOD MARKETS 1405 MAIN STREET WARRINGTON, PA 18976	\$ 410,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	BUCKS COUNTY CHILDREN & YOUTH 2325 HERITAGE CENTER DRIVE, BUILDING 500 FURLONG, PA 18925	\$ 297,483.	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.)
		\$	Person <input 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.)
		\$	Person <input 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.)

Name of organization

Employer identification number

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.**23-6406222****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	FOOD _____ _____ _____	\$ <u>2,102,624.</u>	<u>06/30/21</u>
<u>4</u>	FOOD _____ _____ _____	\$ <u>863,503.</u>	<u>06/30/21</u>
<u>5</u>	FOOD _____ _____ _____	\$ <u>287,728.</u>	<u>06/30/21</u>
<u>7</u>	FOOD _____ _____ _____	\$ <u>373,508.</u>	<u>06/30/21</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2020
Open to Public
Inspection

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

23-6406222 Page 2

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 exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? _____

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? _____

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? _____

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	144,098.	139,661.	0.		
b Contributions		1,883.	136,866.		
c Net investment earnings, gains, and losses	35,606.	3,276.	2,795.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		722.			
g End of year balance	179,704.	144,098.	139,661.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ .0000 %b Permanent endowment ☐ 100 %c Term endowment ☐ .0000 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		361,367.	9,034.	352,333.
c Leasehold improvements				
d Equipment		208,711.	78,267.	130,444.
e Other		29,395.	29,008.	387.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				483,164.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

23-6406222 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENT IN DOYLE DEVELOPMENT	692,453.
(2) THE BUCKS COUNTY FOUNDATION - ECONOMIC SELF SUFFICIENCY	
(3) FUND	179,704.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

23-6406222 Page 4

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.

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

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.

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

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 V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE PERMANENT INCOME TO THE
ECONOMIC SELF SUFFICIENCY PROGRAM WHILE ACCUMULATING THE PRINCIPAL OF THE
FUND IN PERPETUITY.

PART X, LINE 2:

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

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS
TAX-EXEMPT STATUS OR ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED
BUSINESS INCOME TAXES.

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.Employer identification number
23-6406222**Part I** General Information on Grants and Assistance1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY AND ITS COMPONENTS - SALVATIONS ARMY OF LOWER BUCKS - 215 APPLETREE DRIVE - LEVITTOWN, PA 19055	13-5562351	501C3	0.	35,454.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CORNWALLS UNITED METHODIST CHURCH-HARVEST MINISTRIES - 2284 BRISTOL PIKE - BENSALEM, PA 19020	22-2264488	501C3	0.	62,146.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
COORDINATING COUNCIL OF HEALTH AND WELFARE, INC. - 75 DOWNEY DRIVE - WARMINSTER, PA 18974	22-2450208	501C3	0.	17,158.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BRISTOL BORO COMMUNITY ACTION GROUP INC. - 99 WOOD STREET - BRISTOL, PA 19007	22-2584361	501C3	0.	73,693.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA PANTRY - 4 CORNERSTONE DRIVE - LANGHORNE, PA 19047	23-1427724	501C3	0.	61,588.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA SHELTER - 7 LIBRARY WAY - LEVITTOWN, PA 19054	23-1427724	501C3	0.	16,884.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

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

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

40.
0.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.**

23-6406222

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF BUCKS CO - COUNTY COMMONS 3338 RICHLIE ROAD BENSALEM, PA 19020	23-1429832	501C3	0.	136,820.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
YWCA OF BUCKS CO - ASPEN GROVE FAMILY CENTER - 120 E. STREET ROAD APT L4-4 - WARMINSTER, PA 18974	23-1429832	501C3	0.	129,196.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
YWCA OF BUCKS CO - BUCKS MEADOW 2425 TREVOSE RD. TREVOSE, PA 19053	23-1429832	501C3	0.	8,995.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
YWCA OF BUCKS CO - CREEKSIDE 2425 TREVOSE RD. TREVOSE, PA 19053	23-1429832	501C3	0.	8,995.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
ST JOHN THE BAPTIST RC PARISH - THE LORDS PANTY - 4050 DURHAM ROAD - OTTISVILLE, PA 18942	23-1484157	501C3	0.	49,934.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
JEWISH FEDERATION OF GREATER PHILADELPHIA - 2909 BRISTOL RD - BENSALEM, PA 19020	23-1500085	501C3	0.	6,113.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CENTRAL BUCKS SENIOR CENTER 700 N. SHADY RETREAT ROAD DOYLESTOWN, PA 18901	23-1626555	501C3	0.	17,830.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
PENNRIDGE COMMUNITY SENIOR CENTER 146 E. MAIN STREET PERKASIE, PA 18944	23-1626555	501C3	0.	6,785.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
UPPER BUCKS SR. ACTIVITY CENTER P.O. BOX 46 QUAKERTOWN, PA 18951	23-1626555	501C3	0.	5,842.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Schedule I (Form 990)

Schedule I (Form 990) **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.** 23-6406222 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KLINGER MIDDLE SCHOOL 1415 2ND ST PIKE SOUTHAMPTON, PA 18966	23-1671497	501C3	0.	11,761.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
NEW BRITAIN BAPTIST CHURCH FOOD LARDER - 22 EAST BUTLER AVENUE - NEW BRITAIN, PA 18901	23-1722224	501C3	0.	144,358.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BUCKS COUNTY HOUSING GROUP INC. - BCHG PENNDEL - 349 DURHAM ROAD - PENNDEL, PA 19047	23-1878791	501C3	0.	243,461.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BUCKS COUNTY HOUSING GROUP INC - BCHG - DOYLESTOWN - 470 OLD DUBLIN PIKE - DOYLESTOWN, PA 18901	23-1878791	501C3	0.	163,798.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BUCKS COUNTY HOUSING GROUP INC - BCHG MILFORD - 2155 MILFORD SQUARE PIKE - MILFORD, PA 18935	23-1878791	501C3	0.	108,701.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
REDEEMER LUTHERAN CHURCH 239 FAIRVIEW AVE PENNDEL, PA 19047	23-1889072	501C3	0.	16,218.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
JESUS FOCUS MINISTRY INC 1150 BRISTOL ROAD SOUTHAMPTON, PA 18966	23-1923427	501C3	0.	228,670.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FAITH BAPTIST CHURCH 1515 WILSTAR ROAD FAIRLESS HILLS, PA 19050	23-1940068	501C3	0.	54,055.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
A WOMAN'S PLACE P O BOX 299 DOYLESTOWN, PA 18901	23-2034180	501C3	0.	12,743.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH - 505 NORTH YORK RD - HATBORO, PA 19040	23-2152237	501C3	0.	131,488.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
EASTERN UPPER BUCKS SENIORS 8040 EASTON ROAD OTTSTVILLE, PA 18942	23-2261029	501C3	0.	7,665.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FIRST UNITED METHODIST CHURCH OF LESTER BAHRN PANTRY - 840 TRENTON RD - FAIRLESS HILLS, PA 19030	23-2277541	501C3	0.	133,646.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
SECOND BAPTIST CHURCH - SOULFULL BLESSINGS - 640 RACE STREET - BRISTOL, PA 19007	23-2320232	501C3	0.	143,857.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
COMMUNITY BAPTIST CHURCH 225 RADCLIFFE STREET BRISTOL, PA 19007	23-2445108	501C3	0.	28,375.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
KEYSTONE OPPORTUNITY CENTER 104 MAIN STREET SOUDERTON, PA 18964	23-2602243	501C3	0.	26,525.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
ST MATTHEW UNITED METHODIST CHURCH 4300 SOMERTON RD TREVOSE, PA 19053	23-2669344	501C3	0.	9,999.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
PHILADELPHIA CHRISTIAN CENTER 2990 STREET RD BENSALAM, PA 19020	23-2712247	501C3	0.	11,389.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
PENNRIDGE FISH 800 WEST CHESTNUT STREET PERKASIE, PA 18944	23-2729559	501C3	0.	221,939.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Schedule I (Form 990)

Schedule I (Form 990) **BUCKS COUNTY OPPORTUNITY COUNCIL, INC.**

23-6406222

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO LONGER BOUND INC. 5723 NORTON AVENUE BRISTOL, PA 19007	23-2737398	501C3	0.	30,434.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BEN WILSON SENIOR ACTIVITY CENTER 580 DELMONT AVE WARMINSTER, PA 18974	23-2775892	501C3	0.	7,057.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
LIVING HOPE COMMUNITY CHURCH DUBLIN PANTRY - 22 H W ROUTE 313 - PERKASIE, PA 18944	23-2920018	501C3	0.	24,079.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
LOVE FELLOWSHIP TABERNACLE - GREATER WORKS PANTRY - 5918 HULMESVILLE ROAD - BENSALAM, PA 19020	23-3057525	501C3	0.	71,317.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CHRIST LUTHERAN CHURCH- FEAST PANTRY - 1 LUTHER LANE PO BOX 569 - TRUMBAUERSVILLE, PA 18970	23-6270898	501C3	0.	53,402.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
THE FOOD CENTER AT THE MORRISVILLE PRESBYTERIAN CHURCH - 771 N. PENNSYLVANIA AVE - MORRISVILLE, PA 19067	23-6393377	501C3	0.	17,982.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
EMERGENCY RELIEF ASSOCIATION OF LOWER BUCKS COUNTY - 8525 NEW FALLS ROAD - LEVITTOWN, PA 19054	23-7297656	501C3	0.	140,329.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
QUAKERTOWN FOOD PANTRY 101 B 3RD STREET QUAKERTOWN, PA 18951	26-2583129	501C3	0.	64,538.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FIRST UNITED METHODIST CHURCH OF BRISTOL - 201 MULBERRY STREET - BRISTOL, PA 19007	36-2167731	501C3	0.	39,826.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY ST JOHN BOSCO CONFERENCE - 235 E COUNTY LINE RD - HATHORO, PA 19040	36-4757642	501C3	0.	5,395.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CHARTER ARMS 1 POTTER STREET WARMINSTER, PA 18974	45-3199958	501C3	0.	8,919.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
HEAVENS BOUNTY 455 TRUMB АуЕРSVILLE ROAD QUAKERTOWN, PA 18951	47-2123302	501C3	0.	25,653.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
OPERATION PATHWAYS AT FOXWOOD MANOR APARTMENTS - 2180 VETERANS HWY LEVITTOWN PA 19056 - LEVITTOWN, PA 19056	47-2897977	501C3	0.	15,010.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
INTERFAITH FOOD ALLIANCE 501 W. MAPLE AVE MORRISVILLE, PA 19067	47-4496629	501C3	0.	20,839.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BIBLE EVANGELICAL METHODIST CHURCH 1601 LAKE LAND AVE BRISTOL, PA 19067	80-0644489	501C3	0.	9,587.	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WEATHERIZATION PROJECTS TO REDUCE ENERGY USAGE	253	563,253.	0.		
EMERGENCY UTILITY, RENT, MEDICAL COSTS, TRAINING AND EDUCATION COSTS	3261	5,224,176.	0.		
GIFT CARDS	441	66,795.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2:

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

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		91,495.	FAIR MARKET VALUE
6 Cars and other vehicles	X	11	35,728.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2,089	4,298,144.	USDA COMMODITY VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFT CARDS</u>)	X	21	4,645.	FAIR MARKET VALUE
26 Other ► (<u>ENERGY MATCH</u>)	X	15	3,379.	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				

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

29**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

FOR PART I, LINE 19, THE NUMBER IN COLUMN (B) IS THE NUMBER OF DONORS.

FOR ALL OTHER LINES, IT IS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

Employer identification number

23-6406222

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

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

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

HOME ENERGY CONSERVATION PROGRAM:

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

VOLUNTEER AND COMMUNITY PARTNERSHIPS:

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization

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SCHOOL SUPPLIES, HOLIDAY GIFTS FOR FAMILIES, AND BASIC NEED ITEMS FOR
HOMELESS FAMILIES.

EXPENSES \$ 849,067. INCLUDING GRANTS OF \$ 563,253. REVENUE \$ 0.

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

A SIMPLE MAJORITY OF THE EXISTING QUORUM OF THE BOARD OR EXECUTIVE
COMMITTEE SHALL BE NECESSARY FOR ALL BUSINESS REQUIRING A VOTE, EXCEPT IN
SPECIFIC SITUATIONS OTHERWISE STATED IN THESE BYLAWS. THE BOARD MAY
AUTHORIZE AN ELECTRONIC VOTE USING EMAIL. UNANIMOUS CONSENT IN LIEU OF
MEETING: ANY ACTION WHICH MAY BE PROPERLY TAKEN BY THE BOARD OF DIRECTORS
ASSEMBLED IN A MEETING MAY ALSO BE TAKEN WITHOUT A MEETING, IF CONSENT IN
WRITING SETTING FORTH THE ACTION SO TAKEN IS SIGNED BY ALL OF THE DIRECTORS
ENTITLED TO VOTE WITH RESPECT TO ACTION. SUCH CONSENT SHALL HAVE THE SAME
FORCE AND EFFECT AS A VOTE OF DIRECTORS ASSEMBLED AND SHALL BE FILED WITH
THE MINUTES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE UPDATED ON JULY 15, 2020 TO ADD THE COMPLETION OF AN ANNUAL
PERFORMANCE APPRAISAL AND AN ANNUAL COMPENSATION REVIEW OF THE EXECUTIVE
DIRECTOR TO THE DUTIES OF THE BOARD OF DIRECTORS. PREVIOUSLY, THERE WAS NO
FORMAL REQUIREMENT FOR THE BOARD TO COMPLETE THESE TASKS.

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

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

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

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

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

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

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

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

ANNUALLY ALL STAFF AND BOARD MEMBERS RECEIVE AN ANNUAL AFFIRMATION OF COMPLIANCE DOCUMENT WHICH THEY MUST READ AND SIGN. BY SIGNING THE ANNUAL AFFIRMATION OF COMPLIANCE, STAFF AND BOARD MEMBERS CERTIFY THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND HAVE A THOROUGH UNDERSTANDING OF ITS INTENT AND PURPOSE. AS PART OF THE POLICY, ANY IDENTIFIED CONFLICTS ARE

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

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COMMUNICATED AND ADDRESSED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. THEY WILL ALSO MONITOR AND ENFORCE COMPLIANCE TO THIS POLICY.

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

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

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

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

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

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

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

CHANGE IN VALUE OF THE BUCKS COUNTY FOUNDATION - ECONOMIC

SELF SUFFICIENCY

35,606.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

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BUCKS COUNTY OPPORTUNITY COUNCIL, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DOYLE DEVELOPMENT CORPORATION - 23-2546294 100 DOYLE STREET DOYLESTOWN, PA 18901	HOLDS TITLE OF PROPERTY FOR THE BENEFIT OF BUCKS COUNTY OPPORTUNITY COUNCIL	PENNSYLVANIA	501 (C) (2)		BUCKS COUNTY OPPORTUNITY COUNCIL, INC.		X

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

Schedule R (Form 990) 2020

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DOYLE DEVELOPMENT CORPORATION	C	50,266.	CASH VALUE
(2) DOYLE DEVELOPMENT CORPORATION	K	204,940.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.