

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
BUCKS COUNTY OPPORTUNITY COUNCIL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 DOYLE STREET

City or town, state or province, country, and ZIP or foreign postal code
DOYLESTOWN, PA 18901

D Employer identification number
23-6406222

E Telephone number
(215) 345-8175

F Name and address of principal officer:
ERIN A LUKOSS
100 DOYLE STREET
DOYLESTOWN, PA 18901

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.BCOC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1965

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO REDUCE POVERTY AND PARTNER WITH OUR COMMUNITY TO PROMOTE ECONOMIC SELF-SUFFICIENCY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	2,846
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,973,914	8,789,004
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	991	2,371
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,563	51,989
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,022,468	8,843,364

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,788,160	5,206,560
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,071,406	2,386,317
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶118,019		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	740,547	706,012
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,600,113	8,298,889
19 Revenue less expenses. Subtract line 18 from line 12	422,355	544,475

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,298,855	3,193,539
21 Total liabilities (Part X, line 26)	406,785	753,718
22 Net assets or fund balances. Subtract line 21 from line 20	1,892,070	2,439,821

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-04-14
ERIN A LUKOSS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-04-14
Check if self-employed PTIN: P01603932
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749
Firm's address: ▶ 610 W GERMANTOWN PIKE SUITE 400 PLYMOUTH MEETING, PA 19462 Phone no. (215) 643-3900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 \$ 3,526,151 including grants of \$ 2,453,748) (Revenue \$ 34,792)
See Additional Data

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

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

(Code:) (Expenses \$ 683,376 including grants of \$ 432,153) (Revenue \$ 0)

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. IN FY20, WE SUCCESSFULLY INITIATED A HOME REPAIR PROGRAM TO REDUCE THE DEFERRAL RATES THAT OFTEN OCCUR WHEN LOW INCOME HOUSEHOLDS CANNOT AFFORD NEEDED REPAIRS TO COMPLETE WEATHERIZATION SERVICES.VOLUNTEER AND COMMUNITY PARTNERSHIPS:THE VOLUNTEER AND COMMUNITY PARTNERSHIPS ALLOW BCOC TO CONTINUALLY BUILD RELATIONSHIPS WITHIN THE COMMUNITY TO PROVIDE SERVICE AND DONATION OPPORTUNITIES TO BENEFIT OUR CLIENTS. VOLUNTEERS SUPPORT PROGRAM AREAS THROUGH: PREPARING TAXES FOR LOW-INCOME FAMILIES; HARVESTING LOCALLY GROWN PRODUCE FOR FOOD PANTRIES; DRIVERS WHO PICK-UP AND DELIVER FOOD, CLOTHING AND MORE AMONG OUR OFFICES AND PARTNERS; ADMINISTRATIVE AND CLERICAL SUPPORT; A VOLUNTEER BOARD OF DIRECTORS; PROFESSIONAL SERVICES SUCH AS RESEARCH, GRAPHIC DESIGN AND NUTRITION EDUCATION. PRIVATE-SECTOR DONATIONS PROVIDE THE FOUNDATION FOR MANY OF OUR PROGRAMS: WHEELZ2WORK, THROUGH VEHICLE DONATIONS THAT OFFER TRANSPORTATION TO CLIENTS; COMMUNITY FOOD DRIVES; COLLECTIONS FOR SCHOOL SUPPLIES, HOLIDAY GIFTS FOR FAMILIES, AND BASIC NEED ITEMS FOR HOMELESS FAMILIES.

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, management control, and governance decisions.

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

Table with 10 main rows (10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns: Question, Yes, No. Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 100 DOYLE STREET DOYLESTOWN, PA 18901 (215) 345-8175

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) NATASHA R BROCKINGTON DIRECTOR	1.00 0.00	X					0	0	0	
(2) DEBORAH A DOWNEY DIRECTOR	1.00 0.00	X					0	0	0	
(3) SHANE FITZGERALD DIRECTOR	1.00 0.00	X					0	0	0	
(4) AMY M GABLER DIRECTOR	1.00 0.00	X					0	0	0	
(5) JACOB A IAMPETRO DIRECTOR	1.00 0.00	X					0	0	0	
(6) WARREN C LEVY DIRECTOR	1.00 0.00	X					0	0	0	
(7) ALAYNA M LOPEZ DIRECTOR	1.00 0.00	X					0	0	0	
(8) CHRISTOPHER S MAHONEY DIRECTOR	1.00 0.00	X					0	0	0	
(9) JEFFREY J MARTINIDES DIRECTOR	1.00 0.00	X					0	0	0	
(10) TIM MCCANN DIRECTOR	1.00 0.00	X					0	0	0	
(11) JANICE S MCCracken ERKES DIRECTOR	1.00 0.00	X					0	0	0	
(12) AMY MOYER DIRECTOR	1.00 0.00	X					0	0	0	
(13) CHARLES J QUATTRONE JR DIRECTOR	1.00 0.00	X					0	0	0	
(14) ROGER E RIEDLEY DIRECTOR	1.00 0.00	X					0	0	0	
(15) MICHAEL W MILLS CHAIR JUN 2020; VICE-CHAIR	1.00 1.00	X		X			0	0	0	
(16) KERRY L SHEPHERD VICE-CHAIR JUN 2020; TREASURER	1.00 0.00	X		X			0	0	0	
(17) NIKKI MATTHEWS SECRETARY	1.00 0.00	X		X			0	0	0	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	4,866,388		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,922,616		
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,618,836		
	h Total. Add lines 1a-1f		8,789,004		

Program Service Revenue			Business Code			
	2a					
	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)			1,637			1,637	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
			6a					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			7a	734				
		b Less: cost or other basis and sales expenses	7b	0				
		c Gain or (loss)	7c	734				
	d Net gain or (loss)				734			734
	8a 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							
	9a Gross income from gaming activities. See Part IV, line 19		9a					
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a 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						
11a ADMINISTRATIVE FEES		561499	34,792	34,792				
b MANAGEMENT FEES		561499	9,000	9,000				
c SECURITY DEP. REFUNDS		900099	4,392	4,392				
d All other revenue			3,805				3,805	
e Total. Add lines 11a-11d			51,989					
12 Total revenue. See instructions			8,843,364	48,184	0		6,176	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	2,453,748	2,453,748		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,752,812	2,752,812		
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	235,005	56,077	173,830	5,098
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	1,801,134	1,490,608	263,664	46,862
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,899	25,913	2,556	430
9 Other employee benefits	154,329	128,865	22,831	2,633
10 Payroll taxes	166,950	131,151	33,102	2,697
11 Fees for services (non-employees):				
a Management				
b Legal	2,293	1,340	283	670
c Accounting	27,450	16,031	3,393	8,026
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 Schedule O)	85,129	71,979	3,392	9,758
12 Advertising and promotion	7,743	3,131	4,393	219
13 Office expenses	129,341	77,274	27,424	24,643
14 Information technology	86,992	77,588	3,958	5,446
15 Royalties				
16 Occupancy	208,468	203,760	3,089	1,619
17 Travel	78,437	68,803	8,097	1,537
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,465	15,577	795	1,093
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,718		1,718	
23 Insurance	40,880	36,417	3,498	965
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND PUBLICATIONS	20,021	9,670	4,028	6,323
b REPAIRS AND MAINTENANCE	75	75		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,298,889	7,620,819	560,051	118,019
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	117,337	1	850,699
	2 Savings and temporary cash investments	38,684	2	131,104
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	822,208	4	859,226
	5 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		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	21,567	7	14,610
	8 Inventories for sale or use	26,381	8	34,795
	9 Prepaid expenses and deferred charges	85,365	9	78,292
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	504,289		
	b Less: accumulated depreciation	116,027		
		355,199	10c	388,262
	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	832,114	15	836,551	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,298,855	16	3,193,539	
Liabilities	17 Accounts payable and accrued expenses	365,554	17	318,336
	18 Grants payable		18	
	19 Deferred revenue	41,231	19	42,457
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	392,925
	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	406,785	26	753,718
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,273,677	27	891,720
	28 Net assets with donor restrictions	618,393	28	1,548,101
	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	1,892,070	32	2,439,821	
33 Total liabilities and net assets/fund balances	2,298,855	33	3,193,539	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,843,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,298,889
3	Revenue less expenses. Subtract line 2 from line 1	3	544,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,892,070
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,276
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,439,821

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-6406222

Name: BUCKS COUNTY OPPORTUNITY COUNCIL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 **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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,579,618	5,500,982	6,232,520	6,973,914	8,789,004	32,076,038
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	4,579,618	5,500,982	6,232,520	6,973,914	8,789,004	32,076,038
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) . . .						552,596
6 Public support. Subtract line 5 from line 4.						31,523,442

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,579,618	5,500,982	6,232,520	6,973,914	8,789,004	32,076,038
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	3,139	2,578	1,339	991	1,637	9,684
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.). . .	56,733	76,221	102,898	41,225	3,805	280,882
11 Total support. Add lines 7 through 10						32,366,604
12 Gross receipts from related activities, etc. (see instructions)					12	54,522

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.390 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	97.220 %

16a 33 1/3% support test—2019. 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

b 33 1/3% support test—2018. 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

17a 10%-facts-and-circumstances test—2019. 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

b 10%-facts-and-circumstances test—2018. 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	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 (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? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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):	1	
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER ACTIVITIES - 2015 AMOUNT: \$ 50,733. 2016 AMOUNT: \$ 70,221. 2017 AMOUNT: \$ 96,898. ADMINISTRATIVE FEES - 2018 AMOUNT: \$ 33,106. MANAGEMENT FEES - 2015 AMOUNT: \$ 6,000. 2016 AMOUNT: \$ 6,000. 2017 AMOUNT: \$ 6,000. 2018 AMOUNT: \$ 8,000. MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 119. CREDIT CARD FEES - 2019 AMOUNT: \$ 3,805.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

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 (e.g., recreation or education) Preservation of an 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 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- 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 in Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on 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		113,527	78,450	35,077
e Other		29,395	28,543	852
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				388,262

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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 FUND	144,098
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	836,551

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-6406222
Name: BUCKS COUNTY OPPORTUNITY COUNCIL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS A NONPROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS OR ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME TAXES. THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN 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.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BUCKS COUNTY OPPORTUNITY COUNCIL INC

Employer identification number

23-6406222

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 51
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) WEATHERIZATION PROJECTS TO REDUCE ENERGY USAGE	259	432,153	0		
(2) EMERGENCY UTILITY, RENT, MEDICAL COSTS, TRAINING AND EDUCATION COSTS	601	2,202,059	0		
(3) GIFT CARDS	642	118,600	0		
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 23-6406222
Name: BUCKS COUNTY OPPORTUNITY COUNCIL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
A WOMAN'S PLACE PO BOX 299 DOYLESTOWN, PA 18901	23-2034180	501C3	0	9,001	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
COUNTY OF BUCKS - AREA AGENCY ON AGING 30 EAST OAKLAND AVENUE DOYLESTOWN, PA 18901	23-6003044	COUNTY GOVERNMENT	0	5,220	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEYSTONE OPPORTUNITY CENTER 104 MAIN STREET SOUDERTON, PA 18964	23-2602243	501C3	0	29,758	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	207,396	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRISTOL BORO COMMUNITY ACTION GROUP INC 99 WOOD STREET BRISTOL, PA 19007	22-2584361	501C3	0	81,201	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CALVARY BAPTIST CHURCH - CHRISTIAN CARE MINISTRIES 250 GREEN LANE BRISTOL, PA 19067	23-1386165	501C3	0	7,290	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNWALLS UNITED METHODIST CHURCH - HARVEST MINISTRIES 2284 BRISTOL PIKE BENSALEM, PA 19020	22-2264488	501C3	0	43,870	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	97,183	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEAVENS BOUNTY 455 TRUMBAUERSVILLE ROAD QUAKERTOWN, PA 18951	47-2123302	501C3	0	32,849	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
ST JOHN THE BAPTIST RC PARISH - LORD PANTY 4050 DURHAM ROAD OTTSVILLE, PA 18942	23-1484157	501C3	0	55,359	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW BRITAIN BAPTIST CHURCH FOOD LARDER 22 EAST BUTLER AVENUE NEW BRITAIN, PA 18901	23-1722224	501C3	0	161,530	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
NO LONGER BOUND INC 5723 NORTON AVENUE BRISTOL, PA 19007	23-2737398	501C3	0	35,706	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	72,407	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	203,241	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
QUAKERTOWN FOOD PANTY 101 B 3RD STREET QUAKERTOWN, PA 18951	26-2583129	501C3	0	61,197	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	74,459	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	49,396	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BUCKS COUNTY HOUSING GROUP INC - BCHG MILFORD 2155 MILFORD SQUARE PIKE MILFORD, PA 18935	23-1878791	501C3	0	114,486	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA PANTRY 4 CORNERSTONE DRIVE LANGHORNE, PA 19047	23-1427724	501C3	0	46,178	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY - FSA SHELTER 7 LIBRARY WAY LEVITTOWN, PA 19054	23-1427724	501C3	0	10,928	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JESUS FOCUS MINISTRY INC 1150 BRISTOL ROAD SOUTHAMPTON, PA 18966	23-1923427	501C3	0	185,921	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
BUCKS COUNTY HOUSING GROUP INC - BCHG - DOYLESTOWN 470 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	23-1878791	501C3	0	159,876	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOVE FELLOWSHIP TABERNACLE - GREATER WORKS PANTRY 5918 HULMESVILLE ROAD BENSALEM, PA 19020	23-3057525	501C3	0	50,438	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
COMMUNITY BAPTIST CHURCH 225 RADCLIFFE STREET BRISTOL, PA 19007	23-2445108	501C3	0	20,832	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF BUCKS CO -ASPEN GROVE FAMILY CENTER 120 E STREET ROAD APT L4-4 WARMINSTER, PA 18974	23-1429832	501C3	0	144,511	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
THE FOOD CENTER AT THE MORRISVILLE PRESBYTERIAN CHURCH 771 N PENNSYLVANIA AVENUE MORRISVILLE, PA 19067	23-6393377	501C3	0	13,073	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REDEEMER LUTHERAN CHURCH 239 FAIRVIEW AVENUE PENNDL, PA 19047	23-1889072	501C3	0	7,561	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
ST MATTHEW UNITED METHODIST CHURCH 4300 SOMERTON ROAD TREVISE, PA 19053	23-2669344	501C3	0	16,512	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FIRST UNITED METHODIST CHURCH OF BRISTOL 201 MULBERY STREET BRISTOL, PA 19007	36-2167731	501C3	0	34,001	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CHRIST LUTHERAN CHURCH- FEAST PANTRY 1 LUTHER LANE PO BOX 569 TRUMBAUERSVILLE, PA 18970	23-6270898	501C3	0	42,003	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INTERFAITH FOOD ALLIANCE 501 W MAPLE AVENUE MORRISVILLE, PA 19067	47-4496629	501C3	0	8,249	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CHRISTIAN CARE CHURCH OF LIVING HOPE 1271 E MAPLE AVENUE LANGHORNE, PA 19047	23-1946407	501C3	0	9,017	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUX-MONT CHRISTIAN CHURCH FOOD PANTY 400 JACKSONVILLE ROAD IVYLAND, PA 18974	23-7172250	501C3	0	2,815	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
UPPER BUCKS SR ACTIVITY CENTER PO BOX 46 QUAKERTOWN, PA 18951	23-1626555	501C3	0	4,788	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ROAD HATBORO, PA 19040	36-4757642	501C3	0	1,868	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	17,753	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MORRISVILLE SENIOR CENTER 31 E CLEVELAND AVENUE MORRISVILLE, PA 19067	23-2020777	501C3	0	8,178	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	9,940	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FALLS SENIOR CENTER 282 TRENTON ROAD FAIRLESS HILLS, PA 19030	23-2074064	501C3	0	10,102	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	47,656	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WARMINSTER HEIGHTS CORP 75 DOWNEY DRIVE WARMINSTER, PA 18974	23-7351309	501C3	0	8,643	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
CHARTER ARMS 1 POTTER STREET WARMINSTER, PA 18974	45-3199958	501C3	0	5,014	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S EVANGELICAL LUTHERAN CHURCH 505 NORTH YORK ROAD HATBORO, PA 19040	23-2152237	501C3	0	133,456	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
PENNRIDGE COMMUNITY SENIOR CENTER 146 E MAIN STREET PERKASIE, PA 18944	23-1626555	501C3	0	7,828	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EASTERN UPPER BUCKS SENIORS 8040 EASTON ROAD OTTSVILLE, PA 18942	23-2261029	501C3	0	10,178	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
FAITH HOPE LOVE FELLOWSHIP CHURCH 524 DREXEL ROAD FAIRLESS HILLS, PA 19030	47-2045358	501C3	0	946	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RACE TRACK CHAPLAINCY OF AMERICA-PA 3001 STREET ROAD BENSALEM, PA 19020	23-3042770	501C3	0	390	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
ST ISIDORE CHURCH 603 W BROAD STREET QUAKERTOWN, PA 18951	23-1371129	501C3	0	7,089	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FIRST UNITED METHODIST CHURCH OF LESTER BAHRT PANTRY 840 TRENTON ROAD FAIRLESS HILLS, PA 19030	23-2277541	501C3	0	74,406	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD
COORDINATING COUNCIL OF HEALTH AND WELFARE INC 75 DOWNEY DRIVE WARMINSTER, PA 18974	22-2450208	501C3	0	1,984	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRIST'S CUPBOARD FOOD PANTRY 2200 KRAMES ROAD QUAKERTOWN, PA 18951	23-2239079	501C3	0	1,099	FAIR MARKET VALUE	FOOD DONATIONS	TO FEED THOSE WHO CANNOT AFFORD FOOD

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		94,719	FAIR MARKET VALUE
6 Cars and other vehicles	X	11	34,181	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	49	2,481,012	USDA COMMODITY VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ENERGY MATCH)	X	95	6,334	FAIR MARKET VALUE
26 Other ▶ (GIFT CARDS)	X	21	2,590	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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.

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

SCHEDULE O
(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

BUCKS COUNTY OPPORTUNITY COUNCIL INC

Employer identification number

23-6406222

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4:	<p>IN MARCH 2020, THE COVID-19 PANDEMIC SHUT DOWN THE STATE OF PENNSYLVANIA. AS AN AGENCY THAT PROVIDES VITAL RESOURCES TO THE COMMUNITY (FOOD, UTILITY ASSISTANCE, RENT AND HOMELESS SERVICES), BCOC REMAINED OPEN AND SHIFTED RESOURCES TO CONTINUE TO SERVE THE COMMUNITY. BCOC ADMINISTERED EMERGENCY FOOD DISTRIBUTION IN THREE LOCATIONS THROUGHOUT BUCKS COUNTY, THREE TIMES EACH WEEK. WE WORKED IN CONJUNCTION WITH THE COUNTY'S EMERGENCY MANAGEMENT AGENCY TO PROVIDE WEEKLY FOOD BOXES TO AS MANY AS 1,500 HOUSEHOLDS EACH WEEK. WE ALSO RESPONDED TO THOSE THAT WERE OUT OF WORK DUE TO COVID AND THEREFORE LACKED INCOME TO PAY MONTHLY RENT AND UTILITIES. BCOC UTILIZED FUNDING TO ASSIST INDIVIDUALS AND FAMILIES WITH MONTHLY RENT WHILE WAITING FOR UNEMPLOYMENT BENEFITS, STIMULUS FUNDS, OR TO BE CALLED BACK TO WORK. IN THE FIRST 3 MONTHS OF THE PANDEMIC, BCOC SERVED 225 PEOPLE IN 91 HOUSEHOLDS WITH RENT AND UTILITIES. WITH SUCH UNCERTAINTY, BCOC APPLIED FOR AND RECEIVED THE PPP LOAN TO MAXIMIZE RESOURCES AVAILABLE TO OUR COMMUNITY WHILE MAINTAINING STAFFING LEVELS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THREE (3) BOARD SEATS ARE RESERVED FOR THE BUCKS COUNTY COMMISSIONERS. EACH COMMISSIONER SHALL BE REQUESTED TO SERVE AS A DIRECTOR FOR A TERM TO BE COTERMINOUS WITH THAT COMMISSIONER'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, SUCH COMMISSIONER MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN THE COMMISSIONER'S SEAT. TWO (2) BOARD SEATS SHALL BE RESERVED FOR PENNSYLVANIA STATE SENATORS REPRESENTING SENATORIAL DISTRICTS IN BUCKS COUNTY. SENATORS SHALL BE REQUESTED TO SERVE AS A DIRECTOR FOR A TERM COTERMINOUS WITH THAT SENATOR'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, SUCH STATE SENATORS MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN THE SENATOR'S SEAT. ONE (1) BOARD SEAT SHALL BE RESERVED FOR THE REPRESENTATIVE SERVING IN THE U.S. CONGRESS HOUSE OF REPRESENTATIVES FOR THE 8TH PENNSYLVANIA DISTRICT BUCKS COUNTY. THE TERM FOR THIS SEAT SHALL BE COTERMINOUS WITH THE REPRESENTATIVE'S TERM OF OFFICE. SUBJECT TO THE TERM LIMITS IN THE BYLAWS, THE U.S. REPRESENTATIVE MAY, IN THE ALTERNATIVE, NOMINATE A REPRESENTATIVE TO SERVE IN HIS/HER SEAT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL STAFF AND BOARD MEMBERS RECEIVE AN ANNUAL AFFIRMATION OF COMPLIANCE DOCUMENT WHICH THEY MUST READ AND SIGN. BY SIGNING THE ANNUAL AFFIRMATION OF COMPLIANCE, STAFF AND BOARD MEMBERS CERTIFY THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND HAVE A THOROUGH UNDERSTANDING OF ITS INTENT AND PURPOSE. AS PART OF THE POLICY, ANY IDENTIFIED CONFLICTS ARE COMMUNICATED AND ADDRESSED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. THEY WILL ALSO MONITOR AND ENFORCE COMPLIANCE TO THIS POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	AN ANNUAL APPRAISAL OF THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE IS CONDUCTED BY THE EXECUTIVE COMMITTEE. A MERIT INCREASE IS DETERMINED BASED ON PERFORMANCE AND THE COMMITTEE'S RESEARCH OF COMPARABLE POSITIONS IN BUCKS COUNTY, PENNSYLVANIA. THE DETERMINATION OF THE COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF THE BUCKS COUNTY FOUNDATION - ECONOMIC SELF SUFFICIENCY 3,276.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BUCKS COUNTY OPPORTUNITY COUNCIL INC

Employer identification number

23-6406222

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

(a) 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
(1)DOYLE DEVELOPMENT CORPORATION 100 DOYLE STREET DOYLESTOWN, PA 18901 23-2546294	HOLDS TITLE OF PROPERTY FOR THE BENEFIT OF BUCKS COUNTY OPPORTUNITY COUNCIL	PA	501 (C) (2)		BUCKS COUNTY OPPORTUNITY COUNCIL INC		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

		Yes	No
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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation