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 2024 Open to Public Inspection

A	For th	e 2024 calendar year, or tax year beginning , and ending			
В	Check if a	pplicable: C Name of organization		D Employe	r identification number
	Address (	change Willow Grove Community Development		attended to the same of	-
	Name ch	Doing business as		23-2	620431
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
	Initial retu Final retu			215-	657-1055
	terminate	d Commence of Commence of the			
	Amended	Willow Grove PA 19090		G Gross rec	eipts\$ 914,126
	Application	F Name and address of principal officer:	H(a) Is this a gro	un colure for c	ubordinates? Yes X No
	Аррисаци	John I. Durkin Jr.	H(a) is this a gio	up return tor 5	uboldinates? Tes A No
		210 Cedar Ave.	H(b) Are all sub	ordinates incl	uded? Yes No
_		Willow Grove PA 19090	If "No,"	attach a list.	See instructions
1	Tax-exer	npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
J	Website		H(c) Group exer	nption numbe	er
K	Form of o	organization: X Corporation Trust Association Other L	Year of formation: 1	990	M State of legal domicile: PA
P	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities:			
9		Our mission is helping families and communities by pro	viding aft	fordab	le
auc		housing and services. The organization offers subsidiz	ed rental	housi	ng and
E.		support services for residents; and service programs f	or the cor	nmunit	v
Governance	2 (	Check this box if the organization discontinued its operations or disposed of more than 25%	6 of its net asset	e	X:
		Number of voting members of the governing body (Part VI, line 1a)	o or its net asset	з.	12
S		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
Activities &					
÷		Total number of individuals employed in calendar year 2024 (Part V, line 2a)		5	2
A		Total number of volunteers (estimate if necessary)		6	20
		Total unrelated business revenue from Part VIII, column (C), line 12			0
	DI	Net unrelated business taxable income from Form 990-T, Part I, line 11		. 7b	0
	8 (	Contributions and grants (Part VIII, line 1h)	Prior Yea	2,857	20 Current Year 184, 970
Revenue		Program service revenue (Part VIII, line 2g)			
ver		***************************************		1,972	675,592
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,565	53,564
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.000		0
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,003	3,394	914,126
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
		Benefits paid to or for members (Part IX, column (A), line 4)			0
68		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	166	5,844	176,224
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0
dx	b7	Total fundraising expenses (Part IX, column (D), line 25) 41,073			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	634	1,260	738,611
	18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,104	914,835
		Revenue less expenses. Subtract line 18 from line 12		2,290	-709
Not Assets or Fund Balances			Beginning of Cur		End of Year
alar	20 7	Total assets (Part X, line 16)	5,146	5,757	5,214,769
A P	21 7	otal liabilities (Part X, line 26)	2,573	3,859	2,642,580
21111111	1111111111111111	Net assets or fund balances. Subtract line 21 from line 20	2,572	2,898	2,572,189
	art II	Signature Block			
Ur	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the be	st of my kn	owledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	е.	
Sig	n	Signature of officer		Date	
He	re	John T. Durkin Jr. Treasurer			
		Type or print name and title			
		Preparer's name Preparer's signature	Date	Check	if PTIN
Paid	i	Cynthia Bergvall, CPA Cynthia Bergvall, CPA			
Pre	parer	Firm's name Bee, Bergvall & Co.	06/02/		
Use	Only	PO Box 754	Fi	rm's EIN	23-2749044
		Firm's address Warrington, PA 18976-0754			216 242 2727
May	the IR	S discuss this return with the preparer shown above? See instructions	l Pi	none no.	215-343-2727
		ork Reduction Act Notice, see the separate instructions.			X Yes No
DAA					Form 990 (2024)

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7.	it III Statement of Program Service Accomplishments	
		X
1	,	
	We provide subsidized rental housing and services for low-to-moderate	
	income qualified households and free community services and programs for	•
	low-income households.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	N-
	If "Yes," describe these changes on Schedule O.	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
•	expenses. Section 504(e)(2) and 504(e)(4) expensional are required to report the appearance of small and attended 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.	
4.	700 741	
	(Code: ) (Expenses \$ 700,741 including grants of \$ ) (Revenue \$ 675,59)	2)
S	upportive rental nousing programs - We provide 62 affordable rental	
h	ousing units, up from 58 in 2022, and support services to individuals and	ď
f	amilies who qualify as low-to-moderate income households. Rents are well	•••
b	elow market rates, and are subsidized to ensure that renters pay no more	•••
t	han 30% of their income for housing costs. Support team home visits are	• • •
m	ade 3 times a year, supplemented by counseling, classes, and social	• • • •
s	ervices at the office. Renters include elderly persons, disabled persons	• • • •
f	amilies with children, and military veterans. Approximately 17% of rents	<i>!</i>
- a	re subsidized by HUD vouchers, and 83% are subsidized by Willow Grove CD	<u>.</u>
מ	uring 2024 18 volunteers served on support terms. Hencing counseling and	٠.٠
r	uring 2024 18 volunteers served on support teams. Housing counseling and	
_	eferral services are offered to about 1200 persons annually.	
4b	(Codo: \(\frac{1}{2}\) \(\frac	<del>_</del>
40	(Code: ) (Expenses \$ 60,413 including grants of \$ ) (Revenue \$	)
ر :	enior nutrition programs - We offer 2 nutrition programs for very low-	
~ T	ncome persons over age 60 serving about 340 persons in 2024. Both progra	₩Ż
þ	rovide nutrition education and additional services. We distribute nearly	8
τ	ons of food annually through the senior food box program, which offers	
m	onthly USDA food boxes and cheese. The food is supplemented by additiona	1
a	onated food, goods, and social services. We also distribute farmers'	
m	arket nutrition vouchers, which provide fresh produce for qualified	
S	eniors. We are an active member of Montgomery County Anti-Hunger Network	•
	***************************************	•••
		• • • •
		• • •
		• • • •
4c	(Code: ) (Expenses \$ 22,704 including grants of \$ ) (Revenue \$	$\overline{}$
S	ee Schedule O	,. 1
_	**************************************	
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	······································	•••
		•••
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4a	Total program service expenses 783 859	_

			_T05	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			۱.,
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1 . '		١,,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Х
•	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	F-		^
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes " complete Schedule D. Pert I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del>  ^``</del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<del>                                     </del>
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	•		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ŀ		
	Schedule D, Parts XI and XII	12a	X	
p	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	١
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<b>!</b> -	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	l	l	
				l v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	<del> </del>	X
	for any foreign preprincion? If "Voc " populate Octodule 5. Date 11.		İ	l v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
	accidence to or for foreign individual-Q (FW) a Respective Question Q and a Respective Question	1		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>	I	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	İ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>'</u>		<del>  *                                   </del>
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
DAA			-	

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Part V Checklist of Required Schedules (continued)

	DELIA:: Officeration of Required Octionies (Continued)					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual				Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	iis on				l v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	• • • • • •	• • • • • • • • • • • • • • • • • • • •	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensation	ad				•
	employees? If "Yes," complete Schedule J	<b>.</b>		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					<del>  ^</del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer line		lb			
	through 24d and complete Schedule K. If "No," go to line 25a		-	24a		Ιx
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • • •	•••••••	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the		******************			
	to defease any tax-exempt bonds?	•		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	•				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	?			
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curre	ent	•		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste		y			•
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se				l
20	persons? If "Yes," complete Schedule L, Part III		• • • • • • • • • • • • • • • • • • • •	27	**********	X.
28	Was the organization a party to a business transaction with one of the following parties? (See the Sch	edule	•			
а	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			***************************************		ļ::::::::
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut "Yes," complete Schedule L, Part IV	or <i>e ii</i>		900		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	 If	• • • • • • • • • • • • • • • • • • • •	200		<u> </u>
•	"Yes," complete Schedule L, Part IV	•		28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule	 • M	• • • • • • • • • • • • • • • • • • • •		X	一
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		••••••		**	$\vdash$
	conservation contributions? If "Yes," complete Schedule M	-		30	'	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N.	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					<u> </u>
	complete Schedule N, Part II			32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ılation				
	sections 301 7701-2 and 301 7701-32 If "Vac " complete Schodule P. Port I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part			····		
	or IV, and Part V, line 1			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		*******	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	)				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab	le				1
	related organization? If "Yes," complete Schedule R, Part V, line 2	<i></i> .		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ			ľ	ĺ	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				,,	
D	19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance		••••	38	X	Щ.
::::#::#	Check if Schedule O contains a response or note to any line in this Part V					
-	Officer of Contents a response of note to any line in this Part V		*******		V	<u> </u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6		162	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	Ö			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		· · · · · · · · · · · · · · · · · · ·			
_	reportable gaming (gambling) winnings to prize winners?			1c	X	l'''''''

	990 (2024) Willow Grove Community Development 23-2620  Statements Regarding Other IRS Filings and Tax Compliance (continu					age 5
	the state of the s	<i>1ea)</i>			Yes	<u>No</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2			
b	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax return	2a	2	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ns?		2b	X	₩
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		• • • • • • • • • • • • • • • • • • • •	3a	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			<u>3b</u>		$\vdash$
70	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
ь	If "Yes," enter the name of the foreign country	accou	myr	48		
-	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial A	CCCUID				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	CCCUIII	is (i Brit).	5a		Χ
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	•••••	5b		$\frac{\hat{x}}{x}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		•••••••	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		•••••	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	5		6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or	•••••	Va		<del>  ^</del>
_	gifts were not tax deductible?	113 01		6ь		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • •	• • • • • • • • • • • • • • • • • • • •			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	eboo				
_	and services provided to the payor?			7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • •		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 S	••••••			
-	required to file Form 8282?	-		7c		х
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	••••••			4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		*	7f		$\frac{x}{x}$
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?		-	8		**********
9	Sponsoring organizations maintaining donor advised funds.	• • • • • •				
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	*********	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	9b		
10	Section 501(c)(7) organizations. Enter:	• • • • • •	•••••			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		<u> </u>
b	Annual Annual Control of the Control	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	. <b></b>		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation o	or			1
	excess parachute payment(s) during the year?		•••••	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activ	ities				1
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		•••••	17		
	If "Yes," complete Form 6069.					

N0233	45 06/02/2025 12:08 PM					
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Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	ugh 7	b below, a	nd for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of	n Scl	redule O. S	See ins	tructio	_
Ser	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management					<u> </u>
	No. 74 Covering Body and Management				Vac	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	12		162	NO
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
3	any other officer, director, trustee, or key employee?	• • • • • • •	· · · · · · · · · · · · · · · · · · ·	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					١,,
4	supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			3	<del> </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	f		5	<del> </del>	X
6	Did the organization have members or stockholders?	•••••	• • • • • • • • • • • • • • • • • • • •	6	┢	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•••••	• • • • • • • • • • • • • • • • • • • •			<del>                                     </del>
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.	•••••	• • • • • • • • • • • • • • • • • • • •			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following:			
a	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					١
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	L	<u>X</u>
<u> </u>	aon 5.1 Gholes (This occitor b requests information about policies not required by the inter	iidi R	evenue C	<i>,</i> 00 <del>0</del> .)	Voc	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	•••••		100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	m?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a			•••••	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done				١.,	
13	Did the organization have a written whictleblaums notice?			40	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			44	X	
15	Did the process for determining compensation of the following persons include a review and approval by	•••••	• • • • • • • • • • • • • • • • • • • •	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			4		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ь	with a taxable entity during the year?  If "Yes" did the organization follows a written policy or procedure requisite the associated with the organization follows a written policy or procedure requisites the associated with the organization follows a written policy or procedure requisites the associated with the organization follows a written policy or procedure requisites the associated with the organization follows a written policy or procedure requisites the associated with the organization follows a written policy or procedure requisites the associated with the organization follows a written policy or procedure requisites the associated with the organization of the organization follows as written policy or procedure requisites the associated with the organization of the o		• • • • • • • • • • • • • • • • • • • •	16a	********	X
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					

	organization's exempt status with respect to such arrangements?	16b	
Se	ection C. Disclosure	11001	
17	List the states with which a copy of this Form 990 is required to be filed PA		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	•••••	· • • · · · · · · ·
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.		
	and financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.		
٠,	Talling to the state of the sta		

John T. Durkin Jr. 263 S. York Road

**Ha**tboro

Form 990 (2	024) Willow Grove Community Development	23-2620431	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Emplo	oyees, Highest Compensated	Employees, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in	n this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensate		
1a Complete	this table for all persons required to be listed. Report compensation for the ca		

- organization's tax year.
- o 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.
  - o List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
   who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- o List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- o List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this cox if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Namu and title	(B) Average hours per week (list any	bo off	x, unle icer a	Pos check ess pe	rson i irecto	than o s both r/truste	en 3e)	(D)  Reportable  compensation  from the  crganization (W-2/	(E)  Reportable  compensation  from related  organizations (W-2/	(F) Estimated amount of other compensation from the		
	nours for related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	(ay amployee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations		
(1) Nelson Acevedo	1 20											
President	1.38 0.00	X		х				0	0	0		
(2) Sherry Dobbins E												
Vice President	0.35	X		X				0	0	0		
(3) John T. Durkin		1 22		23						0		
·	1.38	.										
Treasurer (4) Falesha Grasty	0.00	X		X	<u> </u>	$\vdash$		0	0	0		
Wiatesna Grasty	0.35											
Secretary	0.00	X		Х				0	0	0		
(5) Henry Jacquelin												
Director	0.35	X						0	0	0		
(6) John Connell		1										
<u></u>	0.35							_	_			
Director (7) Neil Klinghoffer	0.00	X				$\vdash$		0	0	0		
When Killighoffer	0.35											
Director	0.00	Х						0	0	0		
(8) Lucy P.N. Sharp,												
Director	0.35	х				İ		o	0	o		
(9) William Thompson	1	1						0	<u> </u>	0		
Divocion	0.35					İ				_		
Director (10) Frederick Wright	0.00	X						0	0	0		
· · · · · · · · · · · · · · · · · · ·	0.35											
Director	0.00	X						0	0	0		
(11)Walter Hampton	0.35											
Director	_ 0.00	х						0	0	0		
		ئـــــــــــــــــــــــــــــــــــــ		_				<u> </u>		- 000		

N023345 06/02/20 Form 990 (20 Part VII	24) Willow G								pment 23-262 and Highest Compensated		Page 8
(A) Name and title		(B) Average hours	(d	o not o	Pos check ess pe	C) sition more	than c	ene en	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		for week (list any nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Koy employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) Ci (12) Director	nris Cattie	0.35	Х				4		0	0	0
(13) Je	erome Mitche		Λ		x				106,972	0	3,059
(14)											
(15)											
(16)											
(17)		!									
(18)											
(19)											
	alom continuation she		ecti	on A	· · · · · · · · · · · · · · · · · · ·				106,972		3,059
d Total (a	add lines 1b and 1c) . umber of individuals (in	cluding but not li	mite						106, 972 e) who received more than	\$100,000 of	3,059
3 Did that employ 4 For any organiz individu. 5 Did any for serv	ee on line 1a? If "Yes," individual listed on line ation and related organ al	rmer officer, directions of the complete Schede 1a, is the sum dizations greater a receive or acciganization? If "Y	ector dule of re than	J for porta \$15 comp	suci able 60,00 	h ind com 0? I	lividu pens f "Ye n fron	eatio satio s," c	y unrelated organization or	from the	3 X 4 X 5 X
1 Comple	te this table for your fiv	e highest compe	ensa	ted i	nder tion	end for ti	ent c	ontr	ractors that received more t dar year ending with or with	than \$100,000 of in the organization's tax ye	ear.
	Name and	(A) business address						_	Descript	(B) ion of services	Compensation
2 Total nu	imber of independent of imore than \$100,000 of	contractors (inclued) of compensation	ding fron	but n the	not l	imite aniza	ed to	thos	se listed above) who	0	

2.3	IT V	Statement of Revenue Check if Schedule O cont	ains a	response or note	to any line in thi	s Part VIII		П
				- respense or nete	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
हें ह	ia	Federated campaigns	1a					
E S	b	Membership dues	1b					
A,C	C	Fundraising events	1c					
ᆵ	d	Related organizations	1d					
Signature	e	Government grants (contributions)	1e	141,375				
Contributions, Gifts, Grants and Other Similar Amounts	•	All other contributions, giffs, grants, and similar amounts not included above	1f	43,595				
Ξō	8	Noncash contributions included in lines 1a-1f	19	<b>s</b> 37,710				
S E	h	Total. Add lines 1a-1f			184,970			
			-	Business Code				
ဥ္မ	2€	Tenant income	<b>.</b>	531110	675,592	675,592		
ervi So	Ġ							
N 50	ن		· • • • • • • •					
Program Service Revenue	d		<b></b>					
<u>و</u>	Ċ							
		All other program service revenue			675 500			
	<u>q</u>	Total. Add lines 2a-2f			6/5,592			
	3	- No a - clastic - consequents			53,564			53,564
	4	Income from investment of tax-exemp	t bond	nroceeds	33,304			33,304
	5	Royalties						
		(i) Real	<del></del>	(ii) Personal				
	6	Gross rents Ga						
	ь	Less: rental expenses   6b						
	С	Rental inc. or (loss) 6c						
		Net rental income or (loss)						
	:a	Gross arrount from (i) Securities sales of assets		(ii) Other				
		other than inventory 7a						
Jue	ь	Less: cost or other						
Ver		basis and sales exps. 70						
8	ł .	Gain or (loss) [76]						
Other Revenue	ł	Set gain or (loss)	<u>.</u>	. <u></u> T				
ō	<b>8</b> a	Cross income from fundraising events	ĺ					
		(not including \$	l					
		or contributions reported on line 1.c). See Part IV, line 18						
	٦,	Less: direct expenses	8a 8b					
		Net income or (loss) from fundraising		L				
	i	Gross income from gaming	2.0.10					
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming acti	vities .					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	i	Lass: cost of goods sold	10b					
	С	Net income or (loss) from sales of inve	entory					
SUC.	44-			Business Code				
35	11a	· · · · · · · · · · · · · · · · · · ·	• • • · · · •	·····				ļ
Miscellaneous Revenue	b C	•	• • • • • •				·	<del></del>
185 R	d	All other revenue	• • • • • •	······ <b> </b>				<del></del>
æ		Total. Add lines 11a-11d			-			
	12	Total revenue. See instructions			914,126	675,592	0	
			<u></u>					

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All othe	r organizations must com	plete column (A).	
	Check if Schedule O contains a respons			**************	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3					
	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	110,031	49,820	38,205	22,006
6	Compensation not included above to disqualified	220/001	13/020	30,203	22,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	53,076	39,888	2,572	10,616
8	Pension plan accruals and contributions (include		33/000	2/012	10/010
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,117	7,214	3,280	2,623
11	Fees for services (nonemployees):	20/22/	1/221	3/200	2,023
a	Management		9		
b	Legal				
С	Accounting	18,250		18,250	
d	Lobbying			20/200	
е	Professional fundraising services. See Part IV, line 17				
f	The state of the s				
g	Other, (if line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	15,824		15,824	
12	Advertising and promotion	2,285	1,257	571	457
13	Office expenses	20,642	9,361	7,876	3,405
14	Information technology			.,,,,,,	3/100
15	Royalties				
16	Occupancy	271,069	268,677	1,329	1,063
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	69,977	69,977		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	246,362	246,362		
23	Insurance	49,490	48,808	379	303
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Food and food vouchers	37,710	37,710		
b	Miscellaneous	7,002	4,784	1,618	600
C					
d					
	All other expenses	011.000			
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	914,835	783,858	89,904	41,073
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2024)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing 1 Savings and temporary cash investments 758,838 Ź 2 Pledges and grants receivable, net 30,000 Accounts receivable, net 6,285 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,554,772 b Less: accumulated depreciation 10b 5,440,788 3,299,859 10c 3,113,984 11 Investments—publicly traded securities 11 investments--other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 ntangible assets 14 Other assets. See Pan IV, line 11 15 15 5,146,757 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 768,536 19 Dafarred revenue 19 905,305 Tex-exempt bond flabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 Loans and other payables to any current or former officer, director, trustae, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mongages and notes payable to unrelated third parties 1,755,997 23 1,687,949 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third panies, and other liabilities not included on lines 17-24). Complete Part X 49,326 26 Total Backliffes. Add lines 17 through 25 2,573,859 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 620,846 620,137 28 Net assets with donor restrictions 952,052 952,052 Fund Organizations that do not follow FASB ASC 958, check here ar a complete lines 29 through 33. ö 29 Capital stock or trust principal, or current funds 29 Assots 30 Paid-in bi capital surplus, or land, building, or equipment fund 30 Ratained earnings, endowment, accumulated income, or other funds 32 Yotal net assets or fund balances Net 2,572,898 2.572.189 33 Lotal liabilities and net assets/fund balances 5,214,769

Form 990 (2024)

om	n 990 (2024) Willow Grove Community Development 23-2620431			Pa	ge 12
Pá	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. <b>.</b>	⅃┖
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9:	14,	126
2	Total expenses (must equal Part IX, column (A), line 25)	2	9:	14,	<u>835</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		_	<u>709</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4 .	2,5	72,	898
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	1 - 1			
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	·			
	32, column (B))	10	2,5	72,	189
Pa	iniX Financial Statements and Reporting				
	Chack if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Sohridale C.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	17 "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.				
	Saparate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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.				
	X Separate basis				
С	It "Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compliation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on	• • • • • • • • • • • • •			
	Schabule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • • • • • • • • •	-94		<del>                                     </del>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

Form 990 (2024)

### SCHEDULE A (Form 990)

# **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.

Open to Public inspection

Schedule A (Form 990) 2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Willow Grove Community Development 23-2620431 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Parti The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 5 medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, Δ 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 an agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college addressity or a con-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or unice.sity: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross Receipts from accurities 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 coquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). At organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of cne or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the horr on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 to porting organization. You must complete Part IV, Sections A and B. The sile A supporting organization supervised or controlled in connection with its supported organization(s), by having our libil or management of the supporting organization vested in the same persons that control or manage the supported organized in(s). You must complete Part IV, Sections A and C. All A actionally integrated. A supporting organization operated in connection with, and functionally integrated with, To support of organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type it a traff notionally 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. Clearly this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supply to a (ii) Elli. (iii) Type of organization (lv) is the organization organizatio (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Cat No. 11285E

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

990) 2024 Willow Grove Community Development 23-2620431
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
1	Gilts, granes, ear (ributions, and membership fees received. (Do not include any "unusual grants.")				,,,====	,3,-35		1-y - week
2	Tax ruvenues levied for the organization's henafit 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							
ζ.	Total: Add illes t Emough 3							
5	The purion 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)							
6	Public support. Subtract tine 5 from line 4							
	tion b. Your Support					1		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
7	Administration in the second s	(-)	(0,202)	(0) 2022	(0) 2020	(0) 2024		(I) Total
8	Gress income non interest, dividends, payments race vad on securities loans, rac's invelties, and income from string is circles.							
٤	nation considers are related business activities, whether or not the business							
	is regularly carried on			<del> </del>				
0	Cinar moomo. Do not indice gain or Ass - parme sale of capital assets							
	ζΞχοκώn in Parciul.)							
l .	_ ,			<u> </u>				
12	Gross Judalpts from related activities, etc.	· ·	<b></b>			L	12	
3	First a years, if all Form 990 is for the on							-
200	Organization, chapk inis sex and stop here	nnort Possor	<u></u>				<u> </u>	
	tion in do regulation of Public Su							
4	Paper support percentage for 2024 (line 6	, column (f), divide	d by line 11, colu	mn (f))			14	%
5	Public support percentage from 2023 Sche					[	15	%
бa	33 1/3% support test — 2024. If the organ				33 1/3% or more	, check this		-
	box and stop here. The organization quali							[
ò	35 ( ) 36 ( ) 050 ( ) (e-1) — 2025, if the organ				15 is 33 1/3% or	more, check		_
_	this on and seed there. The organization (							[
7 <b>a</b>	10%-mote-and-circumstances test → 20							
	10% or more, and if the organization meet							
	Park Vilnow the organization meets the fac	ts-and-circumstan	ces test. The org	anization qualifies	as a publicly supp	orted		
٠.	organization		· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •		<b>l</b>
2	18%-racks-and-chroumstances test — 20	23. If the organiza	tion did not check	a box on line 13,	16a, 16b, or 17a, a	and line		
	ಾರ್ಡ್ ಬಿ% ರ್ mc ಅ. and if the organization	meets the facts-a	nd-circumstances	test, check this bo	ex and stop here.	Explain		
	in Part VI now the organization meets the							
	organization							
8	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee		
	instructions	• • • • • • • • • • • • • • • • • • • •						

Willow Grove Community Development 23-2620431 Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support						<del> </del>
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	উ.৯, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	130,952	220,317	178,627	1,342,857	184,970	2,057,723
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exampt purpose	614,299	608,515	602,282	634,972	675,592	3,135,660
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's banefit and either paid to a compartied on its bahaif.						
5	The value of services or facilities furnation of a governmental unit to the erg a furnation without charge.						
6	Total, Add They 1 through 5	745,251	828,832	780,909	1,977,829	860,562	5,193,383
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Ambulud included on lines 2 and 3 received inon cohordinan disqualified personal trait exceed the greater of \$5,000 or 100 of the part line 13 for the year						
	Add Gras Vs. end 76 Fulfill, support (Subtract line 7c from fire 3.1)						· · · · · · · · · · · · · · · · · · ·
202	tu. I. Tokk bappori						5,193,383
	Car year (or hear beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounta from line 6	745, 251	828,832	780,909	1,977,829	860,562	5,193,383
-	Gross income from interest dividends.	743,231	020,032	700,909	1,911,029	300, 302	3,193,363
	navments received on securities loans, rents, royalling, and indoine from similar sources  Conducted Casimess taxable income (less section 511 taxes) from businesses	3,518	1,377	4,146	25,565	53,564	88,170
С	ucgoired after dutie 30, 1975  Was drive tide even tide	3,518	1,377	4,146	25,565	53,564	88,170
11	กำเน็น สากใจแบบความสะบายรักษรร สามัติ ยรากว่ากดีของอังกาโกล 10b, whether อากัง และเปลโกลิซราร regularly carried on						
12	Other formers. The not include gain or loss from the sale of capital assets						
13	Total support. (Add lines 9, 10c, 11,	748,769	830,209	785,055	2,003,394	914,126	5,281,553
14 Sec	into years, lit is Form 950 is for the or organization displiches box and stop her tion of Computation of Public Su	<b>9</b>				(3)	
15	Public support percentage for 2024 (line 8)			ın (f))		15	98.33%
16	Public support parcentage from 2023 Sche	edule A, Part III, line	15		• • • • • • • • • • • • • • • • • • • •	16	99.26%
	tion L. Computation of Investme						
17	investment income percentage for 2024 (li	ne 10c, column (f),	divided by line 13	, column (f))		17	2 %
18 200	invasione of income percentage from 2023					18	1%
sa	00 of 500 out appendities is — 2024. If the organization of more map 33, 1/394, check this he	anization did not che	eck the box on lin	e 14, and line 15 is	more than 33 1/3	%, and line	€
þ	17 is not more man 33 1/3%, check this bo 11 in he support fests — 2023. If the orga	anization did not che	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	X
20	The facts for more than 03 1/3%, check the	is box and stop her	e. The organizati	on qualifies as a pu	blicly supported o	organization	Ц
	Privite rouncinon, if the organization did	not check a box or	ine 14, 19a, or	19b, check this box	and see instruction	ons	<u></u>

Schedule A (Form 990) 2024

Supporting Organizations

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 505(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Dic the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization out in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If Ties, "and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Dische organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Oid 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"

  Answer lines 55 and 56 below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN

  manders of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;

  tilly the authority under the organization's organizing document authorizing such action; and (iv) how the action

  mass successfield (such as by amendment to the organizing document).
- b Type Let Type Denily. Was any added or substituted supported organization part of a class already casignates in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Distribution provide support (whether in the form of grants or the provision of services or facilities) to sayone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by and or more of its supported organizations, or (iii) other supporting organizations that also support or the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Occurs organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (so refined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Sile the organization make a loan to a disqualified person (as defined in section 4958) not described on line 72 11 Yes, 100 mplate Pert Loi Schedule L (Form 990).
- 9a This is the organization controlled directly or indirectly at any time during the tax year by one or more discussified persons, as defined in section 4946 (other than foundation managers and organizations absolubet in semion 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Our case or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Oid a disquatinou person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Vente the organization subject to the excess business holdings rules of section 4943 because of section 4543(r) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did and organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to consumine whomas the organization had excess business holdings.)

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	Cit is becauted, all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s), to which the organization was responsive? If "Yes," then in Part VI identify those them and explain how these activities directly furthered their exempt purposes, they directly further their exempt purposes, they directly for the responsive to each of its supported organizations, and how the organization determined that an exempt purpose substantially all of its activities.	2a	
ь	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the organization's supported organization of the state of the organization's supported organization of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the organization of the organization of the state of the organization	2b	
3 a	சங்கள் செயுத்தாகு Cryanizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	39	

is of agent of the supported organizations? If "Yes" or "No," provide details in Part VI.

Die the protective don exercise a substantial degree of direction over the policies, programs, and activities of each in adaptived organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2024 Willow Grove Community D			)431 Page <b>6</b>
1 Chack here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			
Section A – Adjusted Net Income	ans must compa	(A) Prior Year	(B) Current Year (optional)
1 r. s. snort-serm caoivaí gain	1		
2 Tradovenies of unfor-year distributions	2		
3 Other gross income (see instructions)	3	-	
4 Ade mes i unough 3.	4		
5 Depreciation and depletion	5		
6 Purach or operating expenses paid or incurred for production or collection			1
of cross incomes prior management, conservation, or maintenance of			
property held for production of income (see instructions)	6		ļ
7 Odia: expenses (see instructions)	7	<del></del>	1
8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4)	8		
Section 5 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions to: short tax year or assets held for part of year):			
a அன்கு ஸ்வந்த value of securities	1a		
b காக age mountain cash balances	1b		
c Fall market that of other non-exempt-use assets	1c		
d Total (add fines la, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
, σε salis in decel his <b>Pari VI):</b>			
2 Accomstition indeptionness applicable to non-exempt-use assets	2		
3 Surgiace line 2 nom line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ຮະວ ທີ່ເຮັດໄດ <b>ດ</b> ທີ່ ກາ <b>ເ</b> ດັ່ງ.	4		
5 No. value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 avde inte 5 u. 0.065.	6		
7 Counciles an universear distributions	7		
ര് പുട്ട പുട്ടിലും പ്രാദ്രീ line 7 to line 6)	8		
Section 1 Dist. Proteble Amount			Current Year
1 Helicago de la come for prior year (from Section A, line 8, column A)	1 1		
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் காட்டதா a sac an Sun cor prior year (from Section B, line 8, column A)			
4 in q. Cara. Cr. and 2 Or and 5.	4		
ა ელმ გაგეექ სახე in prior y <b>ear</b>	5		
3 Chrofibulable Canount, Subtract line 5 from line 4, unless subject to			
of meand, as perary reduction (see instructions).	6		
7 Constitute of the current year is the organization's first as a non-functionally inte			<u>.</u>

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024 Type iii Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported creamizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Air ourse paid to acquire exempt-use assets 4 5 Qualified sel-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Onior distributions (describe in Part VI). See instructions. 6 7 Total annual elections. Add lines 1 through 6. 7 6 Elementor's ... attentive supported organizations to which the organization is responsive curovide details in Part Vi). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 10 ப்பட்ட உள்ளமா divided by line 9 amount 10 (ii) (i) (iii) Section ... - Described on Allocations (see instructions) **Underdistributions Excess Distributions Distributable** Pre-2024 Amount for 2024 Cristifuctable autourn for 2024 from Section C, line 6 2 Unce distributions, if any, for years prior to 2024 (เออองกละเอ ออบเลอ required-explain in Part VI). See lastructions. E.C.ass distributions carryover, if any, to 2024 a From 2019 **b** [14 5 20 03 **d** From 2022. e Fic.ii 2323 <u>ົ້າວໍລາ ວາ imes ວັລ ແກວugh Se</u> g Applied to underdistributions of prior years in Applied to 20% distributable amount i 🚉 vave for 2019 not applied (see instructions) j Nome west Subtract lines 3g, 3h, and 3i from line 3f. 6 Vectorions in 2024 from ປຣຸດ..່ປຸກ ປີ. ilite 7. a repuise of unusidistributions of prior years એ ત્યાં તોના તાર્થિક તાર્થિક amount Comander, Subtract lines 4a and 4b from line 4. 5 Az Landay undescrisifibutions for years prior to 2024, if any Septration es 3g and 4a from line 2. For result 6 The mining on cordistributions for 2024. Subtract lines 3h and a familiar in for result greater than zero, explain in . . <u>. ந</u>ூ**ர் .** கள்வி**ப்ப**ட Elegate assumations carryover to 2025. Add lines 3j 8 i sambur ya hija 7. d carbons from 2020 ...

Schedule A (Form 990) 2024

<u>6 ..... 15 % 1. 2024 .....</u>

Schedule A (Form	r. 980) 2024	Willow Gr	ove Comm	unity De	velonment	23-262043	21
Per V	Supplemental Info III, line 12; Part IV, 5 B. lines 1 and 2; Pa 3a, and 3b; Part V,	rmation. Provid Section A, lines rt IV, Section C,	e the explana 1, 2, 3b, 3c, 4 line 1; Part I\	itions required b, 4c, 5a, 6, 9 /, Section D, li	by Part II, line a, 9b, 9c, 11a, nes 2 and 3; F	e 10; Part II, line 17 11b, and 11c; Par Part IV. Section E. I	a or 17b; Part t IV, Section ines 1c. 2a. 2b.
	Section E, lines 2, 5	, and 6. Also co	mplete this pa	art for any add	itional informa	tion. (See instructi	ons \
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#### Schedule B (Form 990) (Rev. December 2024))

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Willow Grove Community Development 23-2620431 Organizeដែល ឱ្យកូច (check one): Filers of Section: Form \$50 c. 350-52 X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990 515 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Cniy a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Phile For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special radies in For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the eguiations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or iob, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, metary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "NuA" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received using the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to mis organization because it received nonexclusively religious, charitable, etc., contributions Cutaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must arrange that can Fair fy, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to cere in the filling requirements of Schedule B (Form 990).

Schedule 3 (	Form 990) (Rev. 12-2024)	Page	2 1 of 1 Page 2				
Name of on		Employer identification number					
MILLO	ow Grove Community Development		-2620431				
žá,t.	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1	Abington Township 1171 Old York Road	\$ 54,037	Person X Payroll Noncash				
	Aprington PA 19001	•	(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 2	PNC Foundation 300 Fifth Avenue	<b>\$</b> 15,000	Person X Payroll				
	Platsburgh PA 15222	\$ 15,000	Noncash [_] (Complete Part II for noncash contributions.)				
(a) No.	(b)	(c)	(d)				
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
. 3	U. S. Department of Agriculture 701 Market St. Suite 4100-A in Albor Independence Center Philadelphia PA 19106	\$ 23,460	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b)	(c)	(d)				
140.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
4	Temple University 1852 N. 10th Street, 1st Floor, TASB Philadelphia PA 19122	<b>\$</b> 20,500	Person X Payroll Noncash (Complete Part II for				
	***************************************		noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 5	Penn Community Bank 219 S 9th Street		Person X Payroll				
· •	Perkasie PA 18944	\$ 25,000	Noncash				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	Local Initiatives Support Corporatio						
	718 Arch Street, Suite 500-S	_	Person X Payroli				
1	Philadelphia PA 19106	\$ 26,838	Noncash (Complete Part II for noncash contributions.)				
			1				

Name of or	(Form \$30) (Rev. 12-2024)  ganization  OW Grove Community Development	P	age 1 of 1 Page 3  Employer identification number 23-2620431
Part:		e copies of Part II if additional s	
(a) No. frc.r. Part	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 3	Fin homes	\$ 23,460	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
• • • • • • • • • • • • • • • • • • • •		\$	
(a) No. from Part.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•		\$	
(a) No. from Parc.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•		\$	
(a) No. from Part:	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from. Par. !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 530) (Rev. December 2024) Department of the Treasury

Internal Revunue Service

Supplemental Financial Statements

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization Employer Identification number Willow Grove Community Development 23-2620431 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Againquite value of contributions to (during year) So Figure agate Haide of drams from (during year) 4 Appregate value at end of year ട്ടിയ പടരുക്ഷിമ്പിനെ inform all donors and donor advisors in writing that the assets held in donor advised A....So are the organization's property, subject to the organization's exclusive legal control? Did to a organization inform all grantees, donors, and donor advisors in writing that grant funds can be used CM Charitable ourcoses and not for the benefit of the donor or donor advisor, or for any other purpose real uning impounties belong the private benefit? Passes Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 ಿ . ಭಾಗವಿಶ್ರಕ್ಷ) of ರಾದಿಕರ್ಪಿಸಿದರು. easements held by the organization (check all that apply). Figure A stip. of land for public use (for example, recreation or education) Preservation of a historically important land area nusation of hardral habitat Preservation of a certified historic structure ால்ஸ் உய்யிரு நி**ருச்ப வெரிச்** Countries that the interpretability of it the organization held a qualified conservation contribution in the form of a conservation is and that the fact day of the lax year. Held at the End of the Tax Year Tura i lumbur ochservation easements i 2a ল আহা লেলাসিলিল্ল by conservation easements and flow was asserted to a certified historic structure included on line 2a 2c wher or pains the non-easements included on line 2c acquired after July 25, 2006, and not on a distorio structure fisted in the National Register stantilla of materials little easements modified, transferred, released, extinguished, or terminated by the Unit last for curing the tax year. ..... electric contact and are property subject to conservation easement is located and the second second we written policy regarding the periodic monitoring, inspection, handling of Viscourse, and to Viscosment of the conservation easements it holds? Hand and women to mours devoted to monitoring, inspecting, handling of violations, and enforcing our in selfut east creates during the year And the second and another in monitoring, inspecting, handling of violations, and enforcing organization access ants during the year 1/6 H dam round (wation espament reported on line 2d above satisfy the requirements of section 170(h)(4)(B) Yes No i non seriou si (代)(4)(美)(新)? in the Adaptive how the organization reports conservation easements in its revenue and expense statement and balance shall be all include of applicable, the text of the footnote to the organization's financial statements that describes the organization a accounting for conservation easements. Para data and as Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Considered frame organization answered "Yes" on Form 990, Part IV, line 8. a proportional elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works after historical masures, or other similar assets held for public exhibition, education, or research in furtherance of public provides invention. Part XIII the text of the footnote to its financial statements that describes these items. moutail, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of Stadiant Consumes, or other similar assets held for public exhibition, education, or research in furtherance of public service, ic lies the faller ling amounts relating to these items. (i) Researce todaload on Form 990, Part VIII, line 1 iy il spets incar lise in Horm 990, Part X the galde and theselved or held works of art, historical treasures, or other similar assets for financial gain, provide the using small and asquired to be reported under FASB ASC 958 relating to these items. a เพลงของนิค เพลงนิค เพลง คือเกล 990, Part VIII, line 1 b jassas ingudes i i om 990. Part X .... For Paparious Resident Act notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Sche	edure 1 (Form. 201) (Alev. 12-2024) Will	ow Grove Co	ommuni	tv De	velopme	ent 23-2	620431		D:	age 2
P	in a Stylinizations Maintainin	g Collections of	Art. His	torical T	reasures.	or Other Sim	ilar Assets	Contin	ued)	iye Z
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	ls, check ar	y of the fo	llowing that m	nake significant u	se of its			
а	1   Public exhibition	dП	Loan or ex	change or	naram					
	al observatives also roh					·····				
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	Product a describition of the organization's o	collections and explain	n how they	further the	organization'	s exempt purpos	in Part			
5	Coding the year, did the organization solicit								_	-
	actions to personal consise funds rather than		part of the o	rganizatio	n's collection?	<u> </u>		Ye	s	No
	Con bela inde organizatio		" on Form	n 990, Pa	art IV, line 9	9, or reported	an amount	on Forn	1	
12	890, Part VI, one 21. Is the organization an agent, trustee, custoo	dian as other intermed	liant for any	م د دان دانه						
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	and a sogram and allowed an amount on I	Form 990 Part X line	21 for esc	row or cus	todial accour	nt liability?		Y	s X	No
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	inder in acomeni Funds								·· ·	
	Span details the organizatio	n answered "Yes	on Form	990. Pa	art IV. line 1	10.				
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É	Descript Fig. 2011 the intended uses of th									
	Ballo Line, Buitchigs, and Equ		Stanicat Idii	<del>.</del>						
	cir piete if the organizatio	n answered "Yes	on Forn	n 990, Pa	art IV, line	11a. See Forn	n 990, Part	X, line	0.	
	Description of property	(a) Cost or other			other basis	(c) Accumula		(d) Book		
		(investment)	)	(ot	har)	dapreciatio	n			
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Schedule D (Fo	m \$90 (Rev. 12-2024)Willow Grove Co			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, lir	e 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
	(including name of security)		Cost or end-of-ye	sar market value
(1) Financial de	rivativos			
(2) Charactek	esupin intelesis			
(3) Otha:				
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Schedule & Grown SSS. Rev. 12-2024Willow Grove Community Research Litation of Revenue per Audited Financial S	Development	23-2620431	Page 4
Complete if the organization answered "Yes" on Form	<b>tatements With Rever</b> 990. Part IV line 12a	ue per Return	
The forest revenue, gains, and other support per audited financial statements		1	914,126
2 Amounts included on line 1 but not on Form 990. Part VIII, line 12:			714,120
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2; Part 2 and were and Part XII, lines 2d and 4b. Also complete this part to	provide any additional inform	ation.	
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Part 48 Footnote			
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The second open tax audit period	s are December	31. 2021 to	2023. As
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Schedule D (Fo	rm 990) (Rev. 12- <b>2024</b>	Willow Gro	ove Communit	v Development	22-2620421	_
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SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

	Willow G	rove (	Community Dev	velopment		23-2	62043	1		
	, y poo or . roboty	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d)  Method of determining noncash contribution amou				_	
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SCHEDULE O (Form 880) (Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. **Quen to Public** Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Willow Grove Community Development 23-2620431 Form 990, Fart III, Line 4c - Third Accomplishment Volunteer Income Tax Assistance (VITA) program - We offer income tax assistance and e-filing for low-income households with income under \$65,000 volunteers train through IRS to serve as greeters, intake in saviswers, tax preparers, quality reviewers, and site coordinators. 202 . 445 tax returns were prepared by 14 certified volunteers. The crice also offers financial education and asset-building activities, such as classes for financial education, credit, mortgages, and home buyer equation. We are active members of Montgomery County Partners for however, and participate in the annual Montgomery County Housing Fair geared to and first-time buyers. FC 2020 and 2021 tax years the number of Tax Returns completed exceeded 500 Hear. For the 2022 tax year the number of returns were 435. For 7.7 year the number of returns were 415. For 2024 tax year is the process, and the number of returns should be similar to 2023 and Gap in Upper Moreland Township and eastern Montgomery County: 3 - 20.5. WGCDC was awarded ARPA funding from Upper Moreland Township Legy County for the purpose of acquiring (6) additional able Lousing units to address the shortage of affordable housing for as a condividuals in eastern Montgomery County. In 2023 WGCDC additional properties through this program. Three of the . 13.0 re n Upper Morland Township and one is in the Borough of he new units are occupied and leased at this time resulting 100% occupancy rate. We are looking to acquire the 2 remaining on the program this year. Additionally, in 2024 Upper Moreland provided additional funding support for the purpose of 2 7 7 c - fourth property in Upper Moreland. We hope to do that in 2025 A.07 erms of the First Time Homebuyer portion of the program, WGCDC Identified one family to participate in its First Time regain for 2024 and will be increasing its efforts to identify e more participants for 2024 and 2025, in collaboration with, PNC Foundation, Health Spark Foundation and Upper or than b. beauta tions: sage ficant renovations for multiple units in 2024, due to age to the occupancy. Several longtime residents moved out in 2024 and was- updated with new kitchens and updated bathrooms and other make them suitable for the new families to occupy. All of ts have been leased to date as well. WGCDC also replaced and Five HVAC systems, on 12 different properties, in Abington runding support provided by Abington Township. As a of their Community Development Block Grant Funding, which 30 3 able to maintain the major systems on its Abington cleap them suitable for long term affordable housing. Willow pleased to maintain a long-term partnership with Abington accomplish mutually beneficial goals and objectives for low-

and families in Abington.

<b>SC</b> HELULE O
(Form 800)
(Rev. December 2024)

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.

OMR No. 1545-0047

Department of the Tirecoun Internal Repair de Service

Attach to Form 990 or Form 990-EZ. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection .... Name of the proadless of **Employer identification number** Willow Grove Community Development 23-2620431 Part VI, Line 11b - Organization's Process to Review Form 990 the Form 990 is sent to Treasurer. The treasurer then presents to the Board of Directors and the return is approved. , lare VI, Line 12c - Enforcement of Conflicts Policy An: member with the conflict will abstain from the discussion and the A statement of interest is completed upon joining the Board and VOLE de la al needed. eart VI, Line 15a - Compensation Process for Top Official The same consultant provided recommendations. VI, Line 19 - Governing Documents Disclosure Explanation Crewe Community Development Corporation makes its governing coafflict of interest policy and financial statements available orbald upon request