

**Bureau of Charitable Organizations  
207 North Office Building  
Harrisburg, Pennsylvania 17120**

Telephone: (717) 783-1720  
(800) 732-0999 (within PA only)  
Fax: (717) 783-6014

Website: [www.dos.state.pa.us/charities](http://www.dos.state.pa.us/charities)

Commonwealth of  
Pennsylvania  
Department of State

**DRAFT**

For Official Use Only	
Approved:	_____
RF:	_____
AF:	_____
LF:	_____
Fee Received:	_____

## Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily  
(See note under "important information")

Certificate Number: 33306  
(Renewals Only)

Fiscal Year Ended: 12/31/2012

Employer Identification Number (EIN): 61-1419515

1. Legal name of organization: DELAWARE COUNTY COMMUNITY FOUNDATION

Check if name change Previous name: \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_  
DCCF

3. Contact person: JOHN A. DURSO JR., EXECUTIVE DIRECTOR

Contact's E-mail: CMESSERLE@DELCOCF.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

15 WATERLOO AVENUE

P.O. BOX 496

City: BERWYN

City: WAYNE

State: PA ZIP code: 19312

State: PA ZIP code: 19087

County: \_\_\_\_\_

800 number: \_\_\_\_\_

Phone number: (610) 994-9856

Fax number: \_\_\_\_\_

E-mail (If different than Contact's E-mail) \_\_\_\_\_

Website: WWW.DELCOCF.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1)  162.7(a)(2)
- 162.7(a)(3)  162.7(a)(4)  Not Applicable



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6. List type of organization (e.g. corporation, association, etc.) CORPORATION

Where established: PENNSYLVANIA Date established:\*\* 05/28/2002

\*\* (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes  No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. 03/11/2011

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000.

\*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes  No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes  No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes  No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

INCREASE PHILANTHROPIC RESOURCES IN DELAWARE COUNTY PA, AND TO AWARD GRANTS TO MEET CHANGING COMMUNITY NEEDS, AND TO IDENTIFY AND ACT ON COMMUNITY ISSUES.



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13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.)

NETWORKING BY EXECUTIVE DIRECTOR, BOARD DIRECTORS, AND BOARD ADVISORS;  
WEBSITE; DIRECT MAIL; AND ANNUAL GALA AND GOLF TOURNAMENT.

14. Is organization registered to solicit contributions in any other state or municipality? Yes  No   
(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

SEE STATEMENT 1

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes  No  Not Applicable  (See note under "important information")



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If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes  No  (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

\_\_\_\_\_  
(Legal name of parent organization)

\_\_\_\_\_  
(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Names and addresses for: (Attach separate sheet if necessary)



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A. Individual(s) in charge of solicitation activities:

JOHN A, DURSO JR., EXECUTIVE DIRECTOR

P.O. BOX 496 WAYNE, PA 19087

B. Individual(s) with final responsibility for the custody of contributions:

LEONARD V. SANTIVASI, TREASURER

P.O. BOX 496 WAYNE, PA 19087

C. Individual(s) with final responsibility for final distribution of contributions:

LEONARD V. SANTIVASI, TREASURER

P.O. BOX 496 WAYNE, PA 19087

D. Individual(s) responsible for custody of financial records:

LEONARD V. SANTIVASI, TREASURER

P.O. BOX 496 WAYNE, PA 19087

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes  No

C. Any supplier or vendor providing goods or services? Yes  No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes  No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes  No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.



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Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Fiscal Officer

LEONARD V. SANTIVASI, TREASURER

\_\_\_\_\_  
Type or Print Name and Title of Chief Fiscal Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Another Authorized Officer

CARMEN P. BELEFONTE, BOARD CHAIRMAN

\_\_\_\_\_  
Type or Print Name and Title of Another Authorized Officer

**Checklist**

- Original Registration Statement Properly Signed and Dated
- A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
- Form BCO-23, if Required
- Applicable Financial Statements
- Registration Fee and any Late Filing Fees
- Additional Filings, if an Initial Registrant



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FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

JOHN A, DURSO JR., VIZION GROUP, INC.  
15 WATERLOO AVENUE  
BERWYN, PA 19312

(610) 540-0184

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

03/11/2011

03/10/2014

03/11/2011

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 2

NAME AND ADDRESS

TITLE

DAVID A. STITELY  
P.O. BOX 496  
WAYNE, PA 19087

CHAIR EMERITUS

NAME AND ADDRESS

TITLE

JOSEPH E. LASTOWKA, JR.  
P.O. BOX 496  
WAYNE, PA 19087

DIRECTOR

NAME AND ADDRESS

TITLE

CARMEN P. BELEFONTE  
P.O. BOX 496  
WAYNE, PA 19087

CHAIRMAN

NAME AND ADDRESS

TITLE

LEONARD V. SANTIVASI  
P.O. BOX 496  
WAYNE, PA 19087

TREASURER

NAME AND ADDRESS

TITLE

HELEN DAVIS PICHER  
P.O. BOX 496  
WAYNE, PA 19087

DIRECTOR

NAME AND ADDRESS

TITLE

ARTHUR LEWIS  
P.O. BOX 496  
WAYNE, PA 19087

DIRECTOR



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NAME AND ADDRESS

JOHN C. MCMEEKIN II  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

GWENDOLYN A. SMITH  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

SECRETARY

NAME AND ADDRESS

STEPHEN CARROLL  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

VICE CHAIRMAN

NAME AND ADDRESS

RANDOLPH B. WINTON  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

JOSEPH COSTIGAN  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

STEVEN R. DERBY  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

DONNA F. TAIT  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

BARBARA DENCZI  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

GRANT GEGWICH  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR



NAME AND ADDRESS

LEO HACKETT  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR



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NAME AND ADDRESS

THOMAS JORDAN  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

MARC SIMMONS  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

DIRECTOR

NAME AND ADDRESS

CINDY MESSERLE  
  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

FORMER EXECUTIVE DIRECTOR  
(SEE

NAME AND ADDRESS

JOHN A. DURSO, JR.  
  
P.O. BOX 496  
WAYNE, PA 19087

TITLE

EXECUTIVE DIRECTOR (SEE  
SCHEDU