2017 Exempt Organization Business Tax Return prepared for:

BRANDYWINE MANSION PROPERTIES 50 S. FIRST AVENUE COATESVILLE, PA 19320

LUTZ & TRAVERS, P.C. 633 SWEDESFORD ROAD FRAZER, PA 19355

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	e 2017 calenda	ar year, or tax year beginning , 20	017, and ending		, 20
В	Check if	applicable:	C Name of organization		D Employer	identification number
	Address	change	BRANDYWINE MANSION PROPERTIES		20-47	71700
H	Name ch		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
H	Initial ret	Service .	50 S. FIRST AVENUE		(610)	384-9282
H	Amende	urn/terminated d return	City or town, state or province, country, and ZIP or foreign postal code	1-5	F Group E	xemption
Ħ		ion pending	COATESVILLE, PA 19320		Number	▶
G	Accour	nting Method:	☐ Cash 🗵 Accrual Other (specify) ►	Н	Check ▶ ∑	If the organization is not
1	Websit	e:► N/A				attach Schedule B
J T	Тах-ехе	mpt status (che	ck only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)((1) or 527	(Form 990, 9	90-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000			
(Pa	art II, co	lumn (B) below	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		>	\$
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Bala	ances (see the	e instruction	ns for Part I)
		Check if	the organization used Schedule O to respond to any question	on in this Part	1	🗵
	1	Contributio	ns, gifts, grants, and similar amounts received		1	
	2	Program se	ervice revenue including government fees and contracts		2	
	3	Membershi	p dues and assessments		3	
	4	Investment	income		4	
	5a	Gross amo	unt from sale of assets other than inventory	5a	Try - State	
	b	Less: cost of	or other basis and sales expenses	5b	11.06117	
	С	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b fro	m line 5a)	5c	
	6	Gaming and	d fundraising events			
	а	Gross inco	me from gaming (attach Schedule G if greater than			
Revenue		\$15,000) .	6	ба		
ver	b	Gross incor	ne from fundraising events (not including \$	_of contribution	ns	
Re			ising events reported on line 1) (attach Schedule G if the	-		0
		sum of such	n gross income and contributions exceeds \$15,000) 6	6b		
	С			Sc		
	d		or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract	
		line 6c) .			· · 6d	
	7a			7a		
	b		· 9	'b	100	100 CO
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	8		ue (describe in Schedule O)		8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
	10		similar amounts paid (list in Schedule O)		10	
	11		d to or for members		11	
ses	12		ner compensation, and employee benefits		12	
Expens	13		fees and other payments to independent contractors			
х	14		rent, utilities, and maintenance			
ш	15		blications, postage, and shipping			
	16		ses (describe in Schedule O)			20,025.
-	17	Total expen	ses. Add lines 10 through 16		. > 17	20,025.
sts	18 19		eficit) for the year (Subtract line 17 from line 9)			-20,025.
SS	19		figure reported on prior year's return)			22 201
Į A	20				_	33,381.
Net Assets	20 21)	es in net assets or fund balances (explain in Schedule O)			13,356.
	41	INCL GOODLO O	r fund balances at end of year. Combine lines 18 through 20		41	13,330.

Pa	art II	Balance Sheets (see the instructions					
		Check if the organization used Schedu	le O to respond to	any question in this			×
					(A) Beginning of year	<u> </u>	(B) End of year
22		h, savings, and investments				22	6,048
23	Land	d and buildings			50,986.	23	188,546
24	Othe	er assets (describe in Schedule O)				24	
25	Tota	al assets			50,986.	25	194,594
26		Il liabilities (describe in Schedule O) .			17,605.	26	181,238
27	t III	assets or fund balances (line 27 of column	n (B) must agree wi	th line 21)	33,381.	27	13,356
ra	C 1111	Statement of Program Service Accor	nplisnments (see t	ne instructions for	Part III)		Expenses
W/hs	t is the	Check if the organization used Schedul organization's primary exempt purpose?	e O to respond to a	any question in this	Part III	(Rea	uired for section
						501(c)(3) and 501(c)(4)
as r	neasure	e organization's program service accomp d by expenses. In a clear and concise in efited, and other relevant information for e	manner, describe th	of its three largest pie services provided	orogram services, d, the number of	orga	nizations; optional for rs.)
28	Maint	tenance of historical proper ote public awareness	ties and to				
	(Grants		t includes foreign gr	ants, check here .	🕨 🗌	28a	20,025.
29							
	(Grants) If this amoun	t includes foreign gr	ants, check here .	🕨 🗌	29a	
30							
	(Grants	, , , , , , , , , , , , , , , , , , , ,	t includes foreign gra	ants, check here .	▶ □	30a	
31	Other p	program services (describe in Schedule O)					
	10	Δ					
32	(Grants		t includes foreign gra	ants, check here	▶ □	31a	
32 Par	Total p	rogram service expenses (add lines 28a	t includes foreign gra through 31a)	ants, check here .	>	32	20,025.
32 Par	Total p	rogram service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke	t includes foreign gra through 31a) y Employees (list eacl	ants, check here n one even if not com	▶ pensated—see the in	32 struct	tions for Part IV)
32 Pari	Total p	rogram service expenses (add lines 28a	t includes foreign gra through 31a) y Employees (list each e O to respond to a	ants, check here none even if not company question in this	► pensated—see the in Part IV	32 struct	tions for Part IV)
32 Pari	Total p	rogram service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke	t includes foreign gra through 31a) y Employees (list eacl	ants, check here n one even if not comp y question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employe	32 struct	tions for Part IV)
32 Pari	Total p	rogram service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	tincludes foreign grathrough 31a) y Employees (list each e O to respond to an (b) Average	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe	32 struct	tions for Part IV)
Par	Total p	rogram service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	tincludes foreign grathrough 31a) y Employees (list each to an other control of the contr	ants, check here n one even if not comp y question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	32 struct	tions for Part IV)
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	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	is Parl		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a		35a		×
b		35b		^
С	W	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	azaratanan	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Rainer & Co. Telephone no. ▶ (610)		-461	10
	Located at ▶ 2 Campus Blvd, Newtown Square PA ZIP + 4 ▶ 1907		· ·	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. ▶	· 🗆
11-	Did the examination maintain any densy advised finds divide the company of "Ver" Form 000 and be	- K. W. S. S. S.	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of			V
	Form 990-EZ (see instructions)	45b		×

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-d) 1, i

								Yes	NO
46	Did the organization engage, directly or in								
Part	to candidates for public office? If "Yes," (, Part I	* * *	* * * *	•	46		×
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization		setions 47_49h and	52 and c	omplete th	ne tahi	las fr	or line	20
	50 and 51.	is must answer que	3110113 47-430 2110	JZ, and C	ompiete ti	ic tabi	C3 1C	71 11116	,3
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI					
								Yes	No
47	Did the organization engage in lobbying								
	year? If "Yes," complete Schedule C, Par						47	\dashv	×
48	Is the organization a school as described in					-	48		×
49a	Did the organization make any transfers t					-	49a		×
ь 50	If "Yes," was the related organization a se Complete this table for the organization's						49b	s and	d key
00	employees) who each received more than	\$100,000 of comper	sation from the organ	nization. If	there is non	ie, ente	er "No	one."	ı KO
		(b) Average	(c) Reportable	(d) Healt	h benefits,				
	(a) Name and title of each employee	hours per week	compensation		s to employee , and deferred			d amou pensati	
		devoted to position	(Forms W-2/1099-MISC)		ensation				
NONE									
NONE		0.00	0.		0.				0.
	Total number of other employees paid over								
51	Complete this table for the organization's \$100,000 of compensation from the organization from the organizatio	s five highest compe	nsated independent	contractor	s who each	ı recei	ved r	nore	than
	\$100,000 or compensation from the organ	mization. Il triere is no	ne, enter None.						
	(a) Name and business address of each independent	ent contractor	(b) Type of servi	ce	(c)	Compe	nsation	1	
NONE									
								W 12	
ď	Total number of other independent contract	ctors each receiving o	over \$100,000	×					
52 [Did the organization complete Schedul	e A? Note: All sec	tion 501(c)(3) organ	izations m	nust attach	а			
(completed Schedule A	<u> </u>				.▶ <u>×</u> \	/es	☐ No	<u>D</u>
	nalties of perjury, I declare that I have examined this re ect, and complete. Declaration of preparer (other than					owledge	and b	elief, it	is
					/07/2018				—
Sign	Signature of officer			Date					
Here	SCOTT HUSTON, PRESIDEN	IT							
	Type or print name and title								_
Paid	Print/Type preparer's name	Preparer's signature	Date		Check	if PTI			
repa	rer ANDREW C LUTZ		11,	09/2018	self-employ	red P0		296	
Jse O	nly Firm's name ► LUTZ & TRAVERS,		D3 10055		's EIN ▶ 02-			2.4.6	
Aav the	Firm's address > 633 SWEDESFORD		PA 19355	Pho		LO) 99			
лау іпе	IRS discuss this return with the preparer s	shown above? See in	structions			Y X	es	No)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRANDYWINE MANSION PROPERTIES 20-4771700 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g	Provide the following information	n about the supp	ported organization(s)				
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of the organization listed in your governing document?						(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
For D	nerwork Reduction Act Notice see	the Instructions for	E E E E E E E E E E E E E E E E E E E			S-1-1-1-A/F-	

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

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

Section A. Public Support

360	don A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants.")	0.	0.	0.			0.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	0.	0.	0.		-	0.
4							0.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0.
	ion B. Total Support			r			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0.	0.	0.			0.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						0.
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	-
13	First five years. If the Form 990 is for the					ear as a sectio	n 501(c)(3)
	organization, check this box and stop her					* * * * *	
Secti	on C. Computation of Public Support						
14	Public support percentage for 2017 (line 6			1. column (f))		14	100%
15	Public support percentage from 2016 Sch					15	100 %
	331/3% support test—2017. If the organiz					27.337	
	box and stop here. The organization quali						
b	331/3% support test—2016. If the organiz			(C)			
_	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—20	12.	100 100 10				
110	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization						
~	-						X X
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization me				,—		
	supported organization						
18	Private foundation. If the organization did						
	instructions						🕨 🗆

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		i	1			
3	Gross receipts from activities that are not an		1				-
	unrelated trade or business under section 513						
4	Tax revenues levied for the	8					
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .		1,000				
b							
~	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					1	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sect	ion B. Total Support	NAME OF STREET OF STREET OF STREET	AND CHARLES THE WAS A RELIGIOUS OF			CONTRACTOR AND PROPERTY OF STATES	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	,,,			,	(-,	(// /
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here			* * * *	· · · · ·		▶ 🗆
	on C. Computation of Public Support						
15	Public support percentage for 2017 (line 8,					15	%
16 ectio	Public support percentage from 2016 Sche				· · · · ·	16	%
ecue 17	on D. Computation of Investment Incomputation of Investment income percentage for 2017 (lin			line 10	~ (f)	47	0.4
18	Investment income percentage for 2017 (iii					17	<u>%</u>
	331/3% support tests—2017. If the organization					18 ro than 221 mg/	and line
Jd	17 is not more than 331/3%, check this box ar	adon did not (The organization	on me 14, and	nulle 15 IS MO	ted organization	and line
h	331/3% support tests—2016. If the organization						
	line 18 is not more than 331/3%, check this bo						
	Private foundation. If the organization did						

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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.

- Did the organization have any supported organization that does not have an IRS determination of state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how t organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2): purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the 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 discretidespite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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rm 9	90 or 9	990-EZ) 2	017

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	,,,			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the divertors trustees or membership of one or more connected executations have the necessity	KORKNER	Yes	No
7	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	HISTORY	ALL MES
2	Did the organization operate for the benefit of any supported organization other than the supported			No. of the
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	HARAMINEN.	DENCISE ATTA
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations			
		100000000000000000000000000000000000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1	SINGLARISE.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Valletin li		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	PASSELLE	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	otruo	tiono	
		Struc	lions).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	oo ina	ruotio	lone
Ū	The digularization supported a governmental entity. Describe in Variation you supported a government entity is	-	rucin)iisj.
2	Activities Test. Answer (a) and (b) below.	,	/es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	<u>-</u>	2a	contranta di	ossanan
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement			
		2b	SHESTER OF	O/GHEST
3	Parent of Supported Organizations. Answer (a) and (b) below.			
~				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		T 111

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	ıg tru ınizat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		9
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functionally instructions). 	/ inte	grated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

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	tV Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continued)	
Sec	tion D - Distributions			Current Year
1	para to supported organizations to decomplie			
2	participation of the control of the	orted		
	organizations, in excess of income from activity			
3	The second secon	rposes of supported org	anizations	
4	7			
5	The state of the s			
6	Other distributions (describe in Part VI). See instructions	3.		
7	The same of the contract of th			
8	Distributions to attentive supported organizations to whi	ch the organization is re	sponsive	
9	(provide details in Part VI). See instructions.			
-	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		, m	### ### ### ### ### ### ### ### ### ##
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	PROPERTY OF THE STATE OF		
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
	Excess from 2016			
е	Excess from 2017	(2) 20 20 20 20 20 20 20 20 20 20 20 20 20		

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (e) Correct Yes (for Free No. 1) (2) (3) (4) (5) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of form the organization (d) Loan to or from the organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? Yes No Yes
(a) Name of interested person organization organization (c) Description of transaction (d) Approved by board or committee? (a) Name of interested person (b) Relationship with organization (c) Description of transaction (e) Description (e) Desc
(1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
(2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
(3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
(4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
(5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
under section 4958
2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization
Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee?
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (ii) Written (g) In default? (h) Approved (g) In default? (h) Approve
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (ii) Written (g) In default? (h) Approved (g) In default? (h) Approve
organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person with organization (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Written agreement organization?
(a) Name of interested person with organization (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Written (ii) Written (iii) Written (iii
with organization loan from the organization? principal amount by board or committee?
organization? committee?
To From Yes No Y
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
10)
otal
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance
(1)
(2)
(3)
(4)
(5)
(5) (6)
(6)
(6) (7)

n 6.0 n

Part IV	28b, or 28c.					
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
	tt Huston	MEMBER OF BOTH BOARDS	0.	None		×
(2)					_	
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information					
	Provide additional information fo	or responses to questions	on Schedule L (see	instructions).		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number						
BRANDYWINE MANSION PROPERTIES	20-4771700						
Pt I, Line 16:							
Description: PROPERTY MANAGEMENT \$20,025	Description: PROPERTY MANAGEMENT \$20,025						
Pt I, Line 26:							
Description: Payable to parent Beginning of Year: \$17,605 End o	f Year: \$131,238						
Description: Accounts payable Beginning of Year: 0 End of Year: \$50,000							
·							
							
	·						