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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF DELAWARE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
625 ORANGE STREET 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code
WILMINGTON, DE 198012247

D Employer identification number
51-0073399

E Telephone number
(302) 573-3700

G Gross receipts $ 18,831,861

F Name and address of principal officer
MICHELLE A TAYLOR
625 ORANGE STREET 3RD FLOOR
WILMINGTON, DE 198012247

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWDE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION PARTNERS WITH SOCIAL SERVICE AGENCIES, BUSINESSES, GOVERNMENTS, OTHER NONPROFIT AGENCIES, AND CONCERNED INDIVIDUALS TO ACHIEVE RESULTS THAT MATTER AND HAVE LASTING IMPACTS ON THE QUALITY OF LIVES IN THE COMMUNITY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	46
6	Total number of volunteers (estimate if necessary)	**6**	2,557
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	17,444,120	17,207,002
9	Program service revenue (Part VIII, line 2g)	1,490,693	1,311,657
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,388	135,428
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,659	125,234
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,202,860	18,779,321
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,997,307	12,440,795
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,057,668	1,931,488
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,482,976		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,930,385	4,606,404
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,985,360	18,978,687
19	Revenue less expenses Subtract line 18 from line 12	-1,782,500	-199,366

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	20,982,959	18,206,448
21	Total liabilities (Part X, line 26)	8,086,094	5,614,165
22	Net assets or fund balances Subtract line 21 from line 20	12,896,865	12,592,283

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

******
Signature of officer

JEROME P HUNTER VP OPERATIONS & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEFFREY A KOWALCZYK CPA
Preparer's signature: JEFFREY A KOWALCZYK CPA

Firm's name ▶ BARBACANE THORNTON & COMPANY LLP

Firm's address ▶ 200 SPRINGER BLDG 3411 SILVERSIDE RD
WILMINGTON, DE 198104866

May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS TO MAXIMIZE THE COMMUNITY'S RESOURCES TO IMPROVE THE QUALITY OF LIVES OF ALL DELAWAREANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 8,926,847 including grants of $ 5,029,799) (Revenue $ 585,650)

UNITED WAY OF DELAWARE ("UWD") UNDERSTANDS THAT THE ISSUES THAT EXIST WITHIN COMMUNITIES ARE COMPLEX TODAY, THE MOST FRAGILE MEMBERS OF OUR DELAWARE COMMUNITY ARE EXPERIENCING GREAT CHALLENGES SOME OF THOSE CHALLENGES INCLUDE 1) STRUGGLING WITH THE PRESSURES OF INCOME INSTABILITY, 2) HAVING THEIR CHILDREN FAIL TO READ ON GRADE LEVEL BY THIRD GRADE (A KEY INDICATOR OF LONG-TERM EDUCATIONAL SUCCESS), AND 3) FAILING TO GRADUATE HIGH SCHOOL ON TIME AND READY TO ATTEND COLLEGE OR BE A PRODUCTIVE MEMBER OF THE DELAWARE WORKFORCE UWD IS ADDRESSING THESE CRITICAL, SOCIETAL NEEDS AND LEADING THE COLLECTIVE EFFORTS WITHIN OUR COMMUNITY WHILE OUR WORK IS NEVER DONE, SOME HIGHLIGHTS OF OUR COLLECTIVE ACHIEVEMENTS INCLUDE THE FOLLOWING - WE HAVE HELPED TO ENSURE THAT OVER 20,000 CHILDREN HAVE PROGRESSED THROUGH DELAWARE EARLY LEARNING CENTERS READY TO BEGIN SCHOOL READING ON GRADE LEVEL, AND - NEARLY 11,000 YOUTH HAVE GAINED POSITIVE, DEVELOPMENTAL ASSETS, WHICH HAS LEAD TO IMPROVED GRADUATION RATES AND HAS HELPED TO ENSURE THAT THEY ARE PROPERLY PREPARED FOR COLLEGE AND/OR CAREER READY, AND- PROVIDED DIRECTION, GUIDANCE AND SUPPORT TO OVER 48,000 INDIVIDUALS IN NEED TO HELP THEM RECEIVE CRISIS ALLEVIATION SERVICES, FOOD, HOUSING, OR UTILITY ASSISTANCE, PROVIDING SAFETY SUPPORT FOR THOSE MOST FRAGILE IN OUR SOCIETY, AND- HELPED APPROXIMATELY 7,000 INDIVIDUALS REACH FINANCIAL STABILITY, PROVIDING THEM WITH A PATHWAY FOR FINANCIAL EMPOWERMENT

4b (Code) (Expenses $ 4,891,257 including grants of $ 4,891,257) (Revenue $ 479,165)

MONEY DESIGNATED TO AGENCIES WITHIN DELAWARE

4c (Code) (Expenses $ 2,519,739 including grants of $ 2,519,739) (Revenue $ 246,842)

MONEY DESIGNATED TO AGENCIES OUTSIDE DELAWARE

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 16,337,843

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	18		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	46		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	35		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶JEROME P HUNTER
625 NORTH ORANGE STREET LINDEN
WILMINGTON, DE 19801 (302) 573-3745

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	370,705	0	40,137

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	30,375			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,176,627			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		17,207,002			
Program Service Revenue			Business Code				
	2a	DONOR CHOICE ADMIN FEES	561000	726,007	726,007		
	b	MEMBER AGENCY UNEMPLOYMENT FEES	561000	344,283	344,283		
	c	IT COLLABORATIVE FEES	561000	241,367	241,367		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,311,657			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		156,952			156,952
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	8,390	13,134			
	c	Gain or (loss)	-8,390	-13,134			
	d	Net gain or (loss) . . . . . ▶			-21,524		-21,524
Other Revenue	8a	Gross income from fundraising events (not including $ 30,375 of contributions reported on line 1c) See Part IV, line 18 . . a		28,189			
	b	Less direct expenses . . . b		31,016			
	c	Net income or (loss) from fundraising events . . ▶			-2,827		-2,827
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	128,061			128,061
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		128,061			
	12	**Total revenue.** See Instructions . . . . . ▶		18,779,321	1,311,657	0	260,662

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,440,795	12,440,795		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	448,390	79,768	156,969	211,653
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,161,591	198,855	403,044	559,692
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,972	15,512	24,302	24,158
9 Other employee benefits	144,181	34,962	54,772	54,447
10 Payroll taxes	113,354	24,444	38,724	50,186
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	27,750	7,210	12,767	7,773
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	27,570	7,164	12,684	7,722
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	216,826	56,337	99,759	60,730
12 Advertising and promotion				
13 Office expenses	264,713	32,880	50,853	180,980
14 Information technology	53,839	9,422	16,017	28,400
15 Royalties				
16 Occupancy	219,204	26,050	63,310	129,844
17 Travel	171,935	24,268	94,809	52,858
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,262	48,993	54,059	76,210
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMUNITY BASED SUPPORT	2,727,393	2,727,393		
b IT COLLABORATIVE EXPENS	267,154	267,154		
c UNITED WAY AMERICA DUES	145,412	145,412		
d UNEMPLOYMENT EXPENSES	142,620	142,620		
e All other expenses	162,726	48,604	75,799	38,323
25 **Total functional expenses.** Add lines 1 through 24e	18,978,687	16,337,843	1,157,868	1,482,976
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,819,676	1	
	2	Savings and temporary cash investments		7,096,971	2	6,721,524
	3	Pledges and grants receivable, net		4,384,830	3	4,216,456
	4	Accounts receivable, net		288,460	4	141,325
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		154,900	9	150,413
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,094,993			
	b	Less accumulated depreciation	10b 2,781,403	1,485,161	10c	1,313,590
	11	Investments—publicly traded securities		3,619,270	11	3,654,806
	12	Investments—other securities See Part IV, line 11		1,983,297	12	1,854,103
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		150,394	15	154,231
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,982,959	16	18,206,448
Liabilities	17	Accounts payable and accrued expenses		690,997	17	672,543
	18	Grants payable		6,245,097	18	4,941,622
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		1,150,000	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		8,086,094	26	5,614,165
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,167,963	27	7,471,087
	28	Temporarily restricted net assets		4,728,902	28	5,121,196
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,896,865	33	12,592,283
	34	Total liabilities and net assets/fund balances		20,982,959	34	18,206,448

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,779,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,978,687
3	Revenue less expenses Subtract line 2 from line 1	3	-199,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,896,865
5	Net unrealized gains (losses) on investments	5	-76,374
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-28,842
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,592,283

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 51-0073399
Name: UNITED WAY OF DELAWARE INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY R STOCKBRIDGE CHAIR	1 00	X		X				0	0	0
(1) RODGER LEVENSON TREASURER	1 00	X		X				0	0	0
(2) JASON BETZ BOARD MEMBER	0 30	X						0	0	0
(3) DARYL GRAHAM STRATEGIC STEERING COMMITT	1 00	X						0	0	0
(4) RICK OLSON CAMPAIGN CO-CHAIR	1 00	X						0	0	0
(5) PAUL MINNICK CAMPAIGN CO-CHAIR	1 00	X						0	0	0
(6) PAT TROY-BROOKS HUMAN RESOURCE CHAIR	0 30	X						0	0	0
(7) EDMUND GREEN AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
(8) STEVE MOHR COMMUNITY IMPACT CO-CHAIR	1 00	X						0	0	0
(9) JOSEPH SCHORAH LABOR CHAIR	0 30	X						0	0	0
(10) JULIA ASHWORTH MARKETING & PR CO-CHAIR	0 30	X						0	0	0
(11) JASON GAUGHAN MARKETING & PR CO-CHAIR	0 30	X						0	0	0
(12) DR WILLIAM N JOHNSTON KENT COUNTY CHAIR	0 30	X						0	0	0
(13) TED BECKER SUSSEX COUNTY CHAIR	0 30	X						0	0	0
(14) BARRY M WILLOUGHBY ESQUIRE BOARD MEMBER	2 00	X						0	0	0
(15) JOSEPH YACYSHYN BOARD MEMBER	0 30	X						0	0	0
(16) JOHN D'AGOSTINO BOARD MEMBER	1 00	X						0	0	0
(17) VINCENT FARRELL BOARD MEMBER	0 30	X						0	0	0
(18) CHRIS BUCCINI BOARD MEMBER	0 30	X						0	0	0
(19) TONY ALLEN BOARD MEMBER	0 30	X						0	0	0
(20) TABATHA L CASTRO ESQUIRE BOARD MEMBER	0 30	X						0	0	0
(21) ELDER WINTON HILL BOARD MEMBER	0 30	X						0	0	0
(22) DR MAXINE COLM BOARD MEMBER	0 30	X						0	0	0
(23) MARKE DICKINSON BOARD MEMBER	0 30	X						0	0	0
(24) NICHOLAS MARSINI JR BOARD MEMBER	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARIA MARTIN BOARD MEMBER	0 30	X						0	0	0
(1) SANDRA WARE BOARD MEMBER	0 30	X						0	0	0
(2) DR JANICE NEVIN BOARD MEMBER	0 30	X						0	0	0
(3) DOUGLAS R PHILLIPS BOARD MEMBER	0 30	X						0	0	0
(4) MICHELLE R DAWSON BOARD MEMBER	0 30	X						0	0	0
(5) ROBERT V A HARRA JR BOARD MEMBER	0 30	X						0	0	0
(6) JOHN FISHER-KLEIN BOARD MEMBER	0 30	X						0	0	0
(7) FRED SEARS BOARD MEMBER	0 30	X						0	0	0
(8) MARITZA POZA-GRISE BOARD MEMBER	0 30	X						0	0	0
(9) GEORGE GUIDO BOARD MEMBER	0 30	X						0	0	0
(10) LAVERNE HARMON BOARD MEMBER	0 30	X						0	0	0
(11) EMEKA IGWE BOARD MEMBER	0 30	X						0	0	0
(12) GWENDOLYN LANE BOARD MEMBER	0 30	X						0	0	0
(13) TIMOTHY J CONSTANTINE PAST CHAIR	1 00	X						0	0	0
(14) MICHELLE A TAYLOR PRESIDENT AND CEO	60 00 10 00	X		X				237,796	0	22,265
(15) JEROME P HUNTER VP OPERATIONS AND CFO	38 00 12 00			X				132,909	0	17,872

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	21,802,319	18,578,750	18,812,487	17,444,120	17,176,627	93,814,303
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	21,802,319	18,578,750	18,812,487	17,444,120	17,176,627	93,814,303
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)						7,960,189
6 **Public support.** Subtract line 5 from line 4						85,854,114

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	21,802,319	18,578,750	18,812,487	17,444,120	17,176,627	93,814,303
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,652	85,154	167,643	140,464	156,952	592,865
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)	133,604	134,503	146,707	124,659	186,625	726,098
11 **Total support** Add lines 7 through 10						95,133,266

12	Gross receipts from related activities, etc (see instructions)	12	7,562,809

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	90 250 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	90 970 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
c	Did 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 put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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 discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
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 EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068008356

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,927,210	1,760,634	1,700,957	1,851,915	1,588,916
b	Contributions					
c	Net investment earnings, gains, and losses	7,927	272,369	160,765	-58,877	363,556
d	Grants or scholarships					
e	Other expenditures for facilities and programs	90,220	89,144	84,453	78,606	86,311
f	Administrative expenses	15,914	16,649	16,635	13,475	14,246
g	End of year balance	1,829,003	1,927,210	1,760,634	1,700,957	1,851,915

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,452,028	2,259,551	1,192,477
c Leasehold improvements				
d Equipment		642,965	521,852	121,113
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,313,590

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) DELAWARE COMMUNITY FOUNDATION COMMON TRUST FUNDS	1,854,103	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,854,103	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,308,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-76,374		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	31,016		
e	Add lines **2a** through **2d**			2e	-45,358
3	Subtract line **2e** from line **1**			3	11,353,889
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,570		
b	Other (Describe in Part XIII)	4b	7,397,862		
c	Add lines **4a** and **4b**			4c	7,425,432
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	18,779,321

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	11,613,113
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	72,992		
e	Add lines **2a** through **2d**			2e	72,992
3	Subtract line **2e** from line **1**			3	11,540,121
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,570		
b	Other (Describe in Part XIII)	4b	7,410,996		
c	Add lines **4a** and **4b**			4c	7,438,566
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	18,978,687

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE A SUSTAINABLE, LONG TERM SOURCE OF INCOME TO SUPPORT THE ORGANIZATION'S PROGRAMS INCOME AND GAINS FROM ENDOWMENT FUNDS ARE AVAILABLE FOR UNRESTRICTED USE EACH YEAR
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE INCOME TAX RETURNS OF THE ORGANIZATION FOR 2012, 2013 AND 2014 ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS REPORTED NET ON FORM 990 31,016
PART XI, LINE 4B - OTHER ADJUSTMENTS	DESIGNATIONS 7,410,996 LOSS ON DISPOSAL OF EQUIPMENT -13,134
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN PENSION PLAN ACTUARIAL VALUATION 28,842 LOSS ON DISPOSAL OF EQUIPMENT (INCLUDED WITH REVENUE ON 990) 13,134 FUNDRAISING EVENTS REPORTED NET ON FORM 990 31,016
PART XII, LINE 4B - OTHER ADJUSTMENTS	DESIGNATIONS 7,410,996

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 JUNE GOLF OUTING (event type)	(b) Event #2 SEPTEMBER GOLF OUTING (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	40,317	18,247		58,564
	2 Less Contributions	30,375			30,375
	3 Gross income (line 1 minus line 2)	9,942	18,247		28,189
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,156	7,322		16,478
	7 Food and beverages	787	5,535		6,322
	8 Entertainment				
	9 Other direct expenses	5,504	2,712		8,216
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(31,016)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,827

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068008356

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 51-0073399
Name: UNITED WAY OF DELAWARE INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A BETTER CHANCE FOR OUR CHILDREN INC1307 PHILADELPHIA PIKE WILMINGTON,DE 19809	27-1621216	501(C)(3)	8,350				OPERATIONS
A DOOR OF HOPE3407 LANCASTER PIKE WILMINGTON,DE 19805	51-0263402	501(C)(3)	37,235				OPERATIONS
AI DUPONT HOSPITAL - NEMOURS PARTNERSHIP FOR CHILDREN'S HEALTH 1600 ROCKLAND ROAD WILMINGTON,DE 19803		501(C)(3)	48,653				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABRAMSON CANCER CENTER3535 MARKET ST SUITE 750 PHILADELPHIA,PA 19104	23-2929823	501(C)(3)	15,344				OPERATIONS
AIDS DELAWARE100 WEST 10TH ST SUITE 315 WILMINGTON,DE 19801	22-2805481	501(C)(3)	16,206				OPERATIONS
ALS ASSOCIATION - GREATER PHILADELPHIA CHAPTER321 NORRISTOWN RD SUITE 260 AMBLER,PA 19002	23-2387205	501(C)(3)	8,637				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - DELAWARE VALLEY CHAPTER240 N JAMES ST SUITE 100A WILMINGTON,DE 19804		501(C)(3)	22,924				OPERATIONS
AMERICAN CANCER SOCIETY - PA CHESTER COUNTY480 NORRISTOWN RD SUITE 150 BLUE BELL,PA 19422		501(C)(3)	5,763				OPERATIONS
AMERICAN CANCER SOCIETY DELAWARE92 READS WAY SUITE 205 NEW CASTLE,DE 19720		501(C)(3)	124,420				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION - DE AFFILIATE INC100 W 10TH STREET SUITE 1002 WILMINGTON,DE 19801		501(C)(3)	16,247				OPERATIONS
AMERICAN HEART ASSOCIATION - DE DELAWAREPA AFFIL200 CONTINENTAL DR SUITE 101 NEWARK,DE 19713	51-0072406	501(C)(3)	25,854				OPERATIONS
AMERICAN LUNG ASSOCIATION - DE630 CHURCHMANS RD SUITE 202 NEWARK,DE 19702		501(C)(3)	9,473				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS - DELMARVA PENINSULA100 WEST 10TH STREET SUITE 501 WILMINGTON,DE 19801		501(C)(3)	356,628				OPERATIONS
ANDREW MCDONOUGH B FOUNDATION101 ROCKLAND CIRCLE WILMINGTON,DE 19803	42-1741037	501(C)(3)	17,762				OPERATIONS
ARC OF DELAWARE THE2 SOUTH AUGUSTINE ST SUITE B WILMINGTON,DE 19804	51-0072149	501(C)(3)	74,400				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARCHMERE ACADEMY3600 PHILADELPHIA PIKE CLAYMONT,DE 19703	51-0066738	501(C)(3)	9,500				OPERATIONS
AUTISM DELAWARE924 OLD HARMONY RD SUITE 201 NEWARK,DE 19713	20-2110190	501(C)(3)	17,920				OPERATIONS
BABY BUGGY306 W 37TH STREET 8TH FLOOR NEW YORK,NY 10018	31-1777082	501(C)(3)	10,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAYARD HOUSE - CATHOLIC CHARITIES300 BAYARD AVENUE WILMINGTON,DE 19805		501(C)(3)	8,369				OPERATIONS
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER,DE 19901	22-2559843	501(C)(3)	6,000				OPERATIONS
BEAUTIFUL GATE OUTREACH CENTER (BGOC) BETHEL AME CHURCH604 NORTH WALNUT STREET WILMINGTON,DE 19801	51-0407231	501(C)(3)	5,848				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHEL AME CHURCH604 NORTH WALNUT STREET WILMINGTON,DE 19801		501(C)(3)	8,500				OPERATIONS
BETHEL BAPTIST CHURCH 1217 WILSON ROAD WILMINGTON,DE 19803		501(C)(3)	7,200				OPERATIONS
BIG BROTHERS BIG SISTERS OF DELAWARE413 LARCH CIRCLE WILMINGTON,DE 19804	51-6018399	501(C)(3)	224,532				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIGGS MUSEUM OF AMERICAN ART406 FEDERAL ST DOVER,DE 19903	51-6171556	501(C)(3)	12,200				OPERATIONS
BIRTHRIGHT OF DELAWARE1311 NORTH SCOTT STREET WILMINGTON,DE 19806	23-7366927	501(C)(3)	7,731				OPERATIONS
BOY SCOUTS OF AMERICA DEL-MAR-VA COUNCIL INC100 WEST 10TH ST SUITE 915 WILMINGTON,DE 19801	51-0065733	501(C)(3)	130,356				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB - DE 669 SOUTH UNION STREET WILMINGTON,DE 19805	51-0068712	501(C)(3)	382,110				OPERATIONS
BRANDYWINE COUNSELING INC2713 LANCASTER AVENUE WILMINGTON,DE 19805	51-0278050	501(C)(3)	25,172				OPERATIONS
BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET NW SUITE 200 EAST WASHINGTON,DC 20005		501(C)(3)	5,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER CARE CONNECTION INC1 INNOVATION WAY SUITE 300 NEWARK,DE 19711	51-0398061	501(C)(3)	6,354				OPERATIONS
CANCER SUPPORT COMMUNITY - DELAWARE 4810 LANCASTER PIKE WILMINGTON,DE 19807	51-0351863	501(C)(3)	6,931				OPERATIONS
CANINE PARTNERS FOR LIFEPO BOX 170 COCHRANVILLE,PA 19330	23-2580658	501(C)(3)	5,238				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARR EDUCATIONAL FOUNDATIONPO BOX 4333 SAN RAFAEL,CA 94913		501(C)(3)	5,000				OPERATIONS
CATHEDRAL CHOIR SCHOOL OF DELAWARE (THE)719 N SHIPLEY STREET WILMINGTON,DE 19801	20-5486245	501(C)(3)	7,085				OPERATIONS
CATHOLIC CHARITIES APPEAL OF PHILADELPHIA 222 N 17TH STREET PHILADELPHIA,PA 19103		501(C)(3)	9,417				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF WILMINGTON 2601 WEST 4TH STREET WILMINGTON,DE 19805	51-0065685	501(C)(3)	360,202				OPERATIONS
CATHOLIC DIOCESE OF WILMINGTONPO BOX 2030 WILMINGTON,DE 198992030	51-0095439	501(C)(3)	8,830				OPERATIONS
CATHOLIC RELIEF SERVICES-MDP O BOX 17090 BALTIMORE,MD 21203		501(C)(3)	5,133				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC YOUTH MINISTRIES1626 NORTH UNION STREET WILMINGTON,DE 19806		501(C)(3)	10,951				OPERATIONS
CHEER546 SOUTH BEDFORD STREET GEORGETOWN,DE 19947	51-0112599	501(C)(3)	15,550				OPERATIONS
CHESAPEAKE BAY FOUNDATION6 HERNDON AVENUE ANNAPOLIS,MD 21403		501(C)(3)	11,451				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESTER COUNTY COUNCIL BSA504 S CONCORD RD WEST CHESTER,PA 19382	23-1365192	501(C)(3)	17,204				OPERATIONS
CHESTER COUNTY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER,PA 19380	23-1381030	501(C)(3)	6,578				OPERATIONS
CHILD INC507 PHILADELPHIA PIKE WILMINGTON,DE 198092177	51-0101188	501(C)(3)	7,308				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN AND FAMILIES FIRST2005 BAYNARD BOULEVARD WILMINGTON,DE 19802	51-0065731	501(C)(3)	565,533				OPERATIONS
CHILDREN'S HOSPITAL - PA PHILADELPHIA34TH CIVIC CTR BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	6,205				OPERATIONS
CHRIST CHURCH CHRISTIANA HUNDREDPO BOX 3510 GREENVILLE,DE 19807		501(C)(3)	8,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIANA CARE HEALTH SYSTEMP O BOX 1668 WILMINGTON,DE 19899	52-1479538	501(C)(3)	101,900				OPERATIONS
CHRISTIANA CARE HEALTH SYSTEM501 WEST 14TH STREET WILMINGTON,DE 19899	52-1479538	501(C)(3)	27,988				OPERATIONS
CHRISTINA CULTURAL ARTS CENTER INC705 NORTH MARKET STREET WILMINGTON,DE 19801	51-0064300	501(C)(3)	99,876				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLAYMONT COMMUNITY CENTER3301 GREEN STREET CLAYMONT,DE 19703	51-0164850	501(C)(3)	53,888				OPERATIONS
COLLEGIATE SCHOOL103 NORTH MOORELAND ROAD RICHMOND,VA 23229		501(C)(3)	6,000				OPERATIONS
COMMUNITY LEGAL AID SOCIETY INC100 WEST TENTH ST SUITE 801 WILMINGTON,DE 19801	51-6000158	501(C)(3)	51,837				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGREGATION BETH EMETH300 WEST LEA BOULEVARD WILMINGTON,DE 19802	51-0070542	501(C)(3)	11,180				OPERATIONS
CONNECTING GENERATIONS INC100 W 10TH ST SUITE 1115 WILMINGTON,DE 19801		501(C)(3)	5,282				OPERATIONS
CONTACTLIFELINE INCPO BOX 9525 WILMINGTON,DE 19809	51-0206092	501(C)(3)	34,813				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNERSTONE UNITED METHODIST CHURCH3135 SUMMITT BRIDGE ROAD BEAR,DE 19701		501(C)(3)	6,000				OPERATIONS
DELAWARE ADOLESCENT PROGRAM INC2900 VAN BUREN STREET WILMINGTON,DE 19801	51-0108498	501(C)(3)	33,171				OPERATIONS
DELAWARE BREAST CANCER COALITION111 WEST 11TH ST SUITE 3 WILMINGTON,DE 19801	52-2045298	501(C)(3)	22,636				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE CENTER FOR HORTICULTURE1810 N DUPONT STREET WILMINGTON,DE 19806	51-0252857	501(C)(3)	5,043				OPERATIONS
DELAWARE CENTER FOR JUSTICE100 WEST TENTH ST SUITE 905 WILMINGTON,DE 19801	51-0064323	501(C)(3)	108,938				OPERATIONS
DELAWARE CHINESE AMERICAN ASSOCIATIPO BOX 490 HOCKESSIN,DE 19707	51-0372239	501(C)(3)	6,602				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE COMMUNITY FDN NEXT GENERATION OF SOUTHERN DEPO BOX 1636 WILMINGTON,DE 19899		501(C)(3)	13,223				OPERATIONS
DELAWARE COMMUNITY FOUNDATION100 WEST TENTH ST SUITE 115 WILMINGTON,DE 19801	22-2804785	501(C)(3)	16,544				OPERATIONS
DELAWARE FINANCIAL LITERACY INSTITUTE3301 GREEN STREET CLAYMONT,DE 19703	51-0411299	501(C)(3)	24,444				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE FOUR H FOUNDATION113 TOWNSEND HALL 531 S COLLEGE AVE AVE NEWARK,DE 197162103		501(C)(3)	5,093				OPERATIONS
DELAWARE GUIDANCE SERVICES FOR CHILDREN & YOUTH1213 DELAWARE AVENUE WILMINGTON,DE 19806	51-0071906	501(C)(3)	260,803				OPERATIONS
DELAWARE HELPLINE INC 900 NORTH KING STREET SUITE 330 WILMINGTON,DE 19801	51-0376406	501(C)(3)	159,163				OPERATIONS

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

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DELAWARE HISTORICAL SOCIETY505 NORTH MARKET STREET WILMINGTON,DE 19801		501(C)(3)	9,625				OPERATIONS
DELAWARE HOSPICE16 POLLY DRUMMOND CENTER 2ND FL NEWARK,DE 19711	51-0258883	501(C)(3)	27,555				OPERATIONS
DELAWARE HUMANE ASSOCIATION701 A STREET WILMINGTON,DE 19801	51-0082499	501(C)(3)	28,763				OPERATIONS

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

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DELAWARE MILITARY ACADEMY INC112 MIDDLEBORO ROAD WILMINGTON,DE 19804		501(C)(3)	7,917				OPERATIONS
DELAWARE NATURE SOCIETYPO BOX 700 HOCKESSIN,DE 19707	51-6018321	501(C)(3)	10,819				OPERATIONS
DELAWARE STATE UNIVERSITY1200 NORTH DUPONT HIGHWAY DOVER,DE 19901		501(C)(3)	10,200				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE TECHNICAL & COMMUNITY COLLEGE EDUC FOUNDATIONP O BOX 897 DOVER,DE 19903		501(C)(3)	5,650				OPERATIONS
DELAWARE THEATRE COMPANY200 WATER STREET WILMINGTON,DE 19801	51-0229918	501(C)(3)	13,280				OPERATIONS
DELAWARE VOLUNTEER LEGAL SERVICES WIDENER UNIVERSITYPO BOX 7306 WILMINGTON,DE 19803	51-0265470	501(C)(3)	5,216				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE YOUTH FOR CHRISTPO BOX 5070 WILMINGTON,DE 19808	51-6001714	501(C)(3)	7,376				OPERATIONS
DICKINSON COLLEGEPO BOX 1773 CARLISLE,PA 17013		501(C)(3)	5,000				OPERATIONS
DOCTORS WITHOUT BORDERS333 SEVENTH AVE 2ND FL NEW YORK,NY 10001	13-3433452	501(C)(3)	5,161				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUFFY'S HOPE INC100 WEST 10TH ST SUITE 9 WILMINGTON,DE 19801	06-1652976	501(C)(3)	5,532				OPERATIONS
DUKE UNIVERSITY324 BLACKWELL STREET DURHAM,NC 27701		501(C)(3)	5,500				OPERATIONS
EAST SIDE COMMUNITY LEARNING CENTER3000 NORTH CLAYMONT STREET WILMINGTON,DE 19802		501(C)(3)	6,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE INC61 CORPORATE CIRCLE NEW CASTLE,DE 19720	51-0066728	501(C)(3)	66,800				OPERATIONS
ELAM UNITED METHODIST CHURCH1073 SMITHBRIDGE ROAD GLEN MILLS,PA 19342		501(C)(3)	5,500				OPERATIONS
EMMANUEL DINING ROOMMINISTRY OF CARING121 N JACKSON STREET WILMINGTON,DE 19805	51-0209843	501(C)(3)	100,375				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMORY UNIVERSITY SCHOOL OF LAW1301 CLIFTON ROAD ATLANTA,GA 303221013	58-0566256	501(C)(3)	25,000				OPERATIONS
EPILEPSY FOUNDATION OF DELAWARE240 NORTH JAMES STREET SUITE 208 NEWPORT,DE 19804		501(C)(3)	5,220				OPERATIONS
EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEPARD1530 FOULK ROAD WILMINGTON,DE 19803		501(C)(3)	15,950				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EXCEPTIONAL CARE FOR CHILDREN11 INDEPENDENCE WAY NEWARK,DE 19713	80-0748765	501(C)(3)	13,730				OPERATIONS
FAITHFUL FRIENDS INC12 GERMAY DRIVE WILMINGTON,DE 19804	51-0410508	501(C)(3)	45,984				OPERATIONS
FAMILY PROMISE OF NORTHERN NEW CASTLE 2104 ST JAMES CHURCH ROAD WILMINGTON,DE 19808		501(C)(3)	8,316				OPERATIONS

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

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FINCA INTERNATIONAL 1101 FOURTEENTH STREET NW 11TH FL WASHINGTON,DC 20005	13-3240109	501(C)(3)	5,000				OPERATIONS
FIRST STATE COMMUNITY ACTION AGENCY308 NORTH RAILROAD AVENUE GEORGETOWN,DE 19947	51-0104704	501(C)(3)	22,070				OPERATIONS
FIRST STATE ROBOTICS INC20 WEST REDMONT ROAD WILMINGTON,DE 19804	20-0613902	501(C)(3)	8,841				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK,DE 19713	51-0258984	501(C)(3)	119,139				OPERATIONS
FORGOTTEN CATS INC 4023 KENNETT PIKE SUITE 422 GREENVILLE,DE 19807	20-0691180	501(C)(3)	14,957				OPERATIONS
FOUNDATION FOR APPOQUINIMIK SCHOOLS PO BOX 301 ODESSA,DE 19730		501(C)(3)	6,986				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREE LIBRARY OF PHILADELPHIA FOUNDATION1901 VINE STREET 400 PHILADELPHIA,PA 19103		501(C)(3)	5,144				OPERATIONS
FRIENDSHIP HOUSE INC 1503 WEST 13TH STREET WILMINGTON,DE 19806	51-0306759	501(C)(3)	24,579				OPERATIONS
FUND FOR WOMEN CO DCF 100 W 10TH STREET SUITE 115 WILMINGTON,DE 19899		501(C)(3)	8,378				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARAGE COMMUNITY AND YOUTH CENTER115 SOUTH UNION STREET KENNETT SQUARE,PA 19348		501(C)(3)	7,522				OPERATIONS
GENERATIONS HOME CARE 2 PENNS WAY SUITE 303 NEW CASTLE,DE 19720	51-0109657	501(C)(3)	174,675				OPERATIONS
GIRL SCOUTS - CHESAPEAKE BAY COUNCIL501 SOUTH COLLEGE AVENUE NEWARK,DE 19713	51-0064337	501(C)(3)	155,383				OPERATIONS

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

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GIRL SCOUTS - CHESAPEAKE BAY COUNCIL MD LOWER EASTERN SHORE501 SOUTH COLLEGE AVENUE NEWARK,DE 19713		501(C)(3)	5,000				OPERATIONS
GIRLS INC - DELAWARE 1019 BROWN STREET WILMINGTON,DE 19805	51-0073396	501(C)(3)	106,790				OPERATIONS
GOODWILL INDUSTRIES OF DELAWARE300 EAST LEA BOULEVARD WILMINGTON,DE 19802		501(C)(3)	142,453				OPERATIONS

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

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HABITAT FOR HUMANITY OF NEW CASTLE COUNTY INC1920 HUTTON STREET WILMINGTON,DE 19802		501(C)(3)	19,177				OPERATIONS
HABITAT FOR HUMANITY OF SUSSEX COUNP O BOX 759 GEORGETOWN,DE 19947		501(C)(3)	8,984				OPERATIONS
HAGLEY MUSEUM AND LIBRARYPO BOX 3630 WILMINGTON,DE 19807	51-0070531	501(C)(3)	9,400				OPERATIONS

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

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HARRINGTON SENIOR CENTER INC102 FLEMING STREET HARRINGTON,DE 19952	51-0106409	501(C)(3)	8,036				OPERATIONS
HELEN F GRAHAM CANCER CENTER CHRISTIANA CARE 4701 OGLETOWN-STANTON ROAD NEWARK,DE 19713		501(C)(3)	23,796				OPERATIONS
HILLTOP LUTHERAN NEIGHBORHOOD CENTER 1018 WEST SIXTH STREET WILMINGTON,DE 19805	51-0256896	501(C)(3)	43,734				OPERATIONS

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

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HINDU TEMPLE ASSOCIATION INC760 YORKLYN ROAD HOCKESSIN,DE 19707		501(C)(3)	7,911				OPERATIONS
HOCKESSIN UNITED METHODIST CHURCH7250 LANCASTER PIKE HOCKESSIN,DE 19707		501(C)(3)	8,000				OPERATIONS
HOLY TRINITY HIGH SCHOOL1443 W DIVISION STREET CHICAGO,IL 60642		501(C)(3)	7,237				OPERATIONS

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

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HOME OF THE BRAVE FOUNDATION6632 SHARPS ROAD MILFORD,DE 19963	51-0338521	501(C)(3)	9,263				OPERATIONS
HOMEWARD BOUND-EMMAUS HOUSE INCPO BOX 9740 NEWARK,DE 197149740	51-0279138	501(C)(3)	15,790				OPERATIONS
HOUSE OF CHARITYCAMDEN631 MARKET STREET CAMDEN,NJ 08102		501(C)(3)	11,531				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTER FAITH HOUSING ALLIANCE31 SOUTH SPRING GARDEN STREET AMBLER,PA 19002		501(C)(3)	6,265				OPERATIONS
INTERNATIONAL FOP ASSOCIATION101 SUNNYTOWN ROAD SUITE 208 CASSELBERRY,FL 32707		501(C)(3)	7,295				OPERATIONS
JEWISH FAMILY SERVICES OF DELAWARE99 PASSMORE ROAD WILMINGTON,DE 19803	51-0097026	501(C)(3)	51,602				OPERATIONS

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FEDERATION OF DELAWARE101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0064315	501(C)(3)	87,704				OPERATIONS
JUNIOR ACHIEVEMENT OF DELAWARE INC522 SOUTH WALNUT STREET WILMINGTON,DE 19801	51-0078199	501(C)(3)	32,456				OPERATIONS
JUVENILE DIABETES RESEARCH FOUNDATION - DELAWARE CHAPTER100 W 10TH ST SUITE 1103 WILMINGTON,DE 19801		501(C)(3)	8,846				OPERATIONS

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

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KALMAR NYCKEL FOUNDATION1124 EAST SEVENTH STREET WILMINGTON,DE 19801		501(C)(3)	7,119				OPERATIONS
KENNETT AREA COMMUNITY SERVICE136 WEST CEDAR STREET KENNETT SQUARE,PA 19348		501(C)(3)	11,108				OPERATIONS
KENT-SUSSEX INDUSTRIES 301 NORTH REHOBOTH BOULEVARD MILFORD,DE 199631305	51-0097856	501(C)(3)	153,554				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KINGSWOOD COMMUNITY CENTER2300 BOWERS STREET WILMINGTON,DE 19802	51-0064319	501(C)(3)	146,151				OPERATIONS
LAB SCHOOL OF WASHINGTON4759 RESERVOIR RD NW WASHINGTON,DC 20007	52-1261627	501(C)(3)	8,950				OPERATIONS
LATIN AMERICAN COMMUNITY CENTER403 NORTH VAN BUREN STREET WILMINGTON,DE 19805	23-7047048	501(C)(3)	311,668				OPERATIONS

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

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LEUKEMIA & LYMPHOMA SOCIETY OF DE CHAPTER 100 WEST 10TH ST SUITE 209 WILMINGTON,DE 19801		501(C)(3)	15,590				OPERATIONS
LIMEN HOUSE INC600 WEST 10TH STREET WILMINGTON,DE 19801	23-7029073	501(C)(3)	21,175				OPERATIONS
LITERARY CLASSICS OF THE UNITED STATES14 EAST 60TH STREET NEW YORK,NY 10022	13-2986916	501(C)(3)	22,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITTLE SISTERS OF THE POOR INC185 SALEM CHURCH ROAD NEWARK,DE 19713	51-0095986	501(C)(3)	12,896				OPERATIONS
LUTHERAN COMMUNITY SERVICES2809 BAYNARD BLVD WILMINGTON,DE 19802	51-0102403	501(C)(3)	38,303				OPERATIONS
MAKE-A-WISH FOUNDATION OF MID-ATLANTIC5272 RIVER ROAD SUITE 700 BETHESDA,MD 20816	52-1306075	501(C)(3)	23,056				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARY CAMPBELL CENTER INC THE4641 WELDIN ROAD WILMINGTON,DE 19803	23-7089122	501(C)(3)	8,556				OPERATIONS
MEALS ON WHEELS DELAWARE100 W 10TH STREET - SUITE 207 WILMINGTON,DE 19801	51-0355145	501(C)(3)	6,153				OPERATIONS
MENTAL HEALTH ASSOCIATION IN DELAWARE100 WEST 10TH ST SUITE 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	66,383				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY MINISTRIES OF AMERICAPO BOX 111060 NASHVILLE,TN 37027		501(C)(3)	8,365				OPERATIONS
MILTON & HATTIE KUTZ HOME704 RIVER ROAD WILMINGTON,DE 19809	51-0136951	501(C)(3)	21,750				OPERATIONS
MINISTRY OF CARING (THE)506 NORTH CHURCH STREET WILMINGTON,DE 19801	51-0209843	501(C)(3)	16,236				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOM'S HOUSEPO BOX 1138 DOVER,DE 19903	51-0367119	501(C)(3)	5,984				OPERATIONS
MOT SENIOR CENTER300 SOUTH SCOTT STREET MIDDLETOWN,DE 19709	51-6021578	501(C)(3)	22,083				OPERATIONS
MUSIC SCHOOL OF DELAWARE (THE)4101 WASHINGTON STREET WILMINGTON,DE 19802	51-0066934	501(C)(3)	8,104				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL 4-H COUNCIL 7100 CONNECTICUT AVENUE CHEVY CHASE,MD 20815		501(C)(3)	5,000				OPERATIONS
NATIONAL ALLIANCE ON MENTAL ILLNESS IN DELAWARE2400 WEST 4TH STREET WILMINGTON,DE 19805	22-2490797	501(C)(3)	21,962				OPERATIONS
NATIONAL KIDNEY FOUNDATION - DE VALLEY 111 S INDEPENDENCE MALL EAST SUITE 411 PHILADELPHIA,PA 19106	23-7382972	501(C)(3)	7,149				OPERATIONS

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

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NATIONAL MULTIPLE SCLEROSIS SOCIETYTWO MILL RD SUITE 106 WILMINGTON,DE 19806	51-0097777	501(C)(3)	13,388				OPERATIONS
NATIONAL SAFETY COUNCIL1121 SPRING LAKE DRIVE ITASCA,IL 60143		501(C)(3)	6,000				OPERATIONS
NATURE CONSERVANCY THE100 WEST 10TH ST SUITE 1107 WILMINGTON,DE 19801	53-0242652	501(C)(3)	19,247				OPERATIONS

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

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NCALL-NATIONAL COUNCIL ON AGRICULTURAL LIFE & LABOR RESEARCH363 SAULSBURY ROAD DOVER,DE 19904		501(C)(3)	262,334				OPERATIONS
NEHEMIAH GATEWAY COMMUNITY DEVELOPMENT CORP201 WEST 23RD STREET WILMINGTON,DE 19802	52-2238147	501(C)(3)	10,000				OPERATIONS
NEIGHBORHOOD HOUSE 1218 B STREET WILMINGTON,DE 19801	51-0065747	501(C)(3)	21,728				OPERATIONS

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

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NEW CASTLE COUNTY HEAD START INC256 CHAPMAN ROAD SUITE 103 NEWARK,DE 19702	51-0191916	501(C)(3)	22,594				OPERATIONS
NEWARK BAPTIST CHURCH PO BOX 5839 NEWARK,DE 19714		501(C)(3)	9,564				OPERATIONS
NEWARK CHARTER SCHOOL2001 PATRIOT WAY NEWARK,DE 19711		501(C)(3)	14,751				OPERATIONS

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

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NEWARK DAY NURSERY AND CHILDREN'S CENTER 921 BARKSDALE ROAD NEWARK,DE 19711	51-0096130	501(C)(3)	41,820				OPERATIONS
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK,DE 19713	51-0104695	501(C)(3)	27,642				OPERATIONS
ONE VILLAGE ALLIANCE 1401 A STREET WILMINGTON,DE 19801	35-2367946	501(C)(3)	44,545				OPERATIONS

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

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OPEN DOOR INC254 EAST MAIN STREET NEWARK,DE 19711		501(C)(3)	20,490				OPERATIONS
OPPORTUNITY CENTER INC3030 BOWERS STREET WILMINGTON,DE 19802	51-0079778	501(C)(3)	32,386				OPERATIONS
PARIS FOUNDATION (THE) 505 BLUE BALL RD BLDG 120-C ELKTON,MD 21921		501(C)(3)	6,060				OPERATIONS

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

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PAWS FOR PEOPLE-PET ASSISTED VOLUNTEERP O BOX 9955 NEWARK,DE 19714		501(C)(3)	5,724				OPERATIONS
PENNSYLVANIA STATE UNIVERSITY17 OLD MAIN UNIVERSITY PARK,PA 16801		501(C)(3)	51,200				OPERATIONS
PEOPLES PLACE II INC 1129 AIRPORT ROAD MILFORD,DE 19963	51-0113062	501(C)(3)	86,908				OPERATIONS

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PHILABUNDANCEPO BOX 37555 PHILADELPHIA,PA 19148	23-2290505	501(C)(3)	5,842				OPERATIONS
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK,NY 10001		501(C)(3)	5,200				OPERATIONS
PLANNED PARENTHOOD OF DELAWARE625 N SHIPLEY STREET WILMINGTON,DE 19801	51-0066725	501(C)(3)	59,400				OPERATIONS

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

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PLANNED PARENTHOOD-PA SOUTHEASTERN PENNSYLVANIA1144 LOCUST STREET PHILADELPHIA,PA 19107		501(C)(3)	7,942				OPERATIONS
PREVENT CHILD ABUSE DELAWARE100 WEST 10TH ST SUITE 715 WILMINGTON,DE 198016605	51-0229667	501(C)(3)	27,205				OPERATIONS
PRINCE OF WALES FOUNDATION (THE)888 17TH STREET NW SUITE 201 WASHINGTON,DC 20006	36-3820023	501(C)(3)	16,000				OPERATIONS

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

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PROVIDENCE COUNTRY DAY SCHOOL660 WATERMAN AVENUE EAST PROVIDENCE,RI 029141724		501(C)(3)	40,000				OPERATIONS
READ ALOUD DELAWARE 100 W 10TH ST SUITE 309 WILMINGTON,DE 19801	51-0280486	501(C)(3)	18,370				OPERATIONS
READING ASSIST INSTITUTE100 W 10TH ST SUITE 910 WILMINGTON,DE 19801	51-0317415	501(C)(3)	6,689				OPERATIONS

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

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READING IS FUNDAMENTAL1730 RHODE ISLAND AVENUE 11TH FLOOR FLOOR WASHINGTON,DE 20036	52-0976257	501(C)(3)	5,840				OPERATIONS
RONALD MCDONALD HOUSE OF DELAWARE1901 ROCKLAND ROAD WILMINGTON,DE 19803	51-0295320	501(C)(3)	79,160				OPERATIONS
ROTARY CLUB OF WILMINGTON SERVICES FOUNDATIONPO BOX 685 WILMINGTON,DE 19899		501(C)(3)	9,250				OPERATIONS

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S P C A NHPO BOX 196 STRATHAM,NH 03885	02-6000614	501(C)(3)	9,044				OPERATIONS
SAFE HARBOR OF CHESTER COUNTY20 NORTH MATLACK STREET WEST CHESTER,PA 19380		501(C)(3)	8,843				OPERATIONS
SALVATION ARMY - DE400 NORTH ORANGE STREET WILMINGTON,DE 19899		501(C)(3)	347,277				OPERATIONS

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

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SANFORD SCHOOLPO BOX 888 HOCKESSIN,DE 197070888	51-0064331	501(C)(3)	100,000				OPERATIONS
SEEDS OF GREATNESS MINISTRIES828 FRENCHTOWN ROAD NEW CASTLE,DE 19720		501(C)(3)	6,166				OPERATIONS
SERVIAM GIRLS ACADEMY INC14 HALCYON DRIVE NEW CASTLE,DE 19720	26-0792594	501(C)(3)	15,734				OPERATIONS

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SHEPHERD PLACE INC (THE)1362 SOUTH GOVERNORS AVENUE DOVER,DE 19904	51-0311790	501(C)(3)	5,125				OPERATIONS
SIEGEL JEWISH COMMUNITY CENTER OF WILMINGTON101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0075823	501(C)(3)	24,113				OPERATIONS
SOJOURNERS PLACE2901 NORTHEAST BOULEVARD WILMINGTON,DE 19802	51-0324770	501(C)(3)	5,106				OPERATIONS

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SPCADELAWARE455 STANTON CHRISTIANA RD ROUTE 7 NEWARK,DE 19713	51-0064307	501(C)(3)	10,463				OPERATIONS
SPECIAL OLYMPICS - DELAWARE CO UNIVERSITY OF DELAWARE 619 SOUTH COLLEGE AVENUE NEWARK,DE 19716	23-7162877	501(C)(3)	16,666				OPERATIONS
ST ANN'S PARISH2013 GILPIN AVENUE WILMINGTON,DE 19806		501(C)(3)	7,000				OPERATIONS

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ST ANTHONY'S COMMUNITY CENTER1703 WEST 10TH STREET WILMINGTON,DE 19805	51-0116737	501(C)(3)	6,402				OPERATIONS
ST JOHN CHRYSOSTOM CHURCH615 SOUTH PROVIDENCE ROAD WALLINGOFRD,PA 19086		501(C)(3)	6,000				OPERATIONS
ST JUDE CHILDREN'S RESEARCH HOSPITAL262 DANNY THOMAS PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	13,514				OPERATIONS

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ST MARY ANNE'S OF MARYLAND315 SOUTH MAIN STREET NORTH EAST,MD 21901		501(C)(3)	7,052				OPERATIONS
SUNDAY BREAKFAST MISSIONPO BOX 352 WILMINGTON,DE 19899	51-0073080	501(C)(3)	41,626				OPERATIONS
SUPPORTING KIDDS1213 OLD LANCASTER PIKE HOCKESSIN,DE 19707	51-0320207	501(C)(3)	7,597				OPERATIONS

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SUSTAINABLE PRESERVATION INITIATIVE40 W 22ND ST 11TH FL NEW YORK, NY 10010		501(C)(3)	5,000				OPERATIONS
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE SYRACUSE, NY 13244		501(C)(3)	9,600				OPERATIONS
TEACH FOR AMERICA100 W 10TH ST SUITE 500 WILMINGTON, DE 19801		501(C)(3)	42,975				OPERATIONS

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TOWER HILL SCHOOL2813 WEST 17TH STREET WILMINGTON,DE 19806	51-0065745	501(C)(3)	32,997				OPERATIONS
TRINITY EPISCOPAL PARISH1108 NORTH ADAMS STREET WILMINGTON,DE 19801		501(C)(3)	8,500				OPERATIONS
TRI-STATE BIRD RESCUE & RESEARCH INC170 POSSUM HOLLOW ROAD NEWARK,DE 19711	51-0265807	501(C)(3)	7,735				OPERATIONS

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3535 MARKET STREET SUITE 750 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	5,980				OPERATIONS
US TOKYO ENGLISH LIFE LINE INC6009 STONEPATH LANE WAXHAW,NC 281739393		501(C)(3)	10,000				OPERATIONS
UNITED CEREBRAL PALSY OF DELAWARE700A RIVER ROAD WILMINGTON,DE 19809	51-6016956	501(C)(3)	38,878				OPERATIONS

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UNITED NEGRO COLLEGE FUNDBELMONT BLDG 211 N 13TH ST SUITE 301 PHILADELPHIA,PA 19107	13-1624241	501(C)(3)	18,451				OPERATIONS
UNITED WAY OF CAROLINE COUNTY INCPO BOX 175 DENTON,MD 21629	52-1303591	501(C)(3)	6,398				OPERATIONS
UNITED WAY OF CECIL COUNTY INCPO BOX 342 ELKTON,MD 02192	52-6075348	501(C)(3)	58,763				OPERATIONS

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UNITED WAY OF CENTRAL & NORTHEASTERN CONNECTICUT30 LAUREL STREET HARTFORD,CT 061061374	06-0646653	501(C)(3)	13,393				OPERATIONS
UNITED WAY OF CENTRAL FLORIDAPO BOX 1357 HIGHLAND CITY,FL 338461357	59-2116280	501(C)(3)	5,017				OPERATIONS
UNITED WAY OF CENTRAL IOWA1111 NINTH ST SUITE 100 DES MOINES,IA 50314	42-0680425	501(C)(3)	11,166				OPERATIONS

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UNITED WAY OF CENTRAL MARYLAND INCPO BOX 64282 BALTIMORE,MD 212644282	52-0591543	501(C)(3)	5,110				OPERATIONS
UNITED WAY OF CHESTER COUNTY211 NORTH WALNUT STREET WEST CHESTER,PA 19380	23-2131877	501(C)(3)	16,603				OPERATIONS
UNITED WAY OF GLOUCESTER COUNTY454 CROWN POINT ROAD THOROFARE,NJ 08086	21-6006822	501(C)(3)	5,701				OPERATIONS

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UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NJ1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA,PA 19103	23-1556045	501(C)(3)	9,132				OPERATIONS
HEART OF FLORIDA UNITED WAYPO BOX 620000 ORLANDO,FL 328918385	59-0808854	501(C)(3)	6,315				OPERATIONS
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE 2ND FL ATLANTA,GA 30303	58-0566194	501(C)(3)	8,260				OPERATIONS

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UNITED WAY OF SALEM COUNTY INC203 E BROADWAY SALEM,NJ 08079	21-0688785	501(C)(3)	26,363				OPERATIONS
UNITED WAY OF SOUTHERN CHESTER COUNTY106 WEST STATE STREET KENNETT SQUARE,PA 19348	23-1260899	501(C)(3)	323,038				OPERATIONS
UNITED WAY OF THE VALLEY OF THE SUN1515 E OSBORN RD-BX 10748 PHOENIX,AZ 85064	86-0104419	501(C)(3)	6,612				OPERATIONS

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UNIVERSITY OF CONNECTICUT FOUNDATION INC2390 ALUMNI DRIVE STORRS,CT 06269		501(C)(3)	10,000				OPERATIONS
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET NEWARK,DE 19716		501(C)(3)	25,502				OPERATIONS
UNIVERSITY OF PENNSYLVANIA LAW SCHOOL3400 CHESTNUT STREET PHILADELPHIA,PA 19104		501(C)(3)	5,500				OPERATIONS

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UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE,VA 22907	54-0838566	501(C)(3)	7,591				OPERATIONS
URBANPROMISE2401 THATCHER STREET WILMINGTON,DE 19802	20-8156160	501(C)(3)	33,145				OPERATIONS
URBANPROMISE INTERNATIONAL3700 RUDDEROW STREET PENNSAUKEN,NJ 08110		501(C)(3)	8,691				OPERATIONS

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USO DELAWARE INC500 PURPLE HEART WAY DOVER AFB,DE 19902	51-0352519	501(C)(3)	11,508				OPERATIONS
VALENCIA WOODS AT ST BARNABAS85 CHARITY PLACE VALENCIA,PA 16059		501(C)(3)	7,160				OPERATIONS
VALLEYPOINT CHURCH209 BETHEL ROAD GLEN MILLS,PA 19342		501(C)(3)	61,700				OPERATIONS

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VANGUARD CHARITABLE ENDOWMENT PROGRAMPO BOX 55766 BOSTON,MA 022055766		501(C)(3)	5,600				OPERATIONS
VIRGINIA ATHLETICS FOUNDATIONPO BOX 400833 CHARLOTTESVILLE,VA 22904	54-0517188	501(C)(3)	26,000				OPERATIONS
WASHINGTON & LEE UNIVERSITY204 WEST WASHINGTON STREET LEXINGTON,VA 24450	54-0505977	501(C)(3)	7,500				OPERATIONS

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WEST CENTER CITY EARLY LEARNING CENTER INC600 N MADISON STREET WILMINGTON,DE 19801		501(C)(3)	7,238				OPERATIONS
WEST END NEIGHBORHOOD HOUSE 710 NORTH LINCOLN STREET WILMINGTON,DE 19805	51-0064301	501(C)(3)	497,390				OPERATIONS
WEST GROVE AMBULANCE & FIRE ASSOCIATIONPO BOX 242 WEST GROVE,PA 19390	23-2199988	501(C)(3)	5,351				OPERATIONS

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WEST VIRGINIA WESLEYAN COLLEGE59 COLLEGE AVENUE BUCKHANNON,WV 26201		501(C)(3)	5,000				OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON,DE 19806		501(C)(3)	11,800				OPERATIONS
WESTSIDE FAMILY HEALTHCARE1802 WEST FOURTH STREET WILMINGTON,DE 19805	22-2488654	501(C)(3)	6,453				OPERATIONS

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

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WHYY INCINDEPENDENCE MALL WEST 150 N 5TH ST ST PHILADELPHIA,PA 19106	23-1438083	501(C)(3)	6,000				OPERATIONS
WILLOWDALE CHAPEL111 MARSHALL STREET KENNETT SQUARE,PA 19348	23-2174798	501(C)(3)	9,000				OPERATIONS
WILMINGTON FRIENDS SCHOOL101 SCHOOL LANE WILMINGTON,DE 19803	51-0064310	501(C)(3)	87,751				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILMINGTON HEAD START INC100 W 10TH ST SUITE 1016 WILMINGTON,DE 19801	51-0276298	501(C)(3)	6,096				OPERATIONS
WILMINGTON MONTESSORI SCHOOL FINANCIAL AID1400 HARVEY ROAD WILMINGTON,DE 19810		501(C)(3)	15,032				OPERATIONS
WILMINGTON SENIOR CENTER1901 NORTH MARKET STREET WILMINGTON,DE 19802	51-0078398	501(C)(3)	140,987				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOUNDED WARRIOR PROJECT7020 AC SKINNER PARKWAY SUITE 100 JACKSONVILLE,FL 32256	20-2370934	501(C)(3)	6,302				OPERATIONS
YMCA - PA KENNETT AREA 101 RACE STREET KENNETT SQUARE,PA 193483165		501(C)(3)	7,010				OPERATIONS
YMCA - PA WEST CHESTER BRANCHONE EAST CHESTNUT STREET WEST CHESTER,PA 19380		501(C)(3)	10,495				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF DELAWARE100 WEST 10TH ST SUITE 1100 WILMINGTON,DE 19801	51-0065748	501(C)(3)	215,078				OPERATIONS
YMCA OF DELAWARE (CENTRAL)501 WEST 11TH STREET WILMINGTON,DE 19801		501(C)(3)	76,424				OPERATIONS
YWCA DELAWARE100 W10TH ST SUITE 515 WILMINGTON,DE 198016604	51-0064344	501(C)(3)	223,390				OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHELLE A TAYLOR, PRESIDENT AND CEO	(i)	237,796	0	0	13,516	8,749	260,061	0
	(ii)	0	0	0	0	0	0	0
2 JEROME P HUNTER, VP OPERATIONS AND CFO	(i)	132,909	0	0	3,987	13,885	150,781	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF DELAWARE INC	51-0073399

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS HANDED OUT AT THE BENEFITS MEETING ANNUALLY MANAGEMENT AND EMPLOYEES ARE REQUIRED TO READ THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS POTENTIAL CONFLICTS ARE CONSIDERED BY MANAGEMENT AND THE BOARD OF DIRECTORS SO THAT APPROPRIATE RESPONSES OR COURSES OF ACTION CAN BE ESTABLISHED
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS A WRITTEN COMPENSATION POLICY WHICH REQUIRES TOP LEVEL MANAGEMENT SALARIES TO BE REVIEWED AND APPROVED BY INDEPENDENT BOARD MEMBERS ANY DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF THE BOARD COMPENSATION LEVELS ARE COMPARED TO THOSE FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST ADDITIONALLY, FORM 990 IS AVAILABLE ON GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	ACTUARIAL CHANGE IN FUNDED STATUS OF OTHER POST EMPLOYMENT BENEFITS PLAN -28,842
FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S PROCESS GOVERNING OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR, MANAGED BY THE AUDIT COMMITTEE, HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990 PAGE 1, ITEM B	FORM 990 HAS BEEN AMENDED TO UPDATE THE BOARD OF DIRECTORS LISTING AND TO PROVIDE ADDITIONAL INFORMATION ABOUT THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) DELAWARE HELPLINE INC 900 N KING ST NO 300 WILMINGTON, DE 19801 51-0376406	CRISIS ALLEVIATION AND INFORMATION AND REFERRAL SERVICE	DE	501(C)(3)	170(B)(1) (A)(VI)		Yes	

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELAWARE HELPLINE INC	B	159,163	ACTUAL AMOUNT PAID

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation