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Department of the Treasury Internal Revenue Service

Return of Organization Exemple Confidence Tax
Under section 501(c), 527, or 4947(a)(1) of the Internation de (except black lung benefit trust or private for to satisfy

de (except black lung

Inspection

and state reporting requirements. ► The organization may have to use a copy of this return,

Open to Public

АГ	or m	e 2009 Calendar year, or tax year beginning	211139					
B c	heck if	Please C Name of organization		D Employer identi	fication number			
	∩Addre	ss label or that the EOLIND A DITON.						
片	_chang Name	type		E 1	C01 E0 4 C			
늗	Jchang Initial	B Doilig Dualitess As	m/suite	E Telephone numb	6015046			
\vdash	_return Terma	Constitution Cons	Jiivsuile	•	-658-7691			
F	ated Amen	ded tions 0.		G Gross receipts \$	117,714,425.			
	Jreturn Applic			H(a) Is this a group				
_	Jtión pendii		ת	for affiliates?	Yes X No			
		same as C above		H(b) Are all affiliates i				
ı T	ax-ex	empt status			a list (see instructions)			
		te: N/A		H(c) Group exempt				
			L Year o		M State of legal domicile: DE			
	rt I	Summary			<u></u>			
	1	Briefly describe the organization's mission or most significant activities. Promot.	ing	higher edu	cation in			
Governance		Delaware by making targeted grants to the						
Ē		Check this box if the organization discontinued its operations or disposed						
o e		Number of voting members of the governing body (Part VI, line 1a)		3	_			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5			
Activities &	5	Total number of employees (Part V, line 2a)		5				
Viţi	6	Total number of volunteers (estimate if necessary)		6				
cti	7a	Total gross unrelated business revenue from Part VIII, colonia (O) Time VED		7:	7,358.			
	b	Net unrelated business taxable income from Form 99p T, the 34 ETV ED		71	4,823.			
		S		Prior Year	Current Year			
<u>.</u>	8	Contributions and grants (Part VIII, line 1h)						
eu		Program service revenue (Part VIII, line 2g)						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>14,348,799</u>	<u>-4,864,364.</u>			
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10 GDEN, UT						
_	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	<u>14,348,799</u>				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,705,301	. 16,620,000.			
i	14	Benefits paid to or for members (Part IX, column (A), line 4)						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		152,511	<u>. 157,086.</u>			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)						
×		Total fundraising expenses (Part IX, column (D), line 25)	_					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<u>1,848,185</u>				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	9,705,997				
_ v	19_	Revenue less expenses. Subtract line 18 from line 12		<u>24,054,796</u>				
Net Assets or Fund Balances				inning of Current Year				
Base		Total assets (Part X, line 16)	<u>1</u>	76,910,209				
팔림		Total liabilities (Part X, line 26)		1,487,617				
	<u>22</u> rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		<u>75,422,592</u>	. 196,950,567.			
Га		Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and state	temente a	nd to the best of my knowle	adde and helief it is true, correct			
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kn	nowledge	a d	rage and benef, it is true, correct,			
C:		1. dus Poussell		I Mai	+ 12,2010			
Sign		Sugnature of officer		Date	TAINO			
Here	,	G. ARNO LOESSNER, PHD, SECRETARY/TREASU	סעס					
		Type or print name and title	KEK	-				
		Preparer's Date	Che		arer's identifying number			
Paid		signature 05/10/1	1 0 self-		P00571422			
-	arer's	Firm's name (or Cover & Rossitor P A	<u>- VI 0111</u>	EIN ► 51	0222475			
Use (Inly	self-employed), 62 Rockford Road			-v2324/5			
		address, and ZIP+4 Wilmington, DE 19806		Phone no.	(302) 656-6632			
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)								
	•				(=000)			

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Form 990 (2009) UNIDEL FOUNDATION, INC. 51-6015046 Page 3
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)?	İ		
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
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			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<u>3</u>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4		
,	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		<u> X</u>
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			••
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			v
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	40	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10	•	
•	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- ' '		
	Part VI.			
•	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			
•	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 167 If "Yes," complete Schedule D, Part VIII			
•	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		1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. -	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			••
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
	complete Schedule G, Part III	19		<u>x</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			~~~	<del></del> _

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Form 990 (2009) UNIDEL FOUNDATION, INC. 51-6015046 Page 4
Part IV Checklist of Required Schedules (continued)

	<del></del>		, —	
	Dut the susceptible and the fire one of the fire of the susceptible and the susceptibl		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		v	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	_21	_X_	
~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	- 22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	· ·			
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С				
	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) and 501(c)(4) 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		X
þ	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		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u> </u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	,	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		x
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Ī	_
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Earm (	9 <b>9</b> 0 /2	OOOO!

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За X b If "Yes," has it filed a Form 990-T for this year? If "No," 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? <u>4a</u> **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c_ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a 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 Х 7a **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 X to file Form 8282? 7¢ d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7е X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings X at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the 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

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

<u>Sec</u>	tion A. Governing Body and Management								
						Yes	<u>No</u>		
1a	Enter the number of voting members of the governing body	1a		5					
b	Enter the number of voting members that are independent	_1b		5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip wit	h any other						
	officer, director, trustee, or key employee?				2		_X_		
3	Did the organization delegate control over management duties customarily performed by or under the	he dır	ect supervision	on					
	of officers, directors or trustees, or key employees to a management company or other person?				3_		<u> </u>		
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?	1	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5		$\frac{x}{x}$		
6	6 Does the organization have members or stockholders?								
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?				<u>7a</u>		<u> </u>		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durır	ng the year						
	by the following.								
					8a	Х			
b	Each committee with authority to act on behalf of the governing body?				<u>8b</u>	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	d at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del></del>		_9_		<u> </u>		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)						
				ı		Yes	No		
	Does the organization have local chapters, branches, or affiliates?				10a		<u>X</u>		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	oters, affiliates	s,					
	and branches to ensure their operations are consistent with those of the organization?				10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing t	the form?		11	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Does the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	Х			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld g	ive rise		12b	x			
	to conflicts?								
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	* describe						
40	in Schedule O how this is done				12c	X			
13	Does the organization have a written whistleblower policy?			-	13	X			
14	Does the organization have a written document retention and destruction policy?			-	14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	•	independent			!			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,							
	The organization's CEO, Executive Director, or top management official			}	15a	X			
D	Other officers or key employees of the organization			}	15b	Х			
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		م ماخست						
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel taxable entity during the year?	HIEHK	with a	ŀ	10-	1	v		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluata	te participat	.on	16a		<u>X</u>		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org								
	exempt status with respect to such arrangements?	jai iiza	MOITS		16b				
ec.	tion C. Disclosure			1	וטט	I			
17	List the states with which a copy of this Form 990 is required to be filed None		<u> </u>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	I(c)(3)s only) :	available :	for				
. •	public inspection. Indicate how you make these available. Check all that apply.	. (50	. (U)(U)U UI IIY) (	unavie	٠,				
	Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	Conflic	ct of interest i	onliev an	d fina	ncıal			
-	statements available to the public	IIII	z. or interest p	Joney, all	a	aı			
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the	organizati	on 🖿				
-	G. ARNO LOESSNER - 302-658-7691			gut	J., 🏴	<del></del>			
	1201 N. MARKET ST., STE 505, WILMINGTON, DE 19801								

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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, and 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 the organization did not c	ompensate an	у сь	ırren	it off	ficer	, dir	ecto	r, or trustee		<del>-</del>	
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(c	heck	k all	that	app	ly)	compensation	compensation	amount of	
	per	Ę						from	from related	other	
	week	direc				2		the	organizations	compensation	
		lee or	stee			TS.		organization	(W·2/1099·MISC)	from the	
		Individual trustee or director	Institutional trustee		Key employee	Ē		(W·2/1099-MISC)		organization and related	
		Mena	碧	동	ᄩ	o st	ig I			organizations	
		直	Inst	Officer	Key	Highest compensated employee	퉏			Organizations	
IRENEE DU PONT, JR.		_	_				$\vdash$				
PRESIDENT	2.00	X		!			İ	0.	0.	0.	
ANDREW B. KIRKPATRICK, J				Г		$\Box$					
VICE PRESIDENT	2.00	X						0.	0.	0.	
RICHARD L. SUTTON, ESQ.					Г						
TRUSTEE	2.00	X						0.	0.	0.	
DAVID D. WAKEFIELD											
TRUSTEE	2.00	X			L			0.	0.	0.	
ROBERT W. GORE, Ph.D.											
TRUSTEE	2.00	X		Ш	<u> </u>	<u> </u>		0.	0.	0.	
G. ARNO LOESSNER, PHD.					İ				_		
SECRETARY-TREASURER	25.00	<u> </u>	<u> </u>	X	<u> </u>			104,929.	0.	8,394.	
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Section B. Independent Contractors

the organization? If "Yes," complete Schedule J for such person

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Eagle Capital Management, LLC	Investment	<del></del>
499 Park Ave #17, New York, NY 10022	Management	298,025.
<b>-</b>	Investment	
	Management	237,530.
Friess Associates, LLC	Investment	
P.O. Box 4166, Greenville, DE 19807	<u>Management</u>	213,985.
	Investment Custody	
Market Street, Wilmington, DE 19801	and Transaction Proc	168,461.
Fund Evaluation Group, 201 E. 5th Street,	-	
Suite 1600, Cincinnati, OH 45208	Investment Advisory	113,469.
<ul> <li>Total number of independent contractors (including but not limited to those liste \$100,000 in compensation from the organization ►</li> </ul>	d above) who received more than	

art		2009) UNID	EL FOUNDA enue				51-6015	046 Page
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>\$</b> 1	1 a	Federated campaigns	. 1a					
and other similar amounts	b	Membership dues	1b					
E	С	Fundraising events	1c					
ā	d	Related organizations	1d					
Ē	е	Government grants (contribu	rtions) 1e					
S	f	All other contributions, gifts, gra-	nts, and					
휲		similar amounts not included abo	ove 1f					
	g	Noncash contributions included in line	es 1a-1f \$					
ē	h	Total. Add lines 1a-1f						
				Business Code				
2	2 a							
a	b							-
ᇍ	С							. = -
ě	d				-		, <u>-</u>	
Revenue	е				<del>-</del>			
İ	f	All other program service rev	enue	- "				
		Total. Add lines 2a-2f	,	<b>•</b>				
		Investment income (including	dividends, intere	est, and				
		other similar amounts)	•	<b>•</b>	5829923.		7,358.	_5,822,56
4	ŀ	Income from investment of ta	ax-exempt bond p	roceeds				
5	5	Royalties		•				
]		,	(i) Real	(ii) Personal				
6	à a	Gross Rents	17,100	(.,, : 0.00.1.a.				
`		Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
١,	_	Gross amount from sales of	(i) Securities	(ii) Other	· <u></u>			-
<b>'</b>	a	assets other than inventory	111,884,502,	(ii) Other				
		Less: cost or other basis	111,004,502.	-				
	U	and sales expenses	100 570 700					
	_	•	122,578,789.					
		Gain or (loss)  Net gain or (loss)	-10,694,287,		10 604 207			10 504 00
١,		Gross income from fundraisir	na avanta (nat		-10,694,287,			-10,694,28
i   °	, a	including \$						
<u> </u>		contributions reported on line	_					
		· · · · · · · · · · · · · · · · · · ·	-					
<u> </u>	_	Part IV, line 18	a					
5		Less direct expenses	b			ļ		
_		Net income or (loss) from fun	_			-		
9	, a	Gross income from gaming a			İ			
ĺ	L	Part IV, line 19	а					
		Less direct expenses	b				-	
		Net income or (loss) from gar	-					
10	а	Gross sales of inventory, less				1		
1		and allowances	a .	<u> </u>				
1		Less cost of goods sold	b	<u> </u>				
$\vdash$	С	Net income or (loss) from sale		<b>•</b>				
$\vdash$		Miscellaneous Revenu		Business Code				
11	a		<del></del>					
	Ь							
	С							
	d	All other revenue						
1	е	Total. Add lines 11a-11d		▶				
		Total revenue. See instructions.		L	-4,864,364,	0.	7,358.	-4.871.72

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to comple	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	16,620,000.	16,620,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				· · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16			-	
4	Benefits paid to or for members				_
5	Compensation of current officers, directors,	112 202		112 202	
_	trustees, and key employees	113,323.		113,323.	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	20 000		30 000	
-	persons described in section 4958(c)(3)(B)	30,900.		30,900.	
7	Other salaries and wages Pension plan contributions (include section 401(k)		·		
8	and section 403(b) employer contributions)	2,472.		2,472.	
9	Other employee benefits	2,412.			
10	Payroll taxes	10,391.	-	10,391.	
11	Fees for services (non-employees)	10,331.		10,391.	
'' a	Management				
b	Legal	10,657.		10,657.	
	Accounting	16,155.		16,155.	
d	Lobbying	20/2001		10/1331	
e	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees	1,049,937.		1,049,937.	
g	Other	113,469.		113,469.	
12	Advertising and promotion				
13	Office expenses	4,577.		4,577.	
14	Information technology				
15	Royalties				
16	Occupancy	26,612.		26,612.	
17	Travel			,	
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	1 600		1 602	
23	Insurance	1,693.		1,693.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.) Parking	2,310.		2,310.	
a	Payroll preparation fee	1,312.		1,312.	
D		1,314.		1,314.	<del></del>
c d			· <u>-</u>		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	18,003,808	16,620,000.	1,383,808.	0.
26	Joint costs. Check here Juf following			2,000,000	
	SOP 98-2. Complete this line only if the organization	Ì			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				0013040 Tage 11
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		30,760.	_1	80,714.
	2	Savings and temporary cash investments		20,941,901.	2	3,795,667.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L		6		
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other	]			
		basis Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation	10b	7	10c	
	11	Investments - publicly traded securities	122,263,507.	11	164,244,795.	
	12	Investments other securities See Part IV, line	32,972,878.	12	37,818,328.	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	701,163.	15	307,189.	
	16	Total assets. Add lines 1 through 15 (must equ	176,910,209.	16	206,246,693.	
	17	Accounts payable and accrued expenses	307,225.	17	169,620.	
	18	Grants payable		18	9,000,000.	
	19	Deferred revenue		19	-	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director				-
apil		highest compensated employees, and disqualifi				
Ï	ľ	of Schedule L	·		22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities Complete Part X of Schedule D	•	1,180,392.	25	126,506.
	26	Total liabilities, Add lines 17 through 25		1,487,617.	26	9,296,126.
		Organizations that follow SFAS 117, check he	ere X and complete			
S		lines 27 through 29, and lines 33 and 34.				
ĕ	27	Unrestricted net assets		811,392.	27	687,444.
ala	28	Temporarily restricted net assets			28	
Q B	29	Permanently restricted net assets		174,611,200.	29	196,263,123.
<u>.</u> 5		Organizations that do not follow SFAS 117, cl	heck here   and			
<u></u>		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
\SS(	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
et A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		175,422,592.	33	196,950,567.
	34	Total liabilities and net assets/fund balances		176,910,209.	34	206,246,693.

Form **990** (2009)

<u>Forn</u>	1990 (2009) UNIDEL FOUNDATION, INC. 51-601	<u>.5046</u>	Pa	geı∠
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			1
	Act and OMB Circular A-133?	3a		X
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		<u> </u>
		Form	990 (	2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

# **Public Charity Status and Public Support**

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Employer identification number

				FOUNDATION,	INC.					51	<u>L-60150</u>	)46
Pai	rt I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions			
The o	organ	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)				
1		A church, co	onvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i	).			
2		A school de	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital of	r a cooperative hosp	ital service organization	descnbed	ın section	170(b)(1)	(A)(iii).				
4		A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's	name,
		city, and sta	te			_						
5		An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	ıt describe	ed in	
		section 170	0(b)(1)(A)(iv). (Compl	ete Part II.)								
6		A federal, st	ate, or local governm	ent or governmental uni	t describe	d in sectio	on 170(b)(	1)(A)(v).				
7		An organizat	tion that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic descri	bed in
		section 170	(b)(1)(A)(vi). (Comple	ete Part II)								
8		A communit	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizat	tion that normally red	eives. (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, an	d gross rece	pts from
		activities rela	ated to its exempt fu	nctions - subject to certa	ıın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	support 1	from gross ir	vestment
		income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anızatıon a	fter June 30	, 1975.
		See section	509(a)(2). (Complete	e Part III.)								
10 ļ	_	An organizat	tion organized and of	perated exclusively to te	st for publ	ıc safety. ઉ	See <b>sectio</b>	n 509(a)(4	<b>4)</b> .			
11 L	X	_	-	perated exclusively for the		=				•	•	
				ations described in secti				2) See see	ction 509(	a)(3). Che	ck the box t	nat
				organization and compl		•						
r	1	a L Type	<del></del>	•			tionally inf	•			Type III · Ot	
e	X	-		at the organization is not			_	_				
			_	han one or more publicly		_				9(a)(1) or s	ection 509(a	ı)(2).
f				ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
			organization, check th		<b>5</b> 1		_			•		لـــا
g		_		organization accepted ar			-		•		Γ.	V N-
				irectly controls, either al	one or tog	etner with	persons c	escribed	ın (II) and (	iii) below,		Yes No X
		_		upported organization?					•		11g(i)	X_
		• •	•	n described in (i) above? person described in (i) (		2					11g(ii) 11g(iii)	X
h			-	about the supported or							[ 1 1 <u>9</u> (11)]	
"		r tovide tile i	ollowing information	about the supported on	yanızanon	(5)						
/:> A	lomo	of our ported	/::> FIN	(iii) Type of	(iv) Is the o	rnanization	(v) Did you	notify the	(vi) Is	the T	(v::\ Amo	unt of
י ניו)		of supported nization	(ii) EIN	organization	in col. (i) lis			ion in col.	l organizáti	on in col.	(vii) Amo suppo	
	o.gu			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	2 " " "	оорр	
				(see instructions))	Yes	No	Yes	No	Yes	No		
JNI	VE	RSITY										
F	DE	LAWARE	51-6000297	2	x		х		Х		762	20000.
						<u></u>						
									<u></u>	_		
		<del></del> .							<del> </del>			
											7 (00	
otal			<u> </u>	<u> </u>	L		L		L		7,620	<u>,000.</u>

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

	art II Support Schedule for	Organizations	Dogarihad is	Soctions 170	/b\/4\/A\/ii\ an	d 470(b)/4\/A\/	Page 2
<b>P</b>	Support Schedule for (Complete only if you checked				(b)(1)(A)(IV) an	α τουβομτομΑρι	71)
<u>-</u>	ction A. Public Support	THE DOX OH line t	, 7, 01 8 01 Pat 1.	<del>'</del>			<del></del>
		(a) 2005	(b) 2006	(=) 2007	(4) 2008	(-) 2000	(6) Total
	endar year (or fiscal year beginning in)	(a) 2003	(6) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
,	Gifts, grants, contributions, and membership fees received (Do not						•
	include any "unusual grants ")						
_				<del></del>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	<del></del>			<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
4	Total. Add lines 1 through 3				<u></u>	ļ <del></del>	
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)					<u>L</u> .	
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	<del></del>	ı	12	
	First five years. If the Form 990 is for	•	•	rd. fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop	<del>-</del>	,,,,	,,	,	(-)(-)	
Se	ction C. Computation of Publi		rcentage				
14	Public support percentage for 2009 (li	ne 6, column (f) d	vided by line 11,	column (f))		14	%
	Public support percentage from 2008			\ <i>''</i>		15	%
	33 1/3% support test - 2009.If the or			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies a					·	ightharpoonup
b	33 1/3% support test - 2008.If the or				line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization quali					,	ightharpoonup
17a	10% -facts-and-circumstances test				e 13, 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"				·		<b>▶</b>
۲	10% -facts-and-circumstances test				-	17a and line 15 is 1	10% or
~	more, and if the organization meets th						
	organization meets the "facts-and-circ				· · · · · · · · · · · · · · · · · · ·		<b>.</b>
				,	,		

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 O	rganizations	Described in	Section 509(a	(Complete only	rf you checked the	box on line 9 of Part
		7,0000	T	T		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")	<u> </u>			<del> </del>	<del></del>	
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		· <del></del>				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		<u> </u>				_
ization'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	. <u></u> .					
8 Public support (Subtract line 7c from line 6)		İ				
Section B. Total Support				·		
alendar year (or fiscal year beginning in)▶_	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
loa 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	<del></del>		<u>-</u>			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)	<del></del>					<del>                                     </del>
4 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d. fourth, or fifth t	ax vear as a section	n 501(c)(3) organ	nization
check this box and stop here						
ection C. Computation of Public	Support Pe	rcentage		_		
5 Public support percentage for 2009 (lin	e 8, column (f) d	ivided by line 13, o	xolumn (f))		15	
6 Public support percentage from 2008 S					16	
ection D. Computation of Invest				<del></del> -		
7 Investment income percentage for 200			ne 13, column (f))		17	
8 Investment income percentage from 20				Į	18	
9a 33 1/3% support tests - 2009. If the o	rganızatıon did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this box and	•	-	•			▶□
<b>b 33 1/3% support tests - 2008.</b> If the o						
line 18 is not more than 33 1/3%, check					-	<b>∙ ▶</b> <u>∟</u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins	tructions	<u> </u>

### Schedule D

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Employer identification number Name of the organization UNIDEL FOUNDATION, 51-6015046 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 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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)? In Part XIV, 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 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, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		FOUNDATION				<u>51-60</u>		
Pai	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asset	S (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant i	use of its o	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	· ·	-	•		se in Part	XIV	
5	During the year, did the organization solicit of				ar assets		1	
	to be sold to raise funds rather than to be m						Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if organization ar	nswered "Yes" to Fo	rm 990, Pa	rt IV, line 9	), or	
	reported an amount on Form 990, Pa	- · · · <del>- · · · · · · · · · · · · · · ·</del>			<del></del> :			
та	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other assets no	t included		1	<b></b>
_	on Form 990, Part X?		U			<u> </u>	Yes	∟ No
D	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table				<u> </u>	
_	Pogunnung belangs				4.		Amount	
c بہ	Beginning balance	•			1c	·		
ů	Additions during the year Distributions during the year				1d			
f	Ending balance				1e 1f			
) 2a	Did the organization include an amount on F	orm 990 Part X line	212		<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIV	omi ooo, i ar x, inc	<b>-</b> 1:			<u> </u>	1165	140
Par		f the organization and	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	175,156,876.	278,129,108.		(4)		<u> </u>	
b	Contributions							
С	Net investment earnings, gains, and losses	38,577,895.	-93,969,655.					
d	Grants or scholarships	7620000.	9555301.		-			
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	382,487.	280,460.					
g	End of year balance	205,732,284.	175,156,876.					
2	Provide the estimated percentage of the year	r end balance held a	s.					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С		%						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the organiz	ation	_	<del></del>
	by.							es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations		- 0-1				3a(ii)	X_
Þ	If "Yes" to 3a(ii), are the related organizations						3b	
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building			Part V line 10				
, u.		(a) Cost or ot				<del>_</del>	(d) Dook	
	Description of investment	basis (investm	1		ccumulate preciation	ď	(d) Book v	/alue
12	Land	545.5 (11705111	, 54013	(, ue	F. 001011011	-		
	Buildings					_		
	Leasehold improvements					_		
	Equipment			1		-		
	Other			-		$\neg$		
	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (B) line 1	O(c) )	_			0.

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

932053 02-01-10

	dule D (Form 990) 2009 UNIDEL FOUNDATION, INC.	A d :			1 04-4		6015046	Page 4
Pa	t XI   Reconciliation of Change in Net Assets from Form 990 to	Auar	tea Fi	nancia	II State	emen		<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			<u> </u>	1		-4,864	
2	Total expenses (Form 990, Part IX, column (A), line 25)			<u> </u>	2		18,003	
3	Excess or (deficit) for the year Subtract line 2 from line 1			<u> _</u> ;	3		<u>-22,868</u>	
4	Net unrealized gains (losses) on investments			<u> </u>	1		44,396	<u>5,147.</u>
5	Donated services and use of facilities				5			
6	Investment expenses .				3			
7	Prior period adjustments				7			
8	Other (Describe in Part XIV.)				3			
9	Total adjustments (net) Add lines 4 through 8				•		44,396	5,147.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	_		0		21,527	
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	/ith Ro	evenu	e per R	leturi	n	
1	Total revenue, gains, and other support per audited financial statements					1	38,481	1,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					_		
а	Net unrealized gains on investments	2a	44	. 396	,147.		i	
ь	Donated services and use of facilities	2b				1		
c	Recoveries of prior year grants	2c				1		
ď	Other (Describe in Part XIV )	2d				1		
e	Add lines 2a through 2d					2e	44,396	147.
3	Subtract line 2e from line 1					3	-5,914	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						3,51	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l .					
b	Other (Describe in Part XIV.)	4b	1	049	937.	1		
	Add lines 4a and 4b			, 0 4 2	, , , , , ,	4c	1 0/4	9,937.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	-4,864	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With F	xpens	es ner			<u> </u>
1	Total expenses and losses per audited financial statements			жропч	pu	1	16,953	8 871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					<b>-</b>	10,555	,,0,1.
a	Donated services and use of facilities	2a	l					
b	Prior year adjustments	2b				1		
c	Other losses	2c	<del> </del>			1		
d	Other (Describe in Part XIV)	2d				1		
	Add lines 2a through 2d	_ <u>Z</u> d	L	-		٠.		Ω
3	Subtract line 2e from line 1					2e 3	16,953	0.071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						10,955	0,071.
-	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-	I					
	Other (Describe in Part XIV.)	4a 4b	1,	049	937			
b	Add lines 4a and 4b	_ 4D_	L	, 049	331.	4-	1 040	027
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					4c	18,003	937.
	t XIV Supplemental Information					5_	10,003	, 000.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	lines	1a and	4 Part I	/ lines 1	h and	2h Part V lin	e / Part
	2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp							C 7, 1 alt
	t V, line 4: Unidel's endowment funds gene							
		<u> </u>	<u> </u>	<u></u>	1001110		cu ror	
gra	nts to the University of Delaware in accor	rdan	ce w	vith	the	ter	ms of	
Uni	del's founding documents.							
<u>Par</u>	t X: The Foundation has adopted the provis	sion	s of	FAS	B			
			_					
Int	erpretation No. 48 "Accounting for Uncerta	aint	y ir	Inc	ome	Tax	es".	
Mar	agement continually evaluates uncertain to	ax p	osit	ions	and	_ex	piring	
		-						-
Sta	tutes of limitations, audits, proposed set	<u>tle</u>	ment	s, c			<u>in tax</u> dule D (Form	
932054 02-01-	10					JU1156	adio D (FOITH	230) <u>2003</u>

Schedule D (Form 990) 2009 UNIDEL FOUNDATION, INC.	51-6015046 Page 5
Part XIV Supplemental Information (continued)	
and new authoritative rulings, as applicable. Managemen	t's evaluation is
that there is no significant income tax liability. This	evaluation is
based on settled and established positions within the In	
Code and management believes there is no significant unc	ertainty related
to its evaluation.	
	<del></del>

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" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2009 2009 Open to Public	Inspection
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Employer identification number 51-6015046 þ 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 INC UNIDEL FOUNDATION, General Information on Grants and Assistance Name of the organization Parti

criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for moni	toring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the org	anization answered ">	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check the	s box if no one recipier	nt received more th	ian \$5,000 Use Pa	art IV and Schedule I.	(Form 990) if addition	al space is needed
1 (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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Delaware						Multi-year Pledge for	Support of higher education in Delaware in
116 Hullihen Hall Newark, DE 19716	51-6000297	501(c)(3)	7,620,000	Fair 9,000,000, Value	Fair Market Value	Faculty Chair Endowment.	accordance with Unidel's mission.
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	and government or s	ganizations					1.
۔ ا	ction Act Notice,	see the Instructions	for Form 990.	:			Schedule I (Form 990) 2009

Page 2

51-6015046

UNIDEL FOUNDATION, INC

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009

## SCHEDULE O

**Supplemental Information to Form 990** 

(Form 990) Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury

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OMB No 1545-0047
2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

UNIDEL FOUNDATION, INC.

Employer identification number 51-6015046

Form 990, Part VI, Section B, line 11: Draft versions of the Form 990 are distributed to all board members for approval prior to filing.

Form 990, Part VI, Section B, Line 12c: Unidel has no connections or ties with organizations in which its Trustees or employees have a financial interest. The University of Delaware has been the only beneficiary of Unidel's grants.

Form 990, Part VI, Section B, Line 15: Unidel's Trustees are all independent of both the Secretary / Treasurer and the Office Manager (Unidel's only paid employees). Annually, the Trustees will make compensation decisions for Unidel employees by approving the annual budget. The Secretary / Treasurer recommends the compensation of the Office Manager. Employees are not present when votes on compensation decisions are taken, and those votes are formally documented in the meeting minutes within one week of the meeting. The Trustees' decisions are based on their assessment of employee performance and knowledge and experience with compensation practices of other comparable organizations.

Form 990, Part VI, Section C, Line 19: While it is Unidel's understanding that there currently exists no legal requirement to make governing documents, conflict of interest policies or audited financial statements publicly available, the matter has not been considered, beacuse Unidel has not received a request for information of this type. If such requests should be received, they will be evaluated by the Trustees on a

<u>Case-by-case basis.</u> In <u>general</u>, the <u>Trustees believe that the information</u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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### **SCHEDULE O**

(Form 990) '

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

	of the ord	ganiza 	ition	UI	NIDE	_ F(	OUNI	DATION,	INC	•					loyer identification number L – 6015046
con	taine	d i	in I	Form	990	is	suf	ficient	to.	meet	the	intere	sts	of	transparency,
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 51-6015046 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets status (if section Public charity 501(c)(3)) 509(a)(1) School Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income Exempt Code section € 501(c)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>છ</u> Delaware post-secondary education Accredited University -Primary activity Primary activity UNIDEL FOUNDATION, INC. University of Delaware - 51-6000297 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Newark, DE 19716 116 Hullihen Hall Part Part II

Schedule R (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

51-6015046

Page 2

Schedule R (Form 990) 2009 UNIDEL FOUNDATION, INC.

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

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ê Code V-UBI amount in box 20 of Schedule 4 K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) Share of total income ε (d)
I Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity Primary activity € Legal domicile (state or foreign country) <u>ပ</u> Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization æ 932162 02-04-10 Part IV

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# Schedule R (Form 990) 2009 UNIDEL FOUNDATION, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

ale .	xx year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note. Complete line 1 if any entity	1 During the tax year, did the or

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
  - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s) Exchange of assets ے
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
  - Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
  - Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- 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.

(b) (c) Transaction Amount involved	type (a-r)
(a) Name of other organization(s)	

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Schedule R (Form 990) 2009

51-6015046 Page 4

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Schedule R (Form 990) 2009 UNIDEL FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

inat was not a related organization. See instructions regarding excussion to refair investment partitions.	usion for certain investment partners	Schille					
(a)	(q)		( <del>Q</del>	(e)		(6)	
Name, address, and EIN	Primary activity		Are all partners section 50 1/c)(3)	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets	ons?	of Schedule K-1	parti
		/( mmoo	Yes No		Yes	(con mod)	Yes
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Schedule R (Form 990) 2009