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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 country, and ZIP + 4
WILMINGTON, DE 198012247

D Employer identification number
51-0073399

E Telephone number
(302) 573-3700

G Gross receipts $ 20,948,012

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 affiliates? ☐ Yes ☑ No

H(b) Are all affiliates 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**	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	39
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	56
6	Total number of volunteers (estimate if necessary)	**6**	8,300
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)	18,578,750	18,812,487
9	Program service revenue (Part VIII, line 2g)	1,415,419	1,821,175
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,377	166,036
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,503	146,707
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,257,049	20,946,405
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,431,823	15,382,398
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)	2,243,989	2,227,363
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,889,179		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,976,621	4,039,687
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,652,433	21,649,448
19	Revenue less expenses Subtract line 18 from line 12	-395,384	-703,043

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	24,875,068	23,692,145
21	Total liabilities (Part X, line 26)	10,330,934	9,626,143
22	Net assets or fund balances Subtract line 21 from line 20	14,544,134	14,066,002

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-02-17
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANK T DEFRODA CPA		2014-02-17		P01541069

Firm's name ▶ BARBACANE THORNTON & COMPANY LLP | Firm's EIN ▶ 51-0229493

Firm's address ▶ 200 SPRINGER BLDG 3411 SILVERSIDE RD
WILMINGTON, DE 198104866 | Phone no (302) 478-8940

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 $ 9,732,655 including grants of $ 6,446,500) (Revenue $ 889,762)

UNITED WAY OF DELAWARE CONNECTS THOSE WHO CAN HELP WITH THOSE WHO NEED HELP THROUGH INVESTMENTS IN PROGRAMS THAT FOCUS ON EDUCATION, INCOME AND HEALTH, UNITED WAY OF DELAWARE IS HELPING TO MAKE DELAWARE'S COMMUNITIES STRONGER, HEALTHIER AND BETTER PLACES TO LIVE AND WORK

4b (Code) (Expenses $ 5,881,974 including grants of $ 5,881,974) (Revenue $ 613,094)

MONEY DESIGNATED TO AGENCIES WITHIN DELAWARE

4c (Code) (Expenses $ 3,053,924 including grants of $ 3,053,924) (Revenue $ 318,319)

MONEY DESIGNATED TO AGENCIES OUTSIDE DELAWARE

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 18,668,553

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 assistance to any organization or entity located outside the United States? *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 assistance to individuals located outside the United States? *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		No
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 and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States 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 25*	**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) 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**		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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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 to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
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	56		
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," 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 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 at any time during the year?	8			
9	**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	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 to any question 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**	40		
	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**	39		
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, physical address, and telephone number of the person who possesses the books and records of the organization

▶JEROME P HUNTER 625 NORTH ORANGE STREET LINDEN WILMINGTON, DE (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 to any question 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			
See Additional Data Table										

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)** . . . . . ▶								347,275	0	37,150

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 to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 18,812,487				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		18,812,487			
Program Service Revenue		Business Code				
	2a DONOR CHOICE ADMIN FEES	561000	931,413	931,413		
	b IT COLLABORATIVE FEES	561000	275,280	275,280		
	c TRUST INCOME	561000	272,878	272,878		
	d PROGRAM REIMBURSEMENTS	561000	170,805	170,805		
	e MEMBER AGENCY UNEMPLOYMENT FEES	561000	170,799	170,799		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,821,175			
	3 Investment income (including dividends, interest, and other similar amounts)		167,643			167,643
	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	578 / 1,029				
	c Gain or (loss)	-578 / -1,029				
	d Net gain or (loss)		-1,607			-1,607
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	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	146,707			146,707
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		146,707			
	12 **Total revenue.** See Instructions		20,946,405	1,821,175	0	312,743

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 to any question 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 governments and organizations in the United States See Part IV, line 21	15,382,398	15,382,398		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	338,366	43,585	108,539	186,242
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	1,446,549	182,290	440,703	823,556
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,497	15,995	47,734	41,768
9 Other employee benefits	204,916	31,069	92,718	81,129
10 Payroll taxes	132,035	21,606	37,366	73,063
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	34,990	5,963	10,512	18,515
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	29,852	5,088	8,968	15,796
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	176,575	30,094	53,048	93,433
12 Advertising and promotion				
13 Office expenses	347,481	54,416	66,682	226,383
14 Information technology	30,195	6,356	7,051	16,788
15 Royalties . .				
16 Occupancy	166,804	19,239	37,708	109,857
17 Travel	163,804	20,764	38,338	104,702
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	231,226	62,431	71,680	97,115
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 FISCAL AGENCY PROGRAM D	2,155,722	2,155,722		
b IT COLLABORATIVE EXPENS	338,600	338,600		
c UNITED WAY AMERICA DUES	157,140	157,140		
d UNEMPLOYMENT DISTRIBUTI	119,489	119,489		
e All other expenses	87,809	16,308	70,669	832
25 **Total functional expenses.** Add lines 1 through 24e	21,649,448	18,668,553	1,091,716	1,889,179
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 to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,450,927	1	1,753,561
	2	Savings and temporary cash investments		9,943,633	2	9,949,616
	3	Pledges and grants receivable, net		5,927,460	3	4,930,001
	4	Accounts receivable, net		89,796	4	135,908
	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		82,705	9	135,079
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,511,218			
	b	Less accumulated depreciation	10b 3,821,246	1,739,352	10c	1,689,972
	11	Investments—publicly traded securities		2,704,981	11	3,120,997
	12	Investments—other securities See Part IV, line 11		1,828,173	12	1,836,361
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		108,041	15	140,650
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,875,068	16	23,692,145
Liabilities	17	Accounts payable and accrued expenses		705,271	17	601,600
	18	Grants payable		7,046,508	18	7,518,483
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		2,579,155	21	1,506,060
	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		10,330,934	26	9,626,143
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		8,739,591	27	8,568,387
	28	Temporarily restricted net assets		5,134,864	28	4,827,936
	29	Permanently restricted net assets		669,679	29	669,679
		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		14,544,134	33	14,066,002
	34	Total liabilities and net assets/fund balances		24,875,068	34	23,692,145

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,946,405
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,649,448
3	Revenue less expenses Subtract line 2 from line 1	3	-703,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,544,134
5	Net unrealized gains (losses) on investments	5	192,545
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	32,366
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,066,002

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h 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 in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	23,389,597	21,722,566	21,802,319	18,578,750	18,812,487	104,305,719
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	23,389,597	21,722,566	21,802,319	18,578,750	18,812,487	104,305,719
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)						5,903,222
6 **Public support.** Subtract line 5 from line 4						98,402,497

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	23,389,597	21,722,566	21,802,319	18,578,750	18,812,487	104,305,719
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	170,968	258,702	42,652	85,154	167,643	725,119
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)	1,958,504	290,276	133,604	134,503	146,707	2,663,594
11 **Total support** (Add lines 7 through 10)						107,694,432

12 Gross receipts from related activities, etc (see instructions)	12	6,375,602

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	91 370 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	91 340 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** 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 IV 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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. ▶ See separate instructions.

OMB No 1545-0047

2012

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 contributions to (during year)		
3	Aggregate 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) Revenues 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 Revenues 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? ☐ 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	1,700,957	1,851,915	1,588,916	1,283,421	1,841,379
b	Contributions				216,307	
c	Net investment earnings, gains, and losses	160,765	-58,877	363,556	166,327	-453,578
d	Grants or scholarships					
e	Other expenditures for facilities and programs	84,453	78,606	86,311	67,002	94,868
f	Administrative expenses	16,635	13,475	14,246	10,137	9,512
g	End of year balance	1,760,634	1,700,957	1,851,915	1,588,916	1,283,421

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 ▶ 0 %
- c Temporarily restricted endowment ▶ 0 %

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. 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		3,517,030	2,136,533	1,380,497
c Leasehold improvements				
d Equipment		1,994,188	1,684,713	309,475
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,689,972

Part VII Investments—Other Securities. 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	1,836,361	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,836,361	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(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. 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. 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. Fin 48 (ASC 740) Footnote 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

1	Total revenue, gains, and other support per audited financial statements			1	12,174,229
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	192,545		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	192,545
3	Subtract line **2e** from line **1**			3	11,981,684
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	29,852		
b	Other (Describe in Part XIII)	4b	8,934,869		
c	Add lines **4a** and **4b**			4c	8,964,721
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	20,946,405

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	12,652,361
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	-31,337		
e	Add lines **2a** through **2d**			2e	-31,337
3	Subtract line **2e** from line **1**			3	12,683,698
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	29,852		
b	Other (Describe in Part XIII)	4b	8,935,898		
c	Add lines **4a** and **4b**			4c	8,965,750
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,649,448

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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 2010, 2011 AND 2012 ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XI, LINE 4B - OTHER ADJUSTMENTS		DESIGNATIONS 8,935,898 LOSS ON DISPOSAL OF EQUIPMENT -1,029
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN PENSION PLAN ACTUARIAL VALUATION - 32,366 LOSS ON DISPOSAL OF EQUIPMENT (INCLUDED WITH REVENUE ON 990) 1,029
PART XII, LINE 4B - OTHER ADJUSTMENTS		DESIGNATIONS 8,935,898

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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

OMB No 1545-0047

2012

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 Governments and Organizations in the United States.

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 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
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 Individuals in the United States.** 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.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 DOOR OF HOPE3407 LANCASTER PIKE WILMINGTON,DE 19805	51-0263402	501(C)(3)	29,759				OPERATIONS
AI DUPONT HOSPITAL-NEMOURS PARTNERSHIP FOR CHILDREN'S HEALTH 1600 ROCKLAND ROAD WILMINGTON,DE 19803		501(C)(3)	8,632				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AIDS DELAWARE100 W 10TH STREET SUITE 315 WILMINGTON,DE 19801	22-2805481	501(C)(3)	20,580				OPERATIONS
ALDERGATE UNITED METHODIST CHURCH2313 CONCORD PIK WILMINGTON,DE 19803	51-0076387	501(C)(3)	11,345				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALPHA GAMMA RHO EDUCATIONAL FOUNDATION10101 NW AMBASSADOR DRIVE KANSAS CITY,KS 64153	36-6158409	501(C)(3)	10,000				OPERATIONS
ALS ASSOCIATION-GREATER PHILADELPHIA CHAPTER321 NORRISTOWN ROAD SUITE 260 AMBLER,PA 19002	23-2387205	501(C)(3)	8,362				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 STREET SUITE 100A WILMINGTON,DE 19804		501(C)(3)	26,947				OPERATIONS
AMERICAN CANCER SOCIETY-CHESTER COUNTY480 NORRISTOWN ROAD SUITE 150 BLUE BELL,PA 19422		501(C)(3)	7,575				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 CANCER SOCIETY-DELAWARE COUNTY480 NORRISTOWN ROAD SUITE 150 BLUE BELL,PA 19422		501(C)(3)	7,561				OPERATIONS
AMERICAN CANCER SOCIETY DELAWARE92 READS WAY SUITE 205 NEW CASTLE,DE 19720		501(C)(3)	136,835				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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-DELAWARE AFFILIATE INC100 W 10TH STREET SUITE 1002 WILMINGTON,DE 19801		501(C)(3)	21,264				OPERATIONS
AMERICAN HEART ASSOCIATION-DEPA AFFILIATE200 CONTINENTAL DRIVE SUITE 101 NEWARK,DE 19713	51-0072406	501(C)(3)	16,314				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 LUNG ASSOCIATION630 CHURCHMANS ROAD SUITE 202 NEWARK,DE 19702		501(C)(3)	9,847				OPERATIONS
AMERICAN RED CROSS-DELMARVA PENINSULA100 W 10TH STREET SUITE 501 WILMINGTON,DE 19801		501(C)(3)	404,542				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ANDREW MCDONOUGH B FOUNDATION101 ROCKLAND CIRCLE WILMINGTON,DE 19803	42-1741037	501(C)(3)	17,956				OPERATIONS
ARCHMERE ACADEMY3600 PHILADELPHIA PIKE CLAYMONT,DE 19703		501(C)(3)	12,500				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AUTISM DELAWARE924 OLD HARMONY ROAD SUITE 201 NEWARK,DE 19713	20-2110190	501(C)(3)	15,592				OPERATIONS
BETHEL AME CHURCH604 NORTH WALNUT STREET WILMINGTON,DE 19801		501(C)(3)	6,900				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BIG BROTHERS BIG SISTERS OF DELAWARE413 LARCH CIRCLE WILMINGTON,DE 19804		501(C)(3)	258,592				OPERATIONS
BIGGS MUSEUM OF AMERICAN ART406 FEDERAL STREET PO BOX 711 DOVER,DE 19903	51-6171556	501(C)(3)	25,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BIRTHRIGHT OF DELAWARE1311 NORTH SCOTT STREET WILMINGTON,DE 19806	23-7366927	501(C)(3)	6,024				OPERATIONS
BOY SCOUTS-DELMARVA COUNCIL-LOWER EASTERN SHORE100 W 10TH STREET SUITE 915 WILMINGTON,DE 19801		501(C)(3)	6,435				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOY SCOUTS OF AMERICA CHESTER COUNTY COUNCIL504 SOUTH CONCORD ROAD WEST CHESTER,PA 19382		501(C)(3)	10,826				OPERATIONS
BOY SCOUTS OF AMERICA DEL-MAR-VA COUNCIL INC100 W 10TH STREET SUITE 915 WEST CHESTER,DE 19801	51-0065733	501(C)(3)	136,774				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 CLUB669 SOUTH UNION STREET WILMINGTON,DE 19805	51-0068712	501(C)(3)	401,238				OPERATIONS
BRANDYWINE CONSERVANCYPO BOX 141 US ROUTE 1 CHADDS FORD,PA 19317	51-6020908	501(C)(3)	10,450				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BRANDYWINE COUNCELING INC2713 LANCASTER AVENUE WILMINGTON,DE 19805	51-0278050	501(C)(3)	27,884				OPERATIONS
BRANDYWINE VALLEY BAPTIST CHURCH7 MOUNT LEBANON ROAD WILMINGTON,DE 19803		501(C)(3)	18,850				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CANINE PARTNERS FOR LIFEPO BOX 170 COCHRANVILLE,PA 19330	23-2580658	501(C)(3)	5,980				OPERATIONS
CARR EDUCATIONAL FOUNDATIONPO BOX 4333 SAN RAFAEL,CA 94913	20-8283551	501(C)(3)	6,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 APPEAL OF PHILADELPHIA 222 NORTH 17TH STREET PHILADELPHIA,PA 19103	23-1530529	501(C)(3)	8,729				OPERATIONS
CATHOLIC CHARITIES DIOCESE OF WILMINGTON 2601 WEST 4TH STREET PO BOX 2030 WILMINGTON,DE 19805	51-0065685	501(C)(3)	384,445				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 DIOCESE OF WILMINGTONPO BOX 2030 WILMINGTON,DE 198992030	51-0095439	501(C)(3)	8,600				OPERATIONS
CATHOLIC YOUTH MINISTRIES1626 NORTH UNION STREET WILMINGTON,DE 19806		501(C)(3)	12,037				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHEER546 SOUTH BEDFORD STREET GEORGETOWN,DE 19947	51-0112599	501(C)(3)	15,993				OPERATIONS
CHESAPEAKE BAY FOUNDATION6 HERNDON AVENUE ANNAPOLIS,MD 21403	52-6065757	501(C)(3)	8,377				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHILD INC507 PHILADELPHIA PIKE WILMINGTON,DE 198092177	51-0101188	501(C)(3)	5,018				OPERATIONS
CHILDREN AND FAMILIES FIRST2005 BAYNARD BOULEVARD WILMINGTON,DE 19802	51-0065731	501(C)(3)	759,766				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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'S BEACH HOUSE 100 W 10TH STREET SUITE 411 WILMINGTON,DE 198041674	51-0070966	501(C)(3)	38,423				OPERATIONS
CHILDREN'S HOSPITAL OF PHILADELPHIA34TH CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	6,245				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHINESE AMERICAN COMMUNITY CENTER1313 LITTLE BALTIMORE ROAD PO BOX 849 HOCKESSIN,DE 19707	51-0269361	501(C)(3)	5,054				OPERATIONS
CHRIST CHURCH CHRISTIANA HUNDREDPO BOX 3510 GREENVILLE,DE 19807		501(C)(3)	27,150				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHRISTINA CARE HEALTH SYSTEMPO BOX 1668 WILMINGTON,DE 19899	52-1479538	501(C)(3)	112,279				OPERATIONS
CHRISTINA CULTURAL ARTS CENTER INC705 NORTH MARKET STREET WILMINGTON,DE 19801	51-0064300	501(C)(3)	115,118				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CLAYMONT COMMUNITY CENTER3301 GREEN STREET CLAYMONT,DE 19703	51-0164850	501(C)(3)	53,001				OPERATIONS
COLLEGIATE SCHOOL103 NORTH MORELAND ROAD RICHMOND,VA 23229	54-0528203	501(C)(3)	6,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY LEGAL AID SOCIETY INC100 W 10TH STREET SUITE 801 WILMINGTON,DE 19801	51-6000158	501(C)(3)	55,917				OPERATIONS
CONGREGATION BETH EMETH300 WEST LEA BOULEVARD WILMINGTON,DE 19802	51-0070542	501(C)(3)	13,326				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CONNECTIONS CSP500 WEST 10TH STREET WILMINGTON,DE 19801		501(C)(3)	63,530				OPERATIONS
CONTACTLIFELINE INCPO BOX 9525 WILMINGTON,DE 19809	51-0206092	501(C)(3)	39,442				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CORNELL LAW SCHOOL260 MYRON TAYLOR HALL 524 COLLEGE AVENUE ITHACA,NY 14853		501(C)(3)	5,500				OPERATIONS
CORNERSTONE UNITED METHODIST CHURCH3135 SUMMITT BRIDGE ROAD BEAR,DE 19701		501(C)(3)	9,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CYPRESS CAPITAL MANAGEMENT1220 MARKET STREET SUITE 704 WILMINGTON,DE 19801		501(C)(3)	272,880				OPERATIONS
DEFENSE ORIENTATION CONFERENCE ASSOCIATION9271 OLD KEENE ROAD SUITE 200 BURKE,VA 22015	53-0227059	501(C)(3)	12,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE 211900 NORTH KING STREET SUITE 330 WILMINGTON,DE 19801	51-0376406	501(C)(3)	302,264				OPERATIONS
DELAWARE ADOLESCENT PROGRAM INC2900 VAN BUREN STREET WILMINGTON,DE 19801	51-0108498	501(C)(3)	32,340				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE AEROSPACE EDUCATION FOUNDATION 5 ESSEX DRIVE BEAR,DE 19701	51-0325362	501(C)(3)	5,815				OPERATIONS
DELAWARE ALLIANCE FOR COMMUNITY ADVANCEMENT408 E 8TH STREET WILMINGTON,DE 19801	27-1488886	501(C)(3)	90,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON,DE 19806	51-0065746	501(C)(3)	15,363				OPERATIONS
DELAWARE BREAST CANCER COALITION111 W 11TH STREET SUITE 3 WILMINGTON,DE 19801	52-2045298	501(C)(3)	19,419				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE CENTER FOR HORTICULTURE1810 N DUPONT STREET WILMINGTON,DE 19806	51-0252857	501(C)(3)	6,870				OPERATIONS
DELAWARE CENTER FOR JUSTICE100 W 10TH STREET SUITE 905 WILMINGTON,DE 19801	51-0064323	501(C)(3)	112,535				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE CENTER FOR THE CONTEMPORARY ART 200 SOUTH MADISON STREET WILMINGTON,DE 19801	51-0242942	501(C)(3)	5,000				OPERATIONS
DELAWARE CHILDREN'S MUSEUM550 JUSTISON STREET WILMINGTON,DE 19801	51-0305812	501(C)(3)	10,100				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE COMMUNITY FOUNDATION100 W 10TH STREET SUITE 115 WILMINGTON,DE 19801	22-2804785	501(C)(3)	31,893				OPERATIONS
DELAWARE FINANCIAL LITERACY INSTITUTE3301 GREEN STREET CLAYMONT,DE 19703	51-0411299	501(C)(3)	81,714				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE FOUNDATION REACHING CITIZENS INC 640 PLAZA DRIVE NEWARK,DE 197026369		501(C)(3)	11,175				OPERATIONS
DELAWARE GUIDANCE SERVICES FOR CHILDREN & YOUTH1213 DELAWARE AVENUE WILMINGTON,DE 19806	51-0071906	501(C)(3)	284,486				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE HEALTHCARE ASSOCIATION1280 S GOVERNORS AVENUE DOVER,DE 19904	51-0106112	501(C)(3)	20,000				OPERATIONS
DELAWARE HOSPICE3515 SILVERSIDE ROAD WILMINGTON,DE 19810	51-0258883	501(C)(3)	15,668				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE HUMANE ASSOCIATION700 A STREET WILMINGTON,DE 19801	51-0082499	501(C)(3)	30,411				OPERATIONS
DELAWARE NATURE SOCIETYPO BOX 700 HOCKESSIN,DE 19707	51-6018321	501(C)(3)	10,463				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE STATE HOUSING AUTHORITY18 THE GREEN DOVER,DE 19901		501(C)(3)	5,000				OPERATIONS
DELAWARE STATE UNIVERSITY1200 NORTH DUPONT HIGHWAY DOVER,DE 19901		501(C)(3)	8,548				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE STATE UNIVERSITY FOUNDATION 1200 NORTH DUPONT HIGHWAY DOVER,DE 19901	20-1372435	501(C)(3)	5,040				OPERATIONS
DELAWARE TECHNICAL COMMUMNITY COLLEGE 400 STANTON CHRISTIANA ROAD NEWARK,DE 19716		501(C)(3)	5,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE THEATRE COMPANY200 WATER STREET WILMINGTON,DE 19801	51-0229918	501(C)(3)	25,720				OPERATIONS
DELAWARE VOLUNTEER LEGAL SERVICESPO BOX 7306 WIDENER UNIVERSITY WILMINGTON,DE 19803	51-0265470	501(C)(3)	5,219				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DELAWARE YOUTH FOR CHRIST2203 NORTH MARKET STREET WILMINGTON,DE 19802	51-6001714	501(C)(3)	8,666				OPERATIONS
DICKINSON COLLEGEPO BOX 1773 CARLISLE,PA 17013	23-1365954	501(C)(3)	5,600				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DISASTER RELIEF FUND- AMERICAN RED CROSS100 W 10TH STREET SUITE 501 WILMINGTON,DE 19801		501(C)(3)	64,951				OPERATIONS
DUKE UNIVERSITY LAW SCHOOLSCIENCE DRIVE TOWERVIEW ROAD DURHAM,NC 27708		501(C)(3)	5,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EAST SIDE CHARTER SCHOOL3000 NORTH CLAYMONT STREET WILMINGTON,DE 19802	51-0377733	501(C)(3)	6,600				OPERATIONS
EAST SIDE COMMUNITY LEARNING CENTER3000 NORTH CLAYMONT STREET WILMINGTON,DE 19802		501(C)(3)	19,100				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE INC61 CORPORATE CIRCLE NEW CASTLE,DE 19720	51-0066728	501(C)(3)	38,058				OPERATIONS
ELAM UNITED METHODIST CHURCH1073 SMITHBRIDGE ROAD GLEN MILLS,PA 19342		501(C)(3)	9,500				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ELIZABETH W MURPHEY SCHOOL42 KINGS HIGHWAY EAST DOVER,DE 19901	51-0064321	501(C)(3)	8,750				OPERATIONS
EMORY UNIVERSITY1762 CLIFTON ROAD NE SUITE 1400 MS0970-001-8AA ATLANTA,GA 30322	58-0566256	501(C)(3)	10,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EMORY UNIVERSITY SCHOOL OF LAW1301 CLIFTON ROAD ATLANTA,GA 303221013		501(C)(3)	30,000				OPERATIONS
EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEPHERD1530 FOULD ROAD WILMINGTON,DE 19803		501(C)(3)	14,700				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAITHFUL FRIENDS INC3 GERMAY DRIVE WILMINGTON,DE 19804	51-0410508	501(C)(3)	33,757				OPERATIONS
FINCA INTERNATIONAL 1101 14TH ST NW 11TH FLOOR WASHINGTON,DC 20005	13-3240109	501(C)(3)	5,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST STATE COMMUNITY ACTION AGENCY308 NORTH RAILROAD AVENUE PO BOX 877 GEORGETOWN,DE 19947	51-0104704	501(C)(3)	22,241				OPERATIONS
FIRST STATE ROBOTICS INC33 LONGSPUR DRIVE WILMINGTON,DE 19808	20-0613902	501(C)(3)	6,767				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK,DE 19713	51-0258984	501(C)(3)	83,827				OPERATIONS
FORGOTTEN CATS INCPMB 422 4001 KENNETT PIKE SUITE 134 GREENVILLE,DE 19807	20-0691180	501(C)(3)	13,204				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FRIENDSHIP HOUSE INCPO BOX 1517 WILMINGTON,DE 19899	51-0306759	501(C)(3)	14,680				OPERATIONS
FUND FOR WOMEN CO DELAWARE COMMUNTIY FOUNDATION100 W 10TH STREET SUITE 115 WILMINGTON,DE 19899		501(C)(3)	8,575				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GARAGE COMMUNITY AND YOUR CENTER115 SOUTH UNION STREET KENNETT SQUARE,PA 19348		501(C)(3)	5,909				OPERATIONS
GENERATIONS HOME CARE 2 PENNS WAY SUITE 303 NEW CASTLE,DE 19720	51-0109657	501(C)(3)	185,705				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GEORGETOWN UNIVERSITYGIFT PROCESSING DEPARTMENT 0734 WASHINGTON,DE 200730734		501(C)(3)	25,000				OPERATIONS
GIRL SCOUTS-CHESAPEAKE BAY COUNCIL MD LOWER EASTERN SHORE501 SOUTH COLLEGE AVENUE NEWARK,DE 19713	51-0064337	501(C)(3)	173,923				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRLS INC-DELAWARE 1019 BROWN STREET WILMINGTON,DE 19805	51-0073396	501(C)(3)	116,935				OPERATIONS
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY INC1920 HUTTON STREET WILMINGTON,DE 19802		501(C)(3)	12,406				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HABITAT FOR HUMANITY SUSSEX COUNTYPO BOX 759 GEORGETOWN,DE 19947		501(C)(3)	10,199				OPERATIONS
HAGLEY MUSEUM AND LIBRARYPO BOX 3630 WILMINGTON,DE 19807		501(C)(3)	16,400				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HARRINGTON SENIOR CENTER INC102 FLEMING STREET HARRINGTON,DE 19952		501(C)(3)	10,690				OPERATIONS
HELEN F GRAHAM CANCER CENTER OF CHRISTIANA CARE4701 OGLETOWN-STANTON ROAD NEWARK,DE 19713		501(C)(3)	17,452				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILLEL THE FDN FOR JEWISH CAMPUS LIFE UNIVERSITY OF DELAWARE 47 WEST DELAWARE AVENUE NEWARK,DE 19711		501(C)(3)	9,274				OPERATIONS
HILLTOP LUTHERAN NEIGHBORHOOD CENTER 1018 WEST SIXTH STREET WILMINGTON,DE 19805	51-0256896	501(C)(3)	45,411				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HINDU TEMPLE ASSOCIATION INCPO BOX 37 HOCKESSIN,DE 19707		501(C)(3)	7,431				OPERATIONS
HOCKESSIN UNITED METHODIST CHURCH7250 LANCASTGER PIKE HOCKESSIN,DE 19707		501(C)(3)	6,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOLLISTER CREATIVE3 E WYNNEWOOD ROAD WYNNEWOOD,PA 190961917		501(C)(3)	10,238				OPERATIONS
HOME OF THE BRAVE FOUNDATION6632 SHARPS ROAD MILFORD,DE 19963	51-0338521	501(C)(3)	10,050				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOMELESS PLANNING COUNCIL100 W 10TH STREET SUITE 611 WILMINGTON,DE 19901		501(C)(3)	10,856				OPERATIONS
HOMEWARD BOUND-EMMAUS HOUSE INCPO BOX 9740 NEWARK,DE 197149740	51-0279138	501(C)(3)	17,265				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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INTER FAITH HOUSING ALLIANCE31 SOUTH SPRING GARDEN STREET AMBLER,PA 19902		501(C)(3)	10,740				OPERATIONS
JAMES MADISON UNIVERSITY FOUNDATION INCMSC 8501 61-B COURT SQUARE HARRISONBURG,PA 22807		501(C)(3)	100,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 COMMUNTIY CENTER OF WILMINGTON 101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0075823	501(C)(3)	24,679				OPERATIONS
JEWISH FAMILY SERVICES OF DELAWARE99 PASSMORE ROAD WILMINGTON,DE 19803	51-0097026	501(C)(3)	131,977				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JEWISH FEDERATION OF DELAWARE101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0064315	501(C)(3)	24,342				OPERATIONS
JEWISH NATIONAL FUND78 RANDALL WAY ROCKVILLE CENTER NEWYORK,NY 11570		501(C)(3)	6,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JUNIOR ACHIEVEMENT OF DELAWARE INC522 SOUTH WALNUT STREET WILMINGTON,DE 19801	51-0078199	501(C)(3)	6,994				OPERATIONS
JUVENILE DIABETES RESEARCH FOUNDATION 100 W 10TH STREET SUITE 1103 WILMINGTON,DE 19801		501(C)(3)	5,266				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KALMAR NYCKEL FOUNDATION1124 EAST SEVENTH STREET WILMINGTON,DE 19801		501(C)(3)	9,102				OPERATIONS
KENT-SUSSEX INDUSTRIES 301 NORTH REHOBOTH BLVD MILFORD,DE 199631305	51-0097856	501(C)(3)	162,979				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KINGSWOOD COMMUNITY CENTER2300 BOWERS STREET WILMINGTON,DE 19802	51-0064319	501(C)(3)	155,364				OPERATIONS
LA RED HEALTH CENTER INC21444 CARMEAN WAY GEORGETOWN,DE 19947		501(C)(3)	13,032				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LATIN AMERICAN COMMUNITY CENTER403 NORTH VAN BUREN STREET WILMINGTON,DE 19805	23-7047048	501(C)(3)	236,096				OPERATIONS
LEUKEMIA & LYMPHOMA SOCIETY OF DELAWARE CHAPTER100 W 10TH STREET SUITE 209 WILMINGTON,DE 19801		501(C)(3)	9,430				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LIGHT UP THE QUEEN FOUNDATIONPO BOX 306 WILMINGTON,DE 19899		501(C)(3)	5,200				OPERATIONS
LIMEN HOUSE INC600 WEST 10TH STREET WILMINGTON,DE 19801	23-7029073	501(C)(3)	12,807				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LITTLE SISTERS OF THE POOR185 SALEM CHURCH ROAD NEWARK,DE 19713	51-0095986	501(C)(3)	10,000				OPERATIONS
LOWER BRANDYWINE PRESBYTERIAN CHURCH 101 OLD KENNETT ROAD WILMINGTON,DE 19807		501(C)(3)	10,351				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LUTHERN COMMUNITY SERVICES1304 NORTH RODNEY STREET WILMINGTON,DE 19806	51-0102403	501(C)(3)	41,525				OPERATIONS
MAKE A WISH FOUNDATION OF MID-ATLANTIC3519 SILVERSIDE ROAD RIDGELY BLDG SUIT 100 WILMINGTON,DE 19810		501(C)(3)	21,935				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MARCH OF DIMES- DELAWARE CHAPTER5620 KIRKWOOD HIGHWAY WILMINGTON,DE 19808		501(C)(3)	5,351				OPERATIONS
MEALS ON WHEELS OF LEWES AND REHOBOTH 32409 LEWES GEORGETOWN HIGHWAY LEWES,DE 19958	51-0188109	501(C)(3)	5,618				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEETING GROUND INCPO BOX 808 ELKTON,MD 21921		501(C)(3)	6,132				OPERATIONS
MENTAL HEALTH ASSOCIATION IN DELAWARE100 W 10TH STREET SUITE 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	66,733				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MERCERSBURG ACADEMY 300 E SEMINARY STREET MERCERSBURG,PA 17236		501(C)(3)	10,000				OPERATIONS
MILTON & HATTIE KUTZ HOME704 RIVER ROAD WILMINGTON,DE 19809	51-0136951	501(C)(3)	18,471				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MOM'S HOUSEPO BOX 1138 DOVER,DE 19903	51-0367119	501(C)(3)	5,274				OPERATIONS
MOT SENIOR CENTER300 SOUTH SCOTT STREET MIDDLETOWN,DE 19709		501(C)(3)	27,249				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSCULAR DYSTROPHY ASSOCIATION600 REED ROAD SUITE 104 BROOMALL,PA 19008		501(C)(3)	9,626				OPERATIONS
NAMI OF DELAWARE2400 WEST FOURTH STREET WILMINGTON,DE 19805		501(C)(3)	25,016				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 DEFENSE UNIVERSITY FOUNDATION 300 5TH AVENUE SUITE 209 MARSHALL HALL FORT MCNAIR,DC 20319		501(C)(3)	12,500				OPERATIONS
NATIONAL KIDNEY FOUNDATION OF THE DELAWARE VALLEY111 S INDEPENDENCE MALL EAST SUITE 411 PHILADELPHIA,PA 19106	23-7382972	501(C)(3)	16,961				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NATIONAL MULTIPLE SCLEROSIS SOCIETYTWO MILL ROAD SUITE 106 WILMINGTON,DE 19806	51-0097777	501(C)(3)	11,976				OPERATIONS
NEHEMIAH GATEWAY COMMUNITY DEV CORP 201 WEST 23RD STREET WILMINGTON,DE 19802	52-2238147	501(C)(3)	85,041				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEIGHBORHOOD HOUSE 1218 B STREET WILMINGTON,DE 19801	51-0065747	501(C)(3)	23,349				OPERATIONS
NEW CASTLE COUNTY HEAD START INC258 CHAPMAN ROAD CHOPIN BLDG SUITE 101 NEWARK,DE 19702	51-0191916	501(C)(3)	23,678				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEWARK DAY NURSERY AND CHILDREN'S CENTER 921 BARKSDALE ROAD NEWARK,DE 19711	51-0096130	501(C)(3)	44,343				OPERATIONS
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK,DE 19713	51-0104695	501(C)(3)	30,198				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE WEST PALM BEACH,FL 33404		501(C)(3)	5,000				OPERATIONS
ONE VILLAGE ALLIANCE 1401 A STREET WILMINGTON,DE 19801		501(C)(3)	65,520				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ONE YOUTH INC1213 B STREET WILMINGTON,DE 19801		501(C)(3)	5,000				OPERATIONS
OPPORTUNITY CENTER INC3030 BOWERS STREET WILMINGTON,DE 19802	51-0079778	501(C)(3)	34,811				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PALM BEACH ZOO1301 SUMMIT BLVD WEST PALM BEACH,FL 33405		501(C)(3)	15,000				OPERATIONS
PEOPLES PLACE II INC 1129 AIRPORT ROAD MILFORD,DE 19963	51-0113062	501(C)(3)	58,235				OPERATIONS

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PETER SPENCER FAMILY LIFE FOUNDATION812 N FRANKLIN ST WILMINGTON,DE 19806		501(C)(3)	8,304				OPERATIONS
PLANNED PARENTHOOD OF DELAWARE625 SHIPLEY STREET WILMINGTON,DE 19801	51-0066725	501(C)(3)	37,479				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PLANNED PARENTHOOD SOUTHEASTERN PA1144 LOCUST STREET PHILADELPHIA,PA 19107		501(C)(3)	14,828				OPERATIONS
PREVENT CHILD ABUSE DELAWARE100 W 10TH STREET SUITE 715 WILMINGTON,DE 198016605		501(C)(3)	30,031				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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READ ALOUD DELAWARE 100 W 10TH STREET SUITE 309 WILMINGTON,DE 19801	51-0280486	501(C)(3)	17,461				OPERATIONS
ROBERT E LEE MEMORIAL ASSOCIATION INC483 GREAT HOUSE ROAD STRATFORD,VA 22558		501(C)(3)	12,500				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RONALD MCDONALD HOUSE OF DELAWARE1901 ROCKLAND ROAD WILMINGTON,DE 19803	51-0295320	501(C)(3)	73,457				OPERATIONS
SALVATION ARMY400 NORTH ORANGE STREET WILMINGTON,DE 19899		501(C)(3)	346,258				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SANFORD SCHOOLPO BOX 888 HOCKESSIN,DE 197070888	51-0064331	501(C)(3)	27,600				OPERATIONS
SERVIAM GIRLS ACADEMY INC14 HALCYON DRIVE NEW CASTLE,DE 19720		501(C)(3)	17,820				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOJOURNERS PLACE2901 NORTHEAST BOULEVARD WILMINGTON,DE 19802	51-0324770	501(C)(3)	8,320				OPERATIONS
SPCA OF DELAWARE455 STANTON CHRISTIANA ROAD NEWARK,DE 19713		501(C)(3)	8,953				OPERATIONS

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SPECIAL OLYMPICS - DELAWAREC/O UD 619 S COLLEGE AVENUE NEWARK,DE 19716	23-7162877	501(C)(3)	11,695				OPERATIONS
ST ANN'S PARISH2013 GILPIN AVENUE WILMINGTON,DE 19806		501(C)(3)	7,000				OPERATIONS

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ST JOHN CHRYSOSTOM CHURCH615 PROVIDENCE ROAD WALLINGFORD,PA 19806		501(C)(3)	6,000				OPERATIONS
ST JOHN LUTHERAN CHURCH1001 CENTRAL AVENUE OCEAN CITY,NJ 08226		501(C)(3)	6,400				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	8,660				OPERATIONS
ST MANY ANNE'S315 SOUTH MAIN STREET NORTH EAST,MD 21901		501(C)(3)	6,454				OPERATIONS

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ST PATRICK'S SENIOR CENTER INC107 EAST 14TH STREET WILMINGTON,DE 198013209	51-0120169	501(C)(3)	5,285				OPERATIONS
ST PHILIP'S LUTHERAN CHURCH4501 KIRKWOOD HIGHWAY WILMINGTON,DE 19808		501(C)(3)	6,820				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SUNDAY BREAKFAST MISSIONPO BOX 352 WILMINGTON,DE 19899	51-0073080	501(C)(3)	30,917				OPERATIONS
SUPPORTING KIDDS1213 OLD LANCASTER PIKE HOCKESSIN,DE 19707	51-0320207	501(C)(3)	7,440				OPERATIONS

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SUSAN G KOMEN FOR THE CURE1433 JOHNSTON WILLIS DRIVE RICHMOND,VA 23235	75-2462834	501(C)(3)	6,394				OPERATIONS
SUSSEX COUNTY CHILD HEALTH PROMOTION COALITIONPO BOX 1636 WILMINGTON,DE 19899		501(C)(3)	69,400				OPERATIONS

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SUSSEX COUNTY HEALTH PROMOTIONS310 VIRGINIA AVE PO BOX 1496 SEAFORD,DE 19973		501(C)(3)	100,000				OPERATIONS
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE SYRACUSE,NY 13244		501(C)(3)	9,500				OPERATIONS

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THE ARC OF DELAWARE2 SOUTH AUGUSTINE STREET SUITE B WILMINGTON,DE 19804	51-0072149	501(C)(3)	83,937				OPERATIONS
THE CHRISTMAS SHOP FOUNDATIONPO BOX 4184 WILMINGTON,DE 198070184		501(C)(3)	10,000				OPERATIONS

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THE GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON,DE 19801	51-0116569	501(C)(3)	14,700				OPERATIONS
THE GREATER DOVER FOUNDATION101 WESST LOCKERMAN STREET STE 1B DOVER,DE 19904		501(C)(3)	19,504				OPERATIONS

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THE MARY CAMPBELL CENTER INC4641 WELDIN ROAD WILMINGTON,DE 19803	23-7089122	501(C)(3)	28,332				OPERATIONS
THE MINISTRY OF CARING 506 NORTH CHURCH STREET WILMINGTON,DE 19801	51-0209843	501(C)(3)	103,555				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE MODERN MATURITY CENTER INC1121 FORREST AVENUE DOVER,DE 19904	51-0108568	501(C)(3)	7,229				OPERATIONS
THE NATURE CONSERVANCY100 WEST 10TH STREET SUITE 1107 WILMINGTON,DE 19801		501(C)(3)	9,358				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE PILOT SCHOOL100 GARDEN OF EDEN ROAD WILMINGTON,DE 19803		501(C)(3)	12,071				OPERATIONS
THE VILLAGE LEARNING CENTERONE VILLAGE ALLIANCE 1401 A ST WILMINGTON,DE 19801		501(C)(3)	41,540				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TOWER HILL SCHOOL2813 WEST 17TH STREET WILMINGTON,DE 19806	51-0065745	501(C)(3)	32,050				OPERATIONS
TRI-STATE BIRD RESCUE & RESEARCH INC1010 POSSUM HOLLOW ROAD NEWARK,DE 19711	51-0265807	501(C)(3)	17,044				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104		501(C)(3)	5,000				OPERATIONS
US TOKYO ENGLISH LIFE LINE INC6009 STONEPATH LANE WAXHAW,NC 281739393		501(C)(3)	7,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNION HOSPITAL OF CECIL COUNTY FOUNDATION147 WEST HIGH STREET ELKTON,MD 21921	52-0607945	501(C)(3)	10,100				OPERATIONS
UNITED CEREBRAL PALSY OF DELAWARE700A RIVER ROAD WILMINGTON,DE 19809	51-6016956	501(C)(3)	49,359				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED FUND TALBOT COUNTYPO BOX 741 EASTON,MD 21601		501(C)(3)	10,000				OPERATIONS
UNITED METHODIST CHURCH OF THE OPEN DOOR210 SOUTH BROAD STREET KENNETT SQUARE,PA 19348		501(C)(3)	30,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED NEGRO COLLEGE FUNDBELMONT BLDG 211 N 13TH ST STE 301 PHILADELPHIA,PA 19107	13-1624241	501(C)(3)	12,813				OPERATIONS
UNITED WAY OF CECIL COUNTY INCPO BOX 342 ELKTON,MD 21921	52-6075348	501(C)(3)	65,348				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF CENTRAL & NORTHEASTERN CONNECTICUT30 LAUREL STREET HARTFORD,CT 061061374		501(C)(3)	5,566				OPERATIONS
UNITED WAY OF CENTRAL IOWA1111 NINTH STREET SUITE 100 DES MOINES,IA 50314	42-0680425	501(C)(3)	30,935				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF CHESTER COUNTY211 NORTH WALNUT STREET WEST CHESTER,PA 19380	23-2131877	501(C)(3)	25,882				OPERATIONS
UNITED WAY OF GLOUCESTER COUNTY454 CROWN POINT ROAD THOROFARE,NJ 08086	21-6006822	501(C)(3)	6,100				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NJ1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA,PA 19103	23-1556045	501(C)(3)	15,697				OPERATIONS
UNITED WAY OF KENT COUNTYPO BOX 594 CHESTERTOWN,MD 21620	52-6014935	501(C)(3)	5,107				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF LEE COUNTY7275 CONCOURSE DRIVE FORT MYERS,FL 33908	59-1005169	501(C)(3)	20,000				OPERATIONS
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE 2ND FLOOR ATLANTA,GA 30303	58-0566194	501(C)(3)	5,296				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF SALEM COUNTY INC203 E BROADWAY SALEM,NJ 08079	21-0688785	501(C)(3)	12,238				OPERATIONS
UNITED WAY OF SOUTHERN CHESTER COUNTY106 WEST STATE STREET PO BOX 362 KENNETT SQUARE,PA 19348	23-1260899	501(C)(3)	260,173				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF DELAWARE116 STUDENT SERVICES BUILDING NEWARK,DE 19716		501(C)(3)	14,000				OPERATIONS
UNIVERSITY OF DELAWARE - DELAWARE 4H 210 HULLIHEN HALL NEWARK,DE 19716		501(C)(3)	100,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF DELAWARE - KIDS COUNT 298 K GRAHAM HALL NEWARK,DE 19716		501(C)(3)	10,000				OPERATIONS
UNIVERSITY OF DELAWARE-CENTER FOR COMMUNITY RESEARCH & SERVICE298 B GRAHAM HALL NEWARK,DE 19716		501(C)(3)	9,130				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104		501(C)(3)	15,788				OPERATIONS
UNIVERSITY OF VIRGINIA 580 MASSIE ROAD CHARLOTTESVILLE,VA 22903		501(C)(3)	12,100				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF WISCONSIN - MADISON SCHOOL OF HUMAN ECOLOGY1300 LINDEN DRIVE ROOM 2134 MADISON,WI 53706		501(C)(3)	7,500				OPERATIONS
URBAN PROMISE2401 THATCHER STREET WILMINGTON,DE 19802		501(C)(3)	16,890				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
USO DELAWARE INC500 PURPLE HEART WAY DOVER AFB, DE 19902	51-0352519	501(C)(3)	15,383				OPERATIONS
VALLEY POINT CHURCH 209 BETHEL ROAD GLEN MILLS, PA 19342		501(C)(3)	43,800				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
VIRGINIA ATHLETICS FOUNDATIONPO BOX 400833 CHARLOTTESVILLE,VA 22904		501(C)(3)	8,800				OPERATIONS
WASHINGTON & LEE UNIVERSITY204 WEST WASHINGTON STREET LEXINGTON,VA 24450		501(C)(3)	5,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WEST END NEIGHBORHOOD HOUSE 710 NORTH LINCOLN STREET WILMINGTON,DE 19805	51-0064301	501(C)(3)	664,594				OPERATIONS
WEST VIRGINIA WESLEYAN COLLEGE59 COLLEGE AVENUE BUCKHANNON,WV 26201		501(C)(3)	5,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON,DE 19806		501(C)(3)	17,602				OPERATIONS
WILLOWDALE CHAPEL111 MARSHALL STREET KENNETT SQUARE,PA 19348		501(C)(3)	11,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 FRIENDS SCHOOL101 SCHOOL LANE WILMINGTON,DE 19803	51-0064310	501(C)(3)	139,535				OPERATIONS
WILMINGTON RENAISSANCE CORPORATION1100 WEST 10TH ST SUITE 206 WILMINGTON,DE 19801		501(C)(3)	45,000				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 SENIOR CENTER1901 NORTH MARKET STREET WILMINGTON,DE 19802		501(C)(3)	163,347				OPERATIONS
YALE UNIVERSITYPO BOX 2038 NEW HAVEN,CT 065212038		501(C)(3)	11,700				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 - PA WEST CHESTER BRANCHONE EAST CHESTNUT STREET WEST CHESTER,PA 19380		501(C)(3)	11,094				OPERATIONS
YMCA OF DELAWARE100 WEST 10TH STREET SUITE 1100 WILMINGTON,DE 19801	51-0065748	501(C)(3)	262,705				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YWCA DELAWARE100 WEST 10TH STREET SUITE 515 WILMINGTON,DE 198016604	51-0064344	501(C)(3)	261,594				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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 officers, directors, trustees, and 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) and 501(c)(4) organizations only 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 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)	227,697	0	0	15,675	10,203	253,575	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to 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

Identifier	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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	EACH VOTING MEMBER OF THE GOVERNING BODY WILL RECEIVE A COPY OF FORM 990 PRIOR TO SUBMISSION THE FIRST BOARD MEETING THEREAFTER WILL INCLUDE DISCUSSION OF THE COMPLETENESS AND ACCURACY OF THE FORM
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ACTUARIAL CHANGE IN FUNDED STATUS OF OTHER POST EMPLOYMENT BENEFITS PLAN 32,366
	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

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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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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" to 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" to 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" to 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" 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.)

(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" to 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELAWARE HELPLINE INC	B	198,308	ACTUAL AMOUNT PAID

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

(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 section 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	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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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			
GARY R STOCKBRIDGE CHAIR	30	X		X				0	0	0
RODGER LEVENSON TREASURER	30	X		X				0	0	0
JASON BETZ SECRETARY	30	X		X				0	0	0
DIANE GULYAS STRATEGIC STEERING COMMITTEE	30	X						0	0	0
TONY ALLEN CAMPAIGN CO-CHAIR	30	X						0	0	0
PAUL MINNICK CAMPAIGN CO-CHAIR	30	X						0	0	0
MARITZA POZA-GRISE HUMAN RESOURCE CHAIR	30	X						0	0	0
EDMUND GREEN AUDIT COMMITTEE CHAIR	30	X						0	0	0
STEVE MOHR COMMUNITY IMPACT CO-CHAIR	30	X						0	0	0
GWENDOLYN LANE LABOR CHAIR	30	X						0	0	0
JULIA ASHWORTH MARKETING & PR CO-CHAIR	30	X						0	0	0
JASON GAUGHAN MARKETING & PR CO-CHAIR	30	X						0	0	0
DR WILLIAM N JOHNSTON KENT COUNTY CHAIR	30	X						0	0	0
TED BECKER SUSSEX COUNTY CHAIR	30	X						0	0	0
BARRY M WILLOUGHBY ESQUIRE BOARD MEMBER	30	X						0	0	0
JOSEPH YACYSHYN BOARD MEMBER	30	X						0	0	0
JOHN D'AGOSTINO BOARD MEMBER	30	X						0	0	0
MICHELLE R BROWN BOARD MEMBER	30	X						0	0	0
VINCENT FARRELL BOARD MEMBER	30	X						0	0	0
CHRIS BUCCINI BOARD MEMBER	30	X						0	0	0
DARYL GRAHAM BOARD MEMBER	30	X						0	0	0
TABATHA L CASTRO ESQUIRE BOARD MEMBER	30	X						0	0	0
ELDER WINTON HILL BOARD MEMBER	30	X						0	0	0
DR MAXINE COLM BOARD MEMBER	30	X						0	0	0
TOM JOSIAH BOARD MEMBER	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			
MARKE DICKINSON BOARD MEMBER	30	X						0	0	0
MICHAEL MACFARLAND BOARD MEMBER	30	X						0	0	0
NICHOLAS MARSINI JR BOARD MEMBER	30	X						0	0	0
DR JACK P VARSALONA BOARD MEMBER	30	X						0	0	0
MARIA MARTIN BOARD MEMBER	30	X						0	0	0
SANDRA WARE BOARD MEMBER	30	X						0	0	0
DR JANICE NEVIN BOARD MEMBER	30	X						0	0	0
ANTOINE OAKLEY BOARD MEMBER	30	X						0	0	0
DOUGLAS R PHILLIPS BOARD MEMBER	30	X						0	0	0
JOSEPH SCHORAH BOARD MEMBER	30	X						0	0	0
ROBERT V A HARRA JR BOARD MEMBER	30	X						0	0	0
FRED SEARS BOARD MEMBER	30	X						0	0	0
SUSAN R GETMAN BOARD MEMBER	30	X						0	0	0
TIMOTHY J CONSTANTINE PAST CHAIR	30	X						0	0	0
MICHELLE A TAYLOR PRESIDENT AND CEO	40 00	X		X				227,697	0	25,878
JEROME P HUNTER VP OPERATIONS AND CFO	40 00			X				119,578	0	11,272