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SCANNED JUN 2 4 2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2014 calendar year, or tax year beginning and e	ending		
Вс	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres change	unidel foundation, inc.			
	Name change			51-6	015046
一	initial return		Room/suite		
F	Final	P.O. BOX 1146	1100111100110		658-7691
	-dreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	125,901,464.
	Amend			H(a) Is this a group re	
〒	Applica		PHD	for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
LT	ax-exe	mpt status X 501(c)(3)	or 527	-	list (see instructions)
		e: ► N/A	<u> </u>	H(c) Group exemptio	·
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: DE
		Summary	12	or rollmanon.	i otato di logal dollicito i
		Briefly describe the organization's mission or most significant activities PROMO	OTTNG	HIGHER EDUC	ATTON IN
Governance		DELAWARE BY MAKING TARGETED GRANTS TO THE			
nar	_	Check this box if the organization discontinued its operations or dispos			
Ver		Number of voting members of the governing body (Part VI, line 1a)	300 01 11101	3	5
		Number of independent voting members of the governing body (Part VI, line 1b)		4	5
•ජ ග		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	3
iţi		Total number of volunteers (estimate if necessary)		6	0
Activities &	l .	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	-442.
	-	tot amounted basiness taxable moonie nomi remi record, into e r		Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	0.		
	1	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	
ĕ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	24,588,721.	35,657,414.	
æ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48.	141.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,588,769.	35,657,555.	
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		11,700,000.	8,952,600.
	4	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		161,963.	171,625.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber		Fotal fundraising expenses (Part IX, column (D), line 25)	o.		· ·
Ä		Other expenses (Part IX, column (A), lines 11a-11 _i d ₁ -14f-24e)		1,281,004.	1,476,558.
		Fotal expenses Add lines 13-17 (must equal Part IX, column A), lline 25): D	7 -	13,142,967.	10,600,783.
		3	j	11,445,802.	
es S		Revenue less expenses Subtract line 18 from line 12	2 R	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		277,741,719.	292,121,654.
ASS	21	Fotal liabilities (Part X, line 26)	'i ⊢	2,216,646.	4,732,546.
E S	22	Net assets or fund balances Subtract line 21 from line 20 GDEN, UT	_i —	275,525,073.	287,389,108.
_	rt II	Signature Block		<u> </u>	1 201/305/1100.
		ties of perjury, I deplare that I have examined this return, including accompanying schedule:	s and stater	ments, and to the hest of m	ny knowledge and helief it is
		i, and complete Declarated of preparer (other than officer) is based on all information of wh			, , , , , , , , , , , , , , , , , , ,
	, 0000	1 Hun human			/2015
Sig	, I	Signature of officer		Date	
Her		G. ARNO LOESSNER, PHD, SECRETARY/TREAS	SURER		
1101		Type or print name and title	DOILELL		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	,	PETER KENNEDY	ļ	05/05/15 of sett-empto	
	parer	Firm's name COVER & ROSSITER, P.A.		Firm's EIN	51-0232475
	Only	Firm's address 62 ROCKFORD ROAD, SUITE 200		THIR S LIN	<u> </u>
JJU	July	WILMINGTON, DE 19806		Phone no / 3	02) 656-6632
Max		OS discuss this return with the preparer shown above? (see instructions)		11 110110 110. (3	X Ves No.

	990 (2014) UNIDEL FOUNDATION, INC. 51-6015046 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 `	Briefly describe the organization's mission
	UNIDEL FOUNDATION WAS FOUNDED IN 1939 BY MISS AMY DU PONT IN HONOR OF
	HER FATHER EUGENE DU PONT. THE FOUNDATION'S PRIMARY MISSION IS TO
	PROMOTE HIGHER EDUCATION IN THE STATE OF DELAWARE BY MAKING TARGETED
	GRANTS TO THE UNIVERSITY OF DELAWARE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 8,952,600 · including grants of \$ 8,952,600 ·) (Revenue \$)
	GRANTS ARE MADE TO SELECTED PURPOSES AND PROGRAMS FOR THE ACADEMIC
	ENRICHMENT OF THE UNIVERSITY OF DELAWARE TO HELP IMPROVE RELATIVELY
	WEAK AREAS OF IMPORTANT FIELDS LIKELY TO BENEFIT FROM SUCH ASSISTANCE
	AND GRANTS TO REWARD AND ENCOURAGE AREAS OF DEMONSTRATED ACHIEVEMENT.
4b	(Code) (Expenses \$
	/ Liberioes # /
4-	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 8,952,600. Form 990 (2014)
43200: 11-07-	2

Form 990 (2014) UNIDEL FOUND
Part IV Checklist of Required Schedules

			Yes	<u>No</u>
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u> _
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		_	
Ü	Schedule D, Part III	8		х
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		_X_
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
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	X	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Λ	
f	the organization's separate of consolidated infancial 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	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''-		
120	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			١
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
^	complete Schedule G, Part III	202	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		├ ^
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•	000	(2014)

			- 1	
	District the second of the sec		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
^^	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22		22		x
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
L		24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2 5a		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
oc.	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- -		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
	A second control of the second control of th	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31	ŀ	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		·	
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	X	
35a	5 - 1 5 - 1	35a		Х
	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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
	TOTAL TOTAL CONTROL OF THE CONTROL O			(2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			لـــا
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ĺ		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ĺ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	ĺ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Out the average transfer of Forms 8282 filed during the year			, .
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter	- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12	1	•	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter.	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them)	ļ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			1
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			1
С	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2014)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No" re	spon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			<u></u>
	Check if Schedule O contains a response or note to any line in this Part VI		_	X
Sec	tion A. Governing Body and Management	- 1		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 5	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			3.5
	officer, director, trustee, or key employee?	2		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
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		<u>X</u>
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		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		.,	
а	The governing body?	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.5
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N _a
40-	Did the average ten have local chapters, branches or offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa	-	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Declared to Other control of any condition the control of any other Forms 200			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь ь	Details of the second of the s	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l
	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		
Sec	etion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X 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	l finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	G. ARNO LOESSNER - 302-658-7691			
	1201 N. MARKET ST., STE 505, WILMINGTON, DE 19801			

432008 11-07-14

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

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

_					. _ .
Section A	Officers Director	e Trustaas Ka	v Employees	and Highest Con	pensated Employees
0000101171		3, 11 43 (663, 116	y Employees	, and inglicat con	iperisated 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD L. SUTTON, ESQ. PRESIDENT	2.00	х		х				0.	0.	0
(2) DAVID D. WAKEFIELD VICE PRESIDENT	2.00	x		х				0.	0.	0
(3) ROBERT W. GORE, PHD. TRUSTEE	2.00	x						0.	0.	0
(4) PIERRE DU PONT HAYWARD TRUSTEE	2.00	x						0.	0.	0
(5) ANDREW MCK. JEFFERSON TRUSTEE	2.00	x						0.	0.	0
(6) G. ARNO LOESSNER, PHD. SECRETARY-TREASURER	25.00			X				126,000.	0.	10,080
						<u> </u>				
] 								
						_				
		 	-			ļ. 				
		-		_		-				
		_				-				
		-			_					
		_		-		-	-			

Form 990 (2014)

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

(A) Name and title	Average hours per		not c		rtion more	than		Reportable compensation	(E) Reportable compensation	1	(⊦) stima moun	ted
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	od a d	Key employee	Highest compensated captoyee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or	othengens from t ganizand rela ganiza	sation he ation ated
						ļ						
		-										
										+	-	
						_	<u> </u>			+		
				-				-		-		
		<u> </u>										
							 					
		-	-	_		_				-		
		$\frac{1}{1}$										
1b Sub-total	<u>'</u>				·			126,000.			LO,	080.
c Total from continuation sheets to Part V	II, Section A							126,000.).	<u> </u>	$\frac{0.}{080.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including but in	not limited to th	nose	liste	ed a	bov	e) w	ho r			<u>' • </u>	. 0 ,	000.
compensation from the organization									-		137	11
3 Did the organization list any former officer	director or tr	uete	o ka	01	mak	2400	or	highest componented a	molovoo on		Ye	s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for:			e, ne	ey ei	при	Јуве	, OI	riigilest compensated e	проуее оп	3		x_
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atioi	n an	d ot	her compensation from	the organization		1	
and related organizations greater than \$15									idual for convece	4	+-	 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•					•	ela	ted organization or more	idual for services	5		x
Section B. Independent Contractors												
 Complete this table for your five highest of the organization. Report compensation for 	-	-								nsation	from	
the organization. Report compensation for (A)	the calendar y	/ear	ena	ing v	VILLI	OI W	/11/11	(B)	year		(C)	
Name and busines								Description of s	services	Comp	ensa	ion
EAGLE CAPITAL MANAGEMENT 499 PARK AVE #17, NEW YO	-	10	0.2	2				INVESTMENT MANAGEMENT		6	69.	122.
BRANDYWINE GLOBAL INVEST					NΤ	,		INVESTMENT			_	
2929 ARCH STREET, 8TH FL							_	MANAGEMENT		2	<u>52,</u>	<u>149.</u>
FUND EVALUATION GROUP, 2 SUITE 1600, CINCINNATI,			5	TK	c£	Τ,		INVESTMENT A	DVISORY	1	78 -	923.
WILMINGTON TRUST COMPANY			RT	H				INVESTMENT C			<u> </u>	<u></u>

Form 990 (2014)

111,215.

DE 19801

Total number of independent contractors (including but not limited to those listed above) who received more than

AND TRANSACTION PROC

MARKET STREET, WILMINGTON,

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 4,541,064 4,541,064. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory 121,360,259 b Less cost or other basis and sales expenses 90,243,909 c Gain or (loss) 31,116,350 d Net gain or (loss) 31,116,350. 31,116,350 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 611710 d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 35,657,555 35 657 555 Form 990 (2014)

Part IX' Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 8,952,600 8,952,600. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 136,080 136,080. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 24,583 24,583 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10,962 10,962 Payroll taxes 10 Fees for services (non-employees) Management b Legal 19,903. 19,903. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 1,223,524 1,223,524 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 178,923. 178,923 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 18,829 18,829 13 Office expenses Information technology 14 Royalties 15 29,670 29,670 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,559. 1,559 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 2,673. 2,673. PARKING PAYROLL PREPARATION FEE 1,442. 1,442. 35. 35 0. BANK CHARGES e All other expenses 8,952,600. 1,648,183 10,600,783. 0. Total functional expenses. Add lines 1 through 24e 25 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)

12380520 793917 UNIDEL

Par	t X				
		Check if Schedule O contains a response or note to any line in this Part X]	· <u>-</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	484,255.	_1_	256,877.
ŀ	2	Savings and temporary cash investments	7,017,341.	2_	1,431,588.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
ŀ		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined unde	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ig		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۷	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9_	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	206,647,880.	11	223,624,223.
	12	Investments - other securities See Part IV, line 11	56,393,395.	12	66,510,195.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,198,848.	15	298,771.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	277,741,719.	16	292,121,654.
	17	Accounts payable and accrued expenses	264,745.	17	314,558.
	18	Grants payable		18	3,952,600.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
iat		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	1 051 001		465 200
		Schedule D	1,951,901.		465,388.
	26	Total liabilities. Add lines 17 through 25	2,216,646.	26	4,732,546.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
ces		complete lines 27 through 29, and lines 33 and 34.	85,676.	0.7	-2,325,719.
lan	27	Unrestricted net assets	65,070.		-4,343,113
Fund Balances	28	Temporarily restricted net assets	275,439,397.	28 29	289,714,827.
P P	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	213,433,3310	29	205,114,021
Ē			'		
Si	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds		32	
S S	32 33	Total net assets or fund balances	275,525,073.	33	287,389,108.
,	34	Total liabilities and net assets/fund balances	277,741,719.		292,121,654.
		Total massimus arra frot accordinate satarrocs	, 21,1,1,22,1,23,	,	Form 990 (2014)

-orm	990 (2014) UNIDEL FOUNDATION, INC.	51-	60150	46	Pag	_{je} 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,	657	7,5	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	600	7:	83 <u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	25,	056	5,7	72 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>27</u> 5,	525	5,0	<u>73.</u>
5	Net unrealized gains (losses) on investments	5	<u>-13,</u>	192	2,7	<u>37.</u>
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				<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	287	389	7,1	<u>08.</u>
Par	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		[Yes	No
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?	O		2a		х
28	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1	20		
	separate basis, consolidated basis, or both	2 011 u				ì
	Separate basis Consolidated basis Both consolidated and separate basis					ì
h	Were the organization's financial statements audited by an independent accountant?		ľ	2b	х	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	. 1			
	consolidated basis, or both.		·	ĺ	i	
	X 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	e audit				
Ī	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C) [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt	Ī		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 ((2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2014

Open to Public

Employer identification number Name of the organization 51-6015046 UNIDEL FOUNDATION, 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (ı) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) UNIVERSITY OF 51-6000297 2 5,000,000. X DELAWARE 5,000,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

13

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	Í					
2	Tax revenues levied for the organ-						
	ızatıon'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						
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)						
_				-			-
	Public support. Subtract line 5 from line 4		L		<u> </u>	-L	L
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010	(0) 2011	(0) 2012	(4) 2010	(e) 2014	(1) 10141
8	Gross income from interest.						-
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	!					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	-					
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ırd, fourth, or fıfth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and sto	p here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the				14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies		_			· · · · · · · · · · · · · · · · · · ·	▶ ∐
t	33 1/3% support test - 2013. If the				d line 15 is 33 1/3	% or more, check t	nis box
	and stop here. The organization qua	· · · · · · · · · · · · · · · · · · ·			. 10 10 : 10-		·
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					aπ vi now the orga	Inization
_	meets the "facts-and-circumstances"	_			-	170 and line 15 :-	10% or
Ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						. □
40	organization meets the "facts-and-cir		-	-			
18	Private foundation. If the organization	not check a	LOUX OII IINE 13, 1	0a, 100, 17a, 0f 17			
					oc.	nedule A (Form 99	U UI 33U-EZJ 2U14

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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

Section A. Public Support	low, piease com	piete r art ii)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	<u>(a)</u> 2010	(6) 2011	(0) 2012	(0) 2010	(6) 2017	(i) iotai
membership fees received (Do not						
include any "unusual grants ")						
					-	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					_	
3 Gross receipts from activities that					ľ	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						1
or expended on its behalf						
`						†
* ' ' ' ' '						
furnished by a governmental unit to						}
the organization without charge		 	<u> </u>	1	-	
6 Total. Add lines 1 through 5		1			-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						<u> </u>
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			<u> </u>		-	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		1				
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
			·			
b Unrelated business taxable income			1			
(less section 511 taxes) from businesses						
acquired after June 30, 1975			-	<u> </u>		ļ
c Add lines 10a and 10b		1		 		
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)				}		
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here	the organization	o mot, occorio, tri	ind, rounding or inter-	ian your do a door		▶ □
Section C. Computation of Publi	c Support Pr	ercentage				
15 Public support percentage for 2014 (li			column (fl)		15	
16 Public support percentage from 2013	• • • • • • • • • • • • • • • • • • • •	•	Column (1))		16	
Section D. Computation of Inves				-	1 10 1	_
					147	
17 Investment income percentage for 20		*	inie 13, columni (I))		17	
18 Investment income percentage from 2				. 46 45	18	17 10 554
19a 33 1/3% support tests - 2014. If the	-					I/ IS NOT
more than 33 1/3%, check this box ar	•	•		• • •		▶∟
b 33 1/3% support tests - 2013. If the	organization did	not check a box o	on line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and :	stop here. The org	ganization qualifies	as a publicly sup	ported organization	ւ ▶⊑
20 Private foundation. If the organization	n did not check a	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	▶ _
432023 09-17-14				Sc	hedule A (Form 99	90 or 990-EZ) 2

Part IV Supporting Organizations

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

Section	Δ ΔΙΙ	Supporting Organizations
Section	A. A.	Suppoi illia Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by X class or purpose, describe the designation. If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported X organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer Х За (b) and (c) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 4a Was any supported organization not organized in the United States ("foreign supported organization")? If X "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action X was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Х 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 7 Х controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? X If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described X in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which X the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit X from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting X organizations)? If "Yes," answer (b) below 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

8,912,218.

5

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

5

51-6015046 Page 7 Schedule A (Form 990 or 990-EZ) 2014 UNIDEL FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 5,000,000. 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 245,736. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 5,245,736. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 5,245,736. (provide details in Part VI) See instructions. 8,912,218. Distributable amount for 2014 from Section C, line 6 9 58.86% Line 8 amount divided by Line 9 amount (1) (ii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 8,912,218. Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 а b C 14,059,307. e From 2013 14,059,307. f Total of lines 3a through e g Applied to underdistributions of prior years 8,912,218. h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 5,147,089. Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D. 5,245,736 a Applied to underdistributions of prior years b Applied to 2014 distributable amount 5,245,736. c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j 10,392,825. and 4c Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2014

5,147,089.

5,245,736.

d Excess from 2013

e Excess from 2014

SECTION D; LINE 2 AND LINE 3:

UNIDEL FOUNDATION, INC. (UNIDEL) WAS FUNDED UPON THE DEATH OF MISS AMY

DU PONT IN 1963 WITH ASSETS BEQUEATHED IN MISS DU PONT'S WILL. SINCE

THAT TIME, UNIDEL EACH YEAR HAS MADE GRANTS TO THE UNIVERSITY OF

DELAWARE (THE UNIVERSITY) AND ONLY TO THE UNIVERSITY. IN ORDER TO

INSURE THAT SUCH GRANTS MEET THE NEEDS OF THE UNIVERSITY, UNIDEL ASKS

THE UNIVERSITY ANNUALLY TO PROVIDE A LIST OF GRANTS WHICH IT WOULD LIKE

UNIDEL TO MAKE, ARRANGED IN THE ORDER OF THE UNIVERSITY'S DEEMED

PRIORITY FOR EACH GRANT. THE UNIDEL TRUSTEES MEET WITH, TYPICALLY, THE

UNIVERSITY'S PRESIDENT AND PROVOST TO DISCUSS THESE GRANTS AND THEN

DECIDE WHICH GRANTS FROM THE LIST WILL BE FUNDED, PLACING HIGH EMPHASIS

TO THE UNIVERSITY'S STATED PRIORITY.

IN ADDITION, FROM TIME TO TIME, THE UNIVERSITY WILL REQUEST A SEPARATE

GRANT TYPICALLY FOR SOME MAJOR UNIVERSITY UNDERTAKING. THESE ARE ALSO

REVIEWED BY UNIDEL'S TRUSTEES WITH THE UNIVERSITY'S ADMINISTRATION

AND/OR FACULTY AND USUALLY ACTED ON FAVORABLY. NO GRANT IS MADE BY

UNIDEL WHICH HAS NOT BEEN DETERMINED BY THE UNIVERSITY TO BE IMPORTANT

TO THE UNIVERSITY'S ACADEMIC MISSION.

THE UNIDEL TRUSTEES TYPICALLY HAVE SOME PERSONAL RELATIONSHIP WITH THE

UNIVERSITY. OF THE CURRENT TRUSTEES, ONE IS A TRUSTEE EMERITUS OF THE

UNIVERSITY; ONE IS A FORMER UNIVERSITY OFFICER; AND TWO OTHERS ARE

ALUMNI. THE TRUSTEES ARE PROVIDED WITH REGULAR INFORMATION ON ACTIVITY

AT THE UNIVERSITY AND HAVE DIRECT COMMUNICATIONS WITH, AND VISITS TO,

THE UNIVERSITY. THE SECRETARY / TREASURER OF UNIDEL IS A PROFESSOR

EMERITUS OF THE UNIVERSITY AND A FORMER VICE PRESIDENT WHO MEETS

REGULARLY WITH THE FACULTY AND ADMINISTRATORS OF THE UNIVERSITY TO

Schedule A (Form 990 or 990-EZ) 2014

432028 09-17-14

<u>Schedule A (Forn</u>	990 or 990-EZ) 2	2014 UNIDI	EL FOUND	ATION	, INC.			51-60	<u> L5046 Page 8</u>
Part VI Sui	pplemental In	formation.	Provide the exp	lanations	required by Part II, lin	e 10. Part	II. line 17a or		
	complete this pa					, , with	,	,	,
AISC	complete this pa	art for any addit	ionai mormatio	ii (See ins	aractions).				
EXCHANGE	INFORMAT	ION TO H	HELP KEE	P THE	UNIVERSITY	AND	UNIDEL	AWARE	OF
<u>-</u>	_	-		_					
ו דייים מדיים מ	ים אודה דמ	CITEC OF	MITMITAT	TNIMED	r cm				
KIOKIIII	ES AND IS	SUES OF	MUTUAL	TM.L.CK	LOT.				
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									<u> </u>
	•		-						
									

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	UNIDEL FOUNDATION, INC.	51-6015046
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds
	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	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	V, 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)	lly 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 Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 org	anization 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 Mo
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
_	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 state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
Dai	conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Tollina 7,000to.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art
Id	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	the text of the footnote to its financial statements that describes these items	or public service, provide, in rail XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	I halance sheet works of art, historical
ь	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition.	
	relating to these items	service, provide the following amounts
		> \$
	(ii) Assets included in Form 990, Part XIII, line 1	S S
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n provide
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	in provide
-	Revenue included in Form 990, Part VIII, line 1	▶ \$
a h	Assets included in Form 990, Part X	\$
b	ASSECTION OF THE SECTION OF THE SECT	Ψ

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

Schedule D (Form 990) 2014

		FOUNDATION						Page 2
Pai	t III [.] Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asset	S(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significant i	use of its o	collection	rtems
•	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е						
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of			_				
	to be sold to raise funds rather than to be ma	aintained as part of the	he organization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrange	gements. Comple	te if the organizatio	n answered "Yes" to	Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par		-					
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets no	t included			
	on Form 990, Part X?		-				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
		·	· ·				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a		orm 990, Part X, line	21, for escrow or cu	ustodial account liab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII				-			
Pai								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	275,076,460.	242,998,157,	215 825 439.	i	63,416.		732,284.
b	Contributions					,		·,
c	Net investment earnings, gains, and losses	21,161,005.	54,436,891.	36,618,802.	-7 4	93,499.	28	315,807.
d	Grants or scholarships	5,000,000	21.807.000.	9,270,000.	I	00.000.		000,000.
e	Other expenditures for facilities	3,000,000.	21,007,000.	5,270,000.	3,0		<i></i> _	000,000.
·	and programs							
f	Administrative expenses	197,000.	551,588.	176.084.	3	44,478.		384.675.
g	End of year balance	291,040,465.	275.076.460.	242 998 157.		25,439.		663 416.
2	Provide the estimated percentage of the curr				213,0	, 1 37.		005,410.
a	Board designated or quasi-endowment	one year end balance	%	iji nola as				
b	Permanent endowment ► 100.00	%						
	Temporarily restricted endowment	% %						
·	The percentages in lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organi	zation		
Oa	by	SSION OF THE Organize	ation that are note a	na administered for	uno organiz	Lation	Г	Yes No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(II)	X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R2				3b	- A
4	Describe in Part XIII the intended uses of the	•					_ 30	
	rt VI Land, Buildings, and Equipm		milient lunus				-	
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part Y	line 10			
	Description of property	(a) Cost or o	i		Accumulate	ad	(d) Book	value
	Description of property	basis (investr	1	' '	epreciation	l l	(a) book	value
4-	Land	2430 (1110301	54313	(5101)				
	Land							
	Buildings	-				+		
	Leasehold improvements					+-		
	Equipment	-						
	Other I. Add lines 1a through 1e (Column (d) must e	gual Form 000 Port	Y column (R) line :	<u> </u>				0.
ıvıd	mica la unusani le ivuluititi lui illusi e	auari viili 330. Fdll	7. COMMINICOL. III C	· · · · · · · · · · · · · · · · · · ·				U .

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		ine 11b See Form 990, P	art X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end	-of-year market value
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests				
(3) Other				
(A) REAL ESTATE INVESTMENT				
(B) TRUST	12,878,72	7. END-OF-YE	EAR MARKET	VALUE
(C) CORPORATE BONDS AND OTHER				
(D) FIXED INCOME SECURITIES	29,029,54	5. END-OF-Y	EAR MARKET	VALUE
(E) PRIVATE EQUITY AND HEDGE				
(F) FUNDS	24,601,92	3. END-OF-YI	EAR MARKET	VALUE
(G)			_	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	66,510,19	5.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or end	l-of-year market value
		_		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d See Form 990, F	Part X, line 15	(I.) De alcuelos
	Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				 _
(5)		 		
(6)		 	_	
(7)				
(8)				
(9)				·
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO BROKERS		465,388.		
(3)		_		
(4)				
(5)				
(6)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

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

Schedule D (Form 990) 2014

Part	XI Reconciliation of Revenue per Audited Financial Statemen	nte W			n Page 4
rait		1112 44	itii Nevellue pei in	Cluii	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				21,093,949.
	Total revenue, gains, and other support per audited financial statements			1	21,093,949.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	ا ما	-13,340,082.		
	Net unrealized gains (losses) on investments		-13,340,004.		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII)	2d		0-	-13,340,082.
	Add lines 2a through 2d			2e 3	34,434,031.
-	Subtract line 2e from line 1			3	34,434,031.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b	ا مد ا	1,223,524.		
	Other (Describe in Part XIII)	4a 4b	1,223,324.		
	Add lines 4a and 4b	40	-	4c	1,223,524.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	35,657,555.
Part	XII Reconciliation of Expenses per Audited Financial Statemen	ents V	Vith Expenses per		
· uit	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		Titil Experience per		••••
	Total expenses and losses per audited financial statements			1	9,377,259.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25			'	7,511,255.
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
_	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d	Zu		2e	0.
	Subtract line 2e from line 1			3	9,377,259.
	Amounts included on Form 990, Part IX, line 25, but not on line 1			<u> </u>	3,3,7,233.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,223,524.		
	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	1,223,524.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	10,600,783.
	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV. lines	s 1b and 2b. Part V. line	4. Par	t X. line 2. Part XI.
	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi				, ,
	,,,,,,,,				
PAR'	T V, LINE 4:				
<u>UNI</u>	DEL'S ENDOWMENT FUNDS GENERATE THE INCOME	USE	D FOR GRANTS	TC	THE
<u>UNI</u>	VERSITY OF DELAWARE IN ACCORDANCE WITH THI	E TE	RMS OF UNIDE	L'S	FOUNDING
DOC'	UMENTS.				
PAR	T X, LINE 2:				
THE	FOUNDATION HAS ADOPTED THE PROVISIONS OF	FAS	B INTERPRETA	TIC	N NO. 48
					-
"AC	COUNTING FOR UNCERTAINTY IN INCOME TAXES"	(FA	<u>SB ASC 740-1</u>	0-5	50).
<u>MAN</u>	AGEMENT CONTINUALLY EVALUATES UNCERTAIN TO	AX P	OSITIONS AND	EX	KPIRING
STA	TUTES OF LIMITATIONS, AUDITS, PROPOSED SE	TTLE	MENTS, CHANG	ES	IN TAX LAW
<u>AND</u>	NEW AUTHORITATIVE RULINGS, AS APPLICABLE	. M	IANAGEMENT'S	EVA	ALUATION IS
	T THERE IS NO INCOME TAX LIABILITY. THIS	EVA	LUATION IS E		
432054	4			Sche	edule D (Form 990) 2014

Schedule D (Form 990) 2014 UNIDEL FOUNDATION, INC.	51-6015046 Page 5
Part XIII Supplemental Information (continued)	
SETTLED AND ESTABLISHED POSITIONS WITHIN THE INTERNAL REV	ENUE CODE AND
MANAGEMENT BELIEVES THERE IS NO SIGNIFICANT UNCERTAINTY R	ELATED TO ITS
EVALUATION.	
THE FOUNDATION'S POLICY IS TO EXPENSE ALL INTEREST AND PE	NALTIES AS
INCURRED, IF ANY. NO AMOUNTS OF INTEREST OR PENALTIES WE	RE RECOGNIZED BY
THE FOUNDATION DURINGS THE YEARS ENDED DECEMBER 31, 2014	OR 2013. NO TAX
YEARS PRIOR TO 2011 REMAIN SUBJECT TO EXAMINATION.	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

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

▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization	140 110	CINI					Employer identification number
Dart General Information on Grants and Assistance	nd Assistance	- 711					0#00T00 T0
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	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as:	sistance, and the selec	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of	ocedures for monit	toring the use of grant	grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the org	anization answered "`	res" to Form 990, Parl	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated in	\$5,000 Part II can	be duplicated if addit	additional space is needed	Jed.	A Mothod of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT OF HIGHER
UNIVERSITY OF DELAWARE							EDUCATION IN DELAWARE IN
116 HULLIHEN HALL	,		6	¢	FAIR MARKET		ACCORDANCE WITH UNIDEL'S
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.	ind government or slisted in the line	ganizations listed in the table	ne line 1 table				4
1 -	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2014)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) REQUIRES PERIODIC REPORTING FROM THE UNIVERSITY OF DELAWARE AS TO THE USE AVAILABILITY OF INCOME AS DEFINED BY UNIDEL'S FOUNDING DOCUMENTS AND THE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information OF THE FUNDS AND THE ACCOMPLISHMENT OF THE STATED OBJECTIVES BY PROJECT Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed UNIDEL UNIDEL ANNUALLY GRANTS FUNDS FOR SPECIFIC PROJECTS BASED ON THE (d) Amount of non-cash assistance SUITABILITY OF THE PROJECT AS DETERMINED BY UNIDEL'S TRUSTEES. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE PART I, Part III

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Page 2

51-6015046

UNIDEL FOUNDATION, INC.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization UNIDEL FOUNDATION, INC.	Employer identification number 51-6015046
FORM 990, PART VI, SECTION B, LINE 11:	, , , , , , , , , , , , , , , , , , , ,
	DARD MEMBERS FOR
APPROVAL PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
UNIDEL HAS NO CONNECTIONS OR TIES WITH ORGANIZATIONS IN	WHICH ITS TRUSTEES
OR EMPLOYEES HAVE A FINANCIAL INTEREST. THE UNIVERSITY	OF DELAWARE HAS
BEEN THE ONLY BENEFICIARY OF UNIDEL'S GRANTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
UNIDEL'S TRUSTEES ARE ALL INDEPENDENT OF BOTH THE SECRE	TARY / TREASURER AND
THE OFFICE MANAGER (UNIDEL'S ONLY PAID EMPLOYEES). ANN	JALLY, THE TRUSTEES
WILL MAKE COMPENSATION DECISIONS FOR UNIDEL EMPLOYEES BY	Y APPROVING THE
ANNUAL BUDGET. THE SECRETARY / TREASURER RECOMMENDS THE	COMPENSATION OF THE
OFFICE MANAGER. EMPLOYEES ARE NOT PRESENT WHEN VOTES OF	N COMPENSATION
DECISIONS ARE TAKEN, AND THOSE VOTES ARE FORMALLY DOCUM	ENTED IN THE MEETING
MINUTES WITHIN ONE WEEK OF THE MEETING. THE TRUSTEES' D	ECISIONS ARE BASED
ON THEIR ASSESSMENT OF EMPLOYEE PERFORMANCE AND KNOWLED	GE AND EXPERIENCE
WITH COMPENSATION PRACTICES OF OTHER COMPARABLE ORGANIZA	ATIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
WHILE IT IS UNIDEL'S UNDERSTANDING THAT THERE CURRENTLY	EXISTS NO LEGAL
REQUIREMENT TO MAKE GOVERNING DOCUMENTS, CONFLICT OF IN	TEREST POLICIES OR
AUDITED FINANCIAL STATEMENTS PUBLICLY AVAILABLE, THE MA	TTER HAS NOT BEEN
CONSIDERED, BECAUSE UNIDEL HAS NOT RECEIVED A REQUEST F	OR INFORMATION OF
THIS TYPE. IF SUCH REQUESTS SHOULD BE RECEIVED, THEY WI	LL BE EVALUATED BY

432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization UNIDEL FOUNDATION, INC.	Employer identification number 51-6015046
THE TRUSTEES ON A CASE-BY-CASE BASIS. IN GENERAL, THE TR	USTEES BELIEVE
THAT THE INFORMATION CONTAINED IN FORM 990 IS SUFFICIENT	TO MEET THE
INTERESTS OF TRANSPARENCY, AND THEREFORE SUFFICIENT TO RE	SPOND TO MOST
LEGITIMATE INQUIRIES.	
	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

Employer Identification number Direct controlling 51-6015046 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total Income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity INC UNIDEL FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II Part I

(g) Section 512(bX13) controlled entity?	Yes No			×					_	
(f) Direct controlling entity				N/A						
(e) Public charity status (if section	501(c)(3))		509(A)(1) -	SCHOOL						
(d) Exempt Code section				501(C)(3)						
(c) Legal domicile (state or foreign country)	•			DELAWARE		-				
(b) Primary activity			ACCREDITED UNIVERSITY -	POST-SECONDARY EDUCATION						
(a) Name, address, and EIN of related organization	•	UNIVERSITY OF DELAWARE - 51-6000297	116 HULLIHEN HALL	NEWARK DE 19716						

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

432181 08-14-14 LHA

Schedule R (Form 990) 2014

51-6015046

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Page 2

Schedule R (Form 990) 2014 UNIDEL FOUNDATION, INC.

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

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes 9 Code V.UBI camount in box 20 of Schedule - K.1 (Form 1065) ϵ Disproportionate Yes aflocations? Ξ Share of end-of-year assets <u>6</u> Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>e</u> Part IV

													-						
	Ξ	2(b)(13)	ntity?	Yes No										_					
		9 27 g	3	Yes												_			
	£	Percentage 512(b)(13)	OWINE														_		
	(6)	Share of	end-or-year assets																
	3	Share of total	ысоше																
	(d) (e) Direct controlling Type of entity (C corp. S corp., s corp., or trust)																		
	(P)	Direct controlling	entity																
	(၁)	<u> </u>	(state or foreign	country)															
	(b) Primary activity																		
organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN	of related organization																

Schedule R (Form 990) 2014

32

432162 08-14-14

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

Schedule R (Form 990) 2014 19 ξ <u>a</u> 유 ပ္ 9 <u>0</u> f ŧ ဝ 10 ₽ 4 (d)
Method of determining amount involved ***** ¥ = = ÷ = 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 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 5,000,000.CASH (c) Amount involved (b) Transaction type (a·s) 33 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) ф Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) - CASH PAID Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) UNIVERSITY OF DELAWARE Sale of assets to related organization(s) Dividends from related organization(s) 432163 08-14-14 (4) 혤 (2) 3 3

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51-6015046 Page 4

Schedule R (Form 990) 2014 UNIDEL FOUNDATION, INC.

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

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

Usproportion (i) v./ Code V-UBI General or Percentage binate amount in box 20 managing ownership allocations? of Schedule K-1 parine? ownership Yes No (Form 1065) Yes No end-of-year Share of assets Share of income total ru)

(e)

Are all

Fredominant income parines ser

(related, unrelated, 510:03)

excluded from fax under ones

sections 512-514) (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

432164 08-14-14

Schedule R (Form 990) 2014

Schedule R	l (Form 990) 2014	UNIDEL	FOUNDATION,	INC.		<u>51-6015046</u>	Page 5
Part VII	(Form 990) 2014 Supplemental Info	mation	-			<u> </u>	
	Provide additional inform	ation for respoi	nses to questions on Sci	hedule R (see instructions)	1		
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