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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
DELAWARE COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1636

City or town, state or province, country, and ZIP or foreign postal code
WILMINGTON, DE 19899

D Employer identification number
22-2804785

E Telephone number
(302) 571-8004

G Gross receipts $ 24,023,450

F Name and address of principal officer
BECKY CAHILL GAROFALO
PO BOX 1636
WILMINGTON, DE 19899

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW DELCF ORG

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

L Year of formation 1986

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BUILDING A SHARED VISION FOR DELAWARE, GROUNDED IN KNOWLEDGE, INSPIRED BY THE COMMON GOOD AND ADVANCED THROUGH PHILANTHROPY WE ENVISION THRIVING, VIBRANT COMMUNITIES, DRIVEN BY COLLABORATIONS THAT UNITE GENEROSITY, KNOWLEDGE AND OTHER RESOURCES TO ADDRESS DELAWARE'S EVOLVING NEEDS AND OPPORTUNITIES

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**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,122
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,122

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,525,804	17,588,208
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,280,326	5,008,539
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,071,106	1,426,703
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,877,236	24,023,450
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,371,864	16,991,386
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)	1,341,718	1,586,549
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,140,351		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,388,716	4,453,501
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,102,298	23,031,436
19	Revenue less expenses Subtract line 18 from line 12	28,774,938	992,014

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	251,389,184	229,354,539
21	Total liabilities (Part X, line 26)	54,808,534	41,500,154
22	Net assets or fund balances Subtract line 21 from line 20	196,580,650	187,854,385

Net Assets or Fund Balances

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

******
Signature of officer — 2017-05-12 Date

RICHARD A GENTSCH CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATHERINE L SILICATO	KATHERINE L SILICATO			P00543107

Firm's name ▶ GUNNIP & COMPANY LLP — Firm's EIN ▶ 51-0076769

Firm's address ▶ 2751 CENTERVILLE RD STE 300
WILMINGTON, DE 19808

Phone no (302) 225-5000

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

BUILDING A SHARED VISION FOR DELAWARE, GROUNDED IN KNOWLEDGE, INSPIRED BY THE COMMON GOOD AND ADVANCED THROUGH PHILANTHROPY WE ENVISION, VIBRANT COMMUNITIES, DRIVEN BY COLLABORATIONS THAT UNITE GENEROSITY, KNOWLEDGE AND OTHER RESOURCES TO ADDRESS DELAWARE'S EVOLVING NEEDS AND OPPORTUNITIES

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 $ 20,099,215 including grants of $ 16,991,386) (Revenue $ 1,426,703)

IN THE FISCAL YEAR ENDED JUNE 30, 2016, THE DELAWARE COMMUNITY FOUNDATION SUPPORTED COMMUNITY NEEDS BY AWARDING MORE THAN $20 MILLION IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND LOCAL STUDENTS OVER $9 MILLION OF THESE AWARDS CAME FROM DONOR-DIRECTED COMPONENT FUNDS AT THE DCF THE DCF UNRESTRICTED GRANTS PROGRAM FUNDED FIVE COLLABORATIVE GRANTS THESE GRANTS SEEK TO INSPIRE AND SUPPORT SPECIAL INITIATIVES IN WHICH MULTIPLE NONPROFIT ORGANIZATIONS COLLABORATE AND LEVERAGE EACH OTHER'S RESOURCES TO MAXIMIZE THE IMPACT OF THE GRANT DOLLARS THE PROGRAMS CHOSEN FOR THESE GRANTS WERE SERVICES FOR THE HOMELESS IN SUSSEX COUNTY FOR $100,000, ADDRESSING HIGH SCHOOL DROPOUT RATES IN KENT COUNTY FOR $29,000, FINANCIAL COACHING AND DISABILITY SERVICES FOR $69,000, HEALTHY MEALS SEMINARS FOR $22,000, AND A SUMMER LEARNING PROGRAM FOR $60,000 UNRESTRICTED GRANTS ALSO SUPPORTED OVER $287,000 IN CAPITAL AND EQUIPMENT GRANTS FOR 20 NONPROFIT ORGANIZATIONS IN DELAWARE THE FOUNDATION'S SCHOLARSHIP PROGRAM OF 98 FUNDS SUPPORTED LOCAL STUDENTS BY AWARDING A TOTAL OF $257 THOUSAND IN SCHOLARSHIPS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 20,099,215

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	Yes	
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	Yes	
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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**		No
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**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	128		
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	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	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	27		
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		Yes	
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		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BECKY CAHILL GAROFALO PO BOX 1636 WILMINGTON, DE 19899 (302) 571-8004

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								319,493	0	108,398

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
TECH IMPACT 417 NORTH 8TH STREET SUITE 203 PHILADELPHIA, PA 19123	CONTRACT SERVICES	370,237
INTERNATIONAL SCHOLARSHIP AND TUITION SE 1321 MURFREESBORO PIKE SUITE 800 NASHVILLE, TN 37217	SCHOLARSHIP PROCESSING	259,240
PMG CONSULTING LLC 29471 SKIPTON ESTATES DRIVE CORDOVA, MD 21625	CONSULTING	209,579
PRIME BUCHHOLZ & ASSOCIATES PO BOX 16011 LEWISTON, ME 04243	INVESTMENT ADVISORS	201,207
CHRISTINE CANNON, 131 WYETH WAY HOCKESSIN, DE 19707	CONSULTING	140,000

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 ▶ 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	102,991				
	b Membership dues	78,250				
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	135,765				
	f All other contributions, gifts, grants, and similar amounts not included above	17,271,202				
	g Noncash contributions included in lines 1a-1f $	1,606,213				
	h **Total.** Add lines 1a-1f		17,588,208			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,142,379		-1,122	3,143,501
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	2,800				
	b Less rental expenses	0				
	c Rental income or (loss)	2,800				
	d Net rental income or (loss)		2,800	2,800		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,866,160				
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	1,866,160				
	d Net gain or (loss)		1,866,160			1,866,160
	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 EVENT INCOME	900099	869,169	869,169		
	b ADMINISTRATIVE FEE REVEUNE	561000	389,712	389,712		
	c OTHER INCOME	900099	155,763	155,763		
	d All other revenue		9,259	9,259		
	e **Total.** Add lines 11a–11d		1,423,903			
	12 **Total revenue.** See Instructions		24,023,450	1,426,703	-1,122	5,009,661

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,734,146	16,734,146		
2 Grants and other assistance to domestic individuals See Part IV, line 22	257,240	257,240		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	545,647	178,636	187,877	179,134
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	796,486	252,341	282,043	262,102
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,108	10,183	13,891	13,034
9 Other employee benefits	123,183	42,670	40,871	39,642
10 Payroll taxes	84,125	26,478	29,244	28,403
11 Fees for services (non-employees)				
a Management				
b Legal	36,545	835	1,661	34,049
c Accounting	59,747	20,741	26,417	12,589
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	731,711	731,711		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,181,089	1,034,656	31,849	114,584
12 Advertising and promotion	118,708	61,002	5,713	51,993
13 Office expenses	236,160	73,503	58,780	103,877
14 Information technology	108,575	55,349	2,134	51,092
15 Royalties				
16 Occupancy	121,442	71,210	27,667	22,565
17 Travel	21,243	8,111	3,335	9,797
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,474	40,584	8,411	79,479
20 Interest	1,008	1,008		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,719		42,719	
23 Insurance	103,362	88,446	8,350	6,566
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 FUNDRAISING EXPENSES	1,048,078	577	3,830	1,043,671
b UNITRUST/CRUT PAYMENT	219,563	219,563	0	0
c STIPENDS	80,607	80,607		
d SUBSCRIPTIONS & PUBLICA	57,799	24,837	12,322	20,640
e All other expenses	156,671	84,781	4,756	67,134
25 **Total functional expenses.** Add lines 1 through 24e	23,031,436	20,099,215	791,870	2,140,351
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	37,047,043	2	35,361,531
	3	Pledges and grants receivable, net	288,718	3	320,475
	4	Accounts receivable, net		4	
	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	1,177,667	7	1,180,111
	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: 547,436			
	b	Less accumulated depreciation — 10b: 322,549	241,212	10c	224,887
	11	Investments—publicly traded securities	108,446,652	11	116,031,533
	12	Investments—other securities See Part IV, line 11	103,578,820	12	75,720,448
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	609,072	15	515,554
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	251,389,184	16	229,354,539
Liabilities	17	Accounts payable and accrued expenses	202,190	17	279,482
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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	54,606,344	25	41,220,672
	26	**Total liabilities.** Add lines 17 through 25	54,808,534	26	41,500,154
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	196,399,266	27	187,642,253
	28	Temporarily restricted net assets	181,384	28	212,132
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	196,580,650	33	187,854,385
	34	Total liabilities and net assets/fund balances	251,389,184	34	229,354,539

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,023,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,031,436
3	Revenue less expenses Subtract line 2 from line 1	3	992,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	196,580,650
5	Net unrealized gains (losses) on investments	5	-7,889,827
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,828,452
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	187,854,385

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 22-2804785
Name: DELAWARE COMMUNITY FOUNDATION 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			
ANDY STATON BOARD MEMBER	2 00	X						0	0	0
CINDY L SZABO BOARD MEMBER	2 00	X						0	0	0
DAVID SINGLETON TREASURER	2 00	X		X				0	0	0
DONALD W NICHOLSON JR BOARD MEMBER	2 00	X						0	0	0
DONEENE KEEMER DAMON ESQ BOARD MEMBER	2 00	X						0	0	0
GARY STOCKBRIDGE BOARD MEMBER	2 00	X						0	0	0
JAMES MAZARAKIS BOARD MEMBER	2 00	X						0	0	0
JANICE E NEVIN MD MPH BOARD MEMBER	2 00	X						0	0	0
JENNINGS P HASTINGS CPA ABV BOARD MEMBER	2 00	X						0	0	0
JOAN SHARP BOARD MEMBER	2 00	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			
JOHN C HAWKINS BOARD MEMBER	2 00	X						0	0	0
JOHN PARADEE ESQ BOARD MEMBER	2 00	X						0	0	0
JOHN W NOBLE BOARD MEMBER	2 00	X						0	0	0
KATHLEEN FUREY MCDONOUGH ESQ BOARD MEMBER	2 00	X						0	0	0
KELLY FIRMENT BOARD MEMBER	2 00	X						0	0	0
LYNN ADAMS KOKJOHN BOARD MEMBER	2 00	X						0	0	0
MARILYN R HAYWARD CHAIRPERSON	2 00	X		X				0	0	0
MARTHA S GILMAN BOARD MEMBER	2 00	X						0	0	0
MICHELE WHETZEL BOARD MEMBER	2 00	X						0	0	0
MICHELLE A TAYLOR BOARD MEMBER	2 00	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			
NANCY KARIBJANIAN BOARD MEMBER	2 00	X						0	0	0
ROBERT MACGOVERN BOARD MEMBER	2 00	X						0	0	0
STEPHEN B LAMB CORPORATE SECRETARY	2 00	X		X				0	0	0
THOMAS E HANSON JR BOARD MEMBER	2 00	X						0	0	0
THOMAS J SHOPA CPA CFP CVA IMMEDIATE PAST CHAIR	2 00	X						0	0	0
THOMAS L SAGER ESQ VICE CHAIRPERSON	2 00	X		X				0	0	0
WILLIAM C DUGDALE BOARD MEMBER	2 00	X						0	0	0
FREDERICK C SEARS II PRESIDENT & CEO- ENDING 12/31/15	35 00			X				205,000	0	77,863
JOHN STUART COMSTOCK-GAY PRESIDENT & CEO- EFFECTIVE 2/8/16	35 00			X				0	0	0
RICHARD A GENTSCH EXECUTIVE VICE PRESIDENT	35 00			X				114,493	0	30,535

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

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 (Form 990 or 990-EZ))

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

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

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

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

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	15,795,010	13,891,718	21,112,680	40,430,829	17,606,886	108,837,123
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	15,795,010	13,891,718	21,112,680	40,430,829	17,606,886	108,837,123
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)						45,385,263
6 **Public support.** Subtract line 5 from line 4						63,451,860

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15,795,010	13,891,718	21,112,680	40,430,829	17,606,886	108,837,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,436,139	3,102,533	2,788,052	3,220,998	3,142,995	15,690,717
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						124,527,840

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	50 950 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	**15**	58 560 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135022637

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	259	1,124
2	Aggregate value of contributions to (during year)	8,317,905	11,975,453
3	Aggregate value of grants from (during year)	9,047,708	23,184,183
4	Aggregate value at end of year	79,510,683	108,131,570

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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

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

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

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

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

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

a Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,681,455	1,745,843	1,711,179	1,355,920	609,473
b	Contributions	500	875	86,851	301,089	978,511
c	Net investment earnings, gains, and losses	-47,999	-1,053	226,033	95,843	-5,733
d	Grants or scholarships					
e	Other expenditures for facilities and programs	79,035	64,210	278,220	41,673	226,331
f	Administrative expenses					
g	End of year balance	1,554,921	1,681,455	1,745,843	1,711,179	1,355,920

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 on 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)		No
(ii) related organizations	3a(ii)		No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		547,436	322,549	224,887
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				224,887

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FORRESTER - MULTI-STRATEGY HEDGE FUND	12,530,524	F
(B) COLCHESTER - MULTI-STRATEGY HEDGE FUND	9,770,483	F
(C) MARATHON - MULTI-STRATEGY HEDGE FUND	15,115,482	F
(D) WEATHERLOW - MULTI-STRATEGY HEDGE FUND	12,820,328	F
(E) SANDERSON - MULTI-STRATEGY HEDGE FUND	13,540,280	F
(F) HIRTLE - MULTI-STRATEGY HEDGE FUND	159,151	F
(G) BRISTOL - MULTI-STRATEGY HEDGE FUND	9,817,771	F
(H) MERRILL LYNCH - MULTI STRATEGY HEDGE FUND	1,966,429	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	75,720,448	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
CHARITABLE GIFT ANNUITY	558,237
NON PROFIT ENDOWMENTS	40,662,435
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	41,220,672

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	15,743,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,889,827		
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	-7,889,827
3	Subtract line **2e** from line **1**			3	23,633,122
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			
b	Other (Describe in Part XIII)	4b	390,328		
c	Add lines **4a** and **4b**			4c	390,328
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	24,023,450

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22,630,100
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	22,630,100
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			
b	Other (Describe in Part XIII)	4b	401,336		
c	Add lines **4a** and **4b**			4c	401,336
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	23,031,436

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 INCOME NOT RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA IMPOSE A THRESHOLD FOR DETERMINING WHEN AN INCOME TAX BENEFIT CAN BE RECOGNIZED IN REGARD TO UNCERTAIN TAX POSITIONS THE FOUNDATION HAS DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS IS REQUIRED TO BE ACCRUED AND INCLUDED IN THE STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2016 AND 2015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPLANATION ADMIN FEE REVENUE REPORTED AS REVENUE ON 990 - NETTED WITH EXPENSES OF F/S $389,712 EXPLANATION INTERCO INCOME REPORTED AS REVENUE ON 990- NETTED WITH EXPENSES OF F/S $616 RELATED ORGANIZATION GRANT
PART V, LINE 4	DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS THE FOUNDATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED TO HELP SUPPORT THE FOUNDATION'S FUTURE OPERATIONS

Additional Data

Software ID:
Software Version:
EIN: 22-2804785
Name: DELAWARE COMMUNITY FOUNDATION INC

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3) Other		
(A) FORRESTER - MULTI-STRATEGY HEDGE FUND	12,530,524	F
(B) COLCHESTER - MULTI-STRATEGY HEDGE FUND	9,770,483	F
(C) MARATHON - MULTI-STRATEGY HEDGE FUND	15,115,482	F
(D) WEATHERLOW - MULTI-STRATEGY HEDGE FUND	12,820,328	F
(E) SANDERSON - MULTI-STRATEGY HEDGE FUND	13,540,280	F
(F) HIRTLE - MULTI-STRATEGY HEDGE FUND	159,151	F
(G) BRISTOL - MULTI-STRATEGY HEDGE FUND	9,817,771	F
(H) MERRILL LYNCH - MULTI STRATEGY HEDGE FUND	1,966,429	F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135022637

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 264

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) SCHOLARSHIPS	192	257,240			

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2804785
Name: DELAWARE COMMUNITY FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
21ST CENTURY FUND FOR DELAWARE'S CHILDREN CO CHILDREN & FAMILIES FIRST 2005 BAYNARD BLVD WILMINGTON,DE 19802	20-2869892	501(C)(3)	9,000				CHILDREN AND YOUTH SERVICES
887 THE BRIDGE 1977 BAY ROAD MILFORD,DE 19963	51-0275961	501(C)(3)	16,728				RELIGION-RELATED
AMERICAN LEGION MILFORD POST #3 PO BOX 124 MILFORD,DE 19963	51-6022762	501(C)(19)	5,954				QUARTERLY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 PLANNING ASSOCIATION - DELAWARE CHAPTER PO BOX 1781 DOVER,DE 199031781	52-1134021	501(C)(3)	46,169				FUND BALANCE
ARC OF DELAWARE 2 S AUGUSTINE STREET SUITE B WILMINGTON,DE 19804	51-0072149	501(C)(3)	25,000				HUMAN SERVICES
ASPEN SCIENCE CENTER PO BOX 4669 ASPEN,CO 81612	84-1677611	501(C)(3)	20,000				EDUCATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS,ME 04619	13-2618801	501(C)(3)	15,000				MEMBERSHIP AND ANNUAL
BANK OF AMERICA CHARITABLE GIFT FUND PO BOX 55850 BOSTON,MA 022055850	04-6010342	501(C)(3)	933,804				FUND BALANCE
BARRIO LAPLANTA PROJECT 7905 CADILLAC LANE PHILADELPHIA,PA 19128	27-1409079	501(C)(3)	10,000				HUMAN SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER,DE 199013530	22-2559843	501(C)(3)	35,468				FUND RAISING & FUND DISTRIBUTION
BAYHEALTH MEDICAL CENTER INC 640 SOUTH STATE STREET DOVER,DE 19901	51-0064318	501(C)(3)	5,321				INCOME
BEAU BIDEN FOUNDATION PO BOX 2838 WILMINGTON,DE 19805	47-4507397	501(C)(3)	150,000				CHILD ABUSE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES,DE 19958	51-0319455	501(C)(3)	19,164				HOSPITALS
BENEDICTINE SISTERS OF RIDGELY MARYLAND 14259 BENEDICTINE LANE RIDGELY,MD 21660	52-0787237	501(C)(3)	21,000				SEMI-ANNUAL DISTRIBUTION
BIG BROTHERS BIG SISTERS OF DELAWARE 413 LARCH CIRCLE WILMINGTON,DE 19804	51-6018399	501(C)(3)	15,000				NEIGHBORHOOD CENTERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BLOOD BANK OF DELMARVA 100 HYGEIA DRIVE NEWARK,DE 19713	51-0078596	501(C)(3)	8,000				HEALTH CARE
BOYS AND GIRLS CLUBS OF DELAWARE INC 669 SOUTH UNION ST WILMINGTON,DE 19805	51-0068712	501(C)(3)	160,001				UNRESTRICTED GRANTS
BRANDYWINE CONSERVANCY PO BOX 141 CHADDS FORD,PA 19317	51-6020908	501(C)(3)	10,000				ENVIRONMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BREASTCANCERORG 120 E LANCASTER AVE SUITE 201 ARDMORE,PA 19003	23-3082851	501(C)(3)	10,000				HEALTH CARE
BTL FOUNDATION FOR INTERNATIONAL SERVICES 114 METTENET COURT HOCKESSIN,DE 19707	51-0259895	501(C)(3)	80,000				HUMAN SERVICES
CANCER SUPPORT COMMUNITY OF DELAWARE 4810 LANCASTER PIKE WILMINGTON,DE 19807	51-0351863	501(C)(3)	23,720				CANCER DISPARITIES COMMUNITY NETWORK

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CANDLELIGHT THEATRE 2208 MILLERS ROAD WILMINGTON,DE 19810	20-4477609	501(C)(3)	31,480				FUND BALANCE
CAPE HENLOPEN SCHOOL DISTRICT 1270 KINGS HIGHWAY LEWES,DE 19958	51-6000279	501(C)(3)	6,724				HEALTHY SCHOOL AWARD
CAREY'S UNITED METHODIST CHURCH 22750 CAREYS CAMP ROAD MILLSBORO,DE 19966	51-0273581	501(C)(3)	9,600				RELIGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CARLISLE FIRE COMPANY PO BOX 292 MILFORD,DE 19963	51-0063613	501(C)(4)	5,529				INCOME
CARSON SCHOLARS FUND USA 305 W CHESAPEAKE AVENUE SUITE 310 TOWSON,MD 21204	52-1851346	501(C)(3)	9,250				SCHOLARSHIPS
CATHOLIC CHARITIES INC 2601 W 4TH STREET WILMINGTON,DE 19805	51-0065685	501(C)(3)	62,250				HUMAN SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 WILMINGTON PO BOX 2030 WILMINGTON,DE 19899	51-0095439	501(C)(3)	20,409				INCOME
CENTER FOR GROWING TALENT BY PMA PO BOX 6036 NEWARK,DE 197146036	51-0565938	501(C)(3)	10,800				YOUTH DEVELOPMENT - AGRICULTURAL
CERTS 1501 CASHO MILL ROAD SUITE 1 NEWARK,DE 19711	01-0592853	501(C)(3)	7,500				HEALTH CARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHEER INC 546 SOUTH BEDFORD STREET GEORGETOWN,DE 199471852	51-0112599	501(C)(3)	25,930				HUMAN SERVICES
CHILDREN & FAMILIES FIRST 2005 BAYNARD BOULEVARD WILMINGTON,DE 19802	51-0065731	501(C)(3)	141,785				CHILDREN AND YOUTH SERVICES
CHILDREN'S BEACH HOUSE 100 W 10TH ST SUITE 411 WILMINGTON,DE 19801	51-0070966	501(C)(3)	5,750				CHILDREN AND YOUTH SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHOIR SCHOOL OF DELAWARE CO EPISCOPAL CHURCH OF STS ANDREW AND MATTHEW 719 N SHIPLEY STREET WILMINGTON,DE 19801	20-5486245	501(C)(3)	25,374				YOUTH DEVELOPMENT PROGRAMS
CHRIST EPISCOPAL CHURCH CHRISTIANA HUNDRED PO BOX 3510 WILMINGTON,DE 198070510	20-8521736	501(C)(3)	10,500				RELIGION
CHRISTIANA CARE HEALTH SYSTEMS INC PO BOX 1668 WILMINGTON,DE 19899	51-0103684	501(C)(3)	14,123				INCOME

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 CULTURAL ARTS CENTER 705 MARKET STREET MALL WILMINGTON,DE 19801	51-0064300	501(C)(3)	119,277				ARTS, CULTURE & HUMANITIES
CITY OF MILFORD WORKFORCE COMMISSION 201 S WALNUT STREET PO BOX 159 MILFORD,DE 19963	51-6000177	501(C)(3)	5,538				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB 669 S UNION ST WILMINGTON,DE 19805	51-0068712	501(C)(3)	19,617				ANNUAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CLEAN AIR TASK FORCE 18 TREMONT STREET SUITE 530 BOSTON,MA 02108	84-1677611	501(C)(3)	50,000				PROJECT SUPPORT
COMBINED CAMPAIGN FOR JUSTICE PO BOX 2113 WILMINGTON,DE 19899	51-6000158	501(C)(3)	7,300				PROFESSIONAL SOCIETIES & ASSOCIATIONS
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN STREET SUITE 2A DOVER,DE 19904	51-0343981	501(C)(3)	170,985				EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
COMMUNITY LEGAL AID SOCIETY INC 100 W 10TH ST SUITE 801 WILMINGTON,DE 19801	51-6000158	501(C)(3)	8,500				EDUCATION
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BLVD WILMINGTON,DE 19803	51-6001225	501(C)(3)	6,000				RELIGION-RELATED
CONNECTIONS CSP INC 3821 LANCASTER PIKE WILMINGTON,DE 19805	51-0279138	501(C)(3)	7,500				HUMAN SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE PRESERVATION FUND P O BOX 92 NEW CASTLE,DE 19720	51-0410312	501(C)(3)	6,907				ENVIRONMENT
DELAWARE ADOLESCENT PROGRAM INC 2900 N VAN BUREN STREET WILMINGTON,DE 19802	51-0108498	501(C)(3)	102,267				PREGNANCY CENTERS
DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON,DE 19806	51-0065746	501(C)(3)	318,544				ART MUSEUMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE BREAST CANCER COALITION 111 W 11TH STREET SUITE 3 WILMINGTON,DE 19801	52-2045298	501(C)(3)	94,825				HEALTH
DELAWARE BUSINESS ROUNDTABLE EDUCATION COMMITTEE 100 W 10TH ST STE 704 WILMINGTON,DE 19801	56-2364584	501(C)(3)	11,500				COMMUNITY
DELAWARE CENTER FOR HORTICULTURE 1810 NORTH DUPONT STREET WILMINGTON,DE 198063308	51-0252857	501(C)(3)	66,719				ENVIRONMENTAL BEAUTIFICATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE CENTER FOR JUSTICE 100 W 10TH ST SUITE 905 WILMINGTON,DE 19801	51-0064323	501(C)(3)	20,238				ALLIANCES AND ADVOCACY
DELAWARE CENTER FOR CONTEMPORARY ARTS 200 SOUTH MADISON STREET WILMINGTON,DE 19801	51-0242942	501(C)(3)	26,321				ARTS
DELWARE CHARTER SCHOOLS NETWORK 100 W 10TH ST STE 308 WILMINGTON,DE 19801	51-0414527	501(C)(3)	15,900				EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE CHILDREN'S MUSEUM 550 JUSTISON STREET WILMINGTON,DE 19801	51-0305812	501(C)(3)	9,000				ARTS
DELWARE CHILDREN'S THEATRE LTD 1014 DELAWARE AVENUE WILMINGTON,DE 19806	51-0122191	501(C)(3)	6,267				THEATER
DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL 601 NORTH CHURCH STREET WILMINGTON,DE 19801	51-0329119	501(C)(3)	25,000				LOW INCOME TAX CLINIC SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE CONTRACEPTIVE ACCESS NOW NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON,DC 20036	20-5806345	501(C)(3)	45,000				PREVENTING UNPLANNED PREGNANCIES
DELAWARE DIVISION OF THE ARTS 820 NORTH FRENCH STREET CARVEL STATE OFFICE BUILDING WILMINGTON,DE 19801	51-6000279	501(C)(3)	82,000				ARTS
DELAWARE FOUNDATION FOR THE VISUAL ARTS 3701 PHILADELPHIA PIKE CLAYMONT,DE 19703	51-0320156	501(C)(3)	5,473				ARTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE FUTURES 704 KING STREET SUITE 600 WILMINGTON,DE 19801	51-0378138	501(C)(3)	24,402				HUMAN SERVICES
DELAWARE GRANTMAKERS ASSOCIATION 100 W 10TH ST STE 115 WILMINGTON,DE 19801	27-2529635	501(C)(3)	23,000				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
DELAWARE GUIDANCE SERVICES FOR CHILDREN AND YOUTH 1213 DELAWARE AVENUE WILMINGTON,DE 19806	51-0071906	501(C)(3)	43,000				CHILDREN AND YOUTH SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE HOSPICE INC 16 POLLY DRUMMOND CENTER 2ND FLOOR NEWARK,DE 19711	51-0258883	501(C)(3)	45,701				SPECIALTY HOSPITALS
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON,DE 19801	51-0082499	501(C)(3)	47,879				ANIMAL PROTECTION AND WELFARE
DELAWARE MAGIC SOFTBALL PO BOX 7024 NEWARK,DE 19714	56-2430762	501(C)(3)	6,125				BASEBALL AND SOFTBALL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE NATURE SOCIETY PO BOX 700 HOCKESSIN,DE 197070700	51-6018321	501(C)(3)	41,250				ENVIRONMENT
DELAWARE STATE UNIVERSITY 1200 N DUPONT HIGHWAY DOVER,DE 19901	51-0305893	501(C)(3)	9,000				UNIVERSITIES
DELAWARE SYMPHONY ASSOCIATION 100 W 10TH ST STE 1003 WILMINGTON,DE 19801	51-6017449	501(C)(3)	86,105				SYMPHONY ORCHESTRAS

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

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DELAWARE TECHNICAL & COMMUNITY COLLEGE OWENS CAMPUS - JASON BUILDING 21179 COLLEGE DRIVE DOVER,DE 199041383	51-6000279	501(C)(3)	7,547				TWO YEAR COLLEGES
DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION FOUNDATION 100 CAMPUS DRIVE DOVER,DE 199041383	51-0246178	501(C)(3)	72,116				TWO YEAR COLLEGES
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON,DE 19801	51-0229918	501(C)(3)	92,734				THEATER

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

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DELAWARE WILD LANDS INC PO BOX 505 ODESSA,DE 19730	51-0101678	501(C)(3)	34,017				NATURAL RESOURCES CONSERVATION AND PROTECTION
DEPARTMENT OF STATE HISTORICAL & CULTURAL AFFAIRS 21 THE GREEN SUITE B DOVER,DE 19901	51-6000279	501(C)(3)	77,397				ARTS & HUMANITIES
DOVER INTERFAITH MISSION FOR HOUSING INC PO BOX 1148 DOVER,DE 19903	41-2280212	501(C)(3)	25,000				FOOD FOR THE HOMELESS

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

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EASTER SEALS OF DE AND MD'S EASTERN SHORE INC 61 CORPORATE CIRCLE NEW CASTLE, DE 197202405	51-0066728	501(C)(3)	12,500				REHABILITATIVE CARE
EISENHOWER FELLOWSHIPS 250 SOUTH 16TH STREET PHILADELPHIA, PA 19102	23-1505095	501(C)(3)	30,000				EDUCATION
ELEUTHERIAN MILLS RESIDENCE COMMITTEE PO BOX 3630 WILMINGTON, DE 19807	51-0070531	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH 1006 WILSON ROAD WILMINGTON,DE 19803	51-6000137	501(C)(3)	89,000				RELIGION
EXCEPTIONAL CARE FOR CHILDREN INC 11 INDEPENDENCE WAY NEWARK,DE 19713	23-2966490	501(C)(3)	26,250				HEALTH CARE
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON,DE 19804	51-0410508	501(C)(3)	18,127				ANIMAL PROTECTION AND WELFARE

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

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FAME INC 100 W 10TH ST STE 409 WILMINGTON,DE 19801	51-0210266	501(C)(3)	15,000				STEM ENRICHMENT PROGRAM
FAMILY COUNSELING CENTER OF ST PAUL'S 1010 W 4TH ST WILMINGTON,DE 198053602	27-3361236	501(C)(3)	10,000				HUMAN SERVICES
FIDELITY CHARITABLE 123 WF2 82 DEVONSHIRE ST MAILZONE F3 BOSTON,MA 02109	22-3332686	501(C)(3)	1,640,414				FUND BALANCE

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

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FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK,ME 039081509	01-6013734	501(C)(3)	68,164				RELIGION
FIRST PRESBYTERIAN CHURCH OF NEWARK 292 W MAIN STREET NEWARK,DE 19711	51-6000112	501(C)(3)	20,059				RELIGION
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK,DE 19713	51-0258984	501(C)(3)	87,768				FOOD BANKS & PANTRIES

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

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FOR ALL SEASONS INC 300 TALBOT STREET EASTON,MD 21601	52-1496434	501(C)(3)	21,500				HUMAN SERVICES
FOUNDATION OF THE AMERCIAN SOCIETY OF NEURORADIOLOGY 800 ENTERPRISE DRIVE SUITE 205 OAK BROOK,IL 60523	23-7122927	501(C)(6)	1,500,000				HEALTH
FREDERICA SENIOR CENTER INC PO BOX 165 216 S MARKET STREET FREDERICA,DE 19946	51-0208779	501(C)(3)	20,000				SENIOR CENTERS

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

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FRESH START SCHOLARSHIP FOUNDATION INC PO BOX 7784 WILMINGTON,DE 19803	51-0378642	501(C)(3)	11,000				ADULT EDUCATION
FRIENDS OF ANIMALS 777 POST ROAD SUITE 205 DARIEN,CT 06820	13-6018549	501(C)(3)	7,574				ANIMAL
FRIENDS OF THE NEWARK FREE LIBRARY INC 750 LIBRARY AVENUE NEWARK,DE 19711	23-7098836	501(C)(3)	7,390				LIBRARIES

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FRIENDSHIP HOUSE INC PO BOX 1517 WILMINGTON,DE 19899	51-0306759	501(C)(3)	75,245				NEIGHBORHOOD CENTERS
GENERATIONS HOME CARE INC 2 PENNS WAY SUITE 303 NEW CASTLE,DE 19720	51-0109657	501(C)(3)	30,000				HOME HEALTH CARE
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL 225 OLD BALTIMORE PIKE NEWARK,DE 19702	51-0064337	501(C)(3)	28,751				COMMUNITY

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

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GIRLS INC OF DELAWARE 1501 N WALNUT ST SUITE 100 WILMINGTON,DE 19801	51-0073396	501(C)(3)	18,176				COMMUNITY
GIRLS ON THE RUN DELAWARE INC 615 W 18TH ST WILMINGTON,DE 19802	20-2751642	501(C)(3)	5,468				HEALTH CARE
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON,DE 19801	51-0116569	501(C)(3)	353,035				PERFORMING ARTS CENTER

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

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HOPE INC PO BOX 403 LYNDONVILLE,VT 05851	27-0226630	501(C)(3)	10,000				HUMAN SERVICES
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY 1920 HUTTON STREET WILMINGTON,DE 19802	51-0294138	501(C)(3)	16,550				HOUSING SUPPORT
HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON,DE 19807	51-0070531	501(C)(3)	16,000				HISTORY MUSEUMS

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

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HARRY K FOUNDATION 313 SOUTH BOARDWALK REHOBOTH BEACH,DE 19971	46-2934019	501(C)(3)	5,500				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
HEALTHY FOODS FOR HEALTHY KIDS PO BOX 847 HOCKESSIN,DE 19707	30-0444914	501(C)(3)	10,000				FOOD PROGRAMS
HELEN F GRAHAM CANCER CENTER CHRISTIANA CARE 4701 OGLETOWN-STANTON ROAD NEWARK,DE 19713	51-0103684	501(C)(3)	65,500				SPECIALTY HOSPITALS

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

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HILLTOP LUTHERAN NEIGHBORHOOD CENTER 1018 WEST SIXTH STREET WILMINGTON,DE 19805	51-0256896	501(C)(3)	20,500				NEIGHBORHOOD CENTERS
HISTORIC CHARLESTON FOUNDATION PO BOX 1120 CHARLESTON,SC 294021120	57-6000599	501(C)(3)	15,000				HISTORICAL SOCIETIES & HISTORIC PRESERVATION
HISTORICAL SOCIETY OF DELWARE 505 N MARKET STREET WILMINGTON,DE 19801	51-0066731	501(C)(3)	17,850				HISTORICAL SOCIETIES & HISTORIC PRESERVATION

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HOPE MEDICAL CLINIC INC 1125 FORREST AVENUE SUITE 202 DOVER,DE 19904	59-3791820	501(C)(3)	55,741				HEALTH
HOUSE OF HEROES 3000 WHITNEY AVENUE SUITE 223 HAMDEN,CT 06518	45-4794687	501(C)(3)	7,500				REPAIR OF VETERAN'S HOUSES IN DELAWARE
HOWARD J WESTON COMMUNITY AND SENIOR CENTER 1 BASSETT AVENUE NEW CASTLE,DE 19720	51-0233399	501(C)(3)	10,000				SENIOR CENTERS

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HUMAN SERVICES COUNCIL MILFORD STATE SERVICE CENTER 13 SW FRONT STREET MILFORD,DE 19963	51-0390144	501(C)(3)	30,000				BENJAMIN POTTER CHARITY TRUST
IMMANUEL UNITED METHODIST CHURCH PO BOX 60 TOWNSEND,DE 19734	51-0261122	501(C)(3)	5,014				RELIGION
INDIAN RIVER SCHOOL DISTRICT 31 HOISER STREET SELBYVILLE,DE 19975	51-6000279	501(C)(3)	56,500				PRIMARY AND ELEMENTARY SCHOOLS

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INDIANA REPERTORY THEATRE INC 140 W WASHINGTON ST INDIANAPOLIS,IN 46204	35-1186290	501(C)(3)	10,000				ARTS, CULTURE, & HUMANITIES
INDIANAPOLS SYMPHONY ORCHESTRA 32 E WASHINGTON ST SUITE 600 INDIANAPOLIS,IN 46060	35-0998627	501(C)(3)	15,000				YOUNG PEOPLE'S DISCOVERY PROGRAM/PREMIER SPONSOR
INGLESIDE HOMES INC 1005 FRANKLIN STREET WILMINGTON,DE 19806	51-0113243	501(C)(3)	15,000				SUPPORTIVE HOUSING FOR OLDER ADULTS

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INNOVATIVE SCHOOLS DEVELOPMENT CORPORATION 100 W 10TH ST STE 403 WILMINGTON,DE 19801	55-0793336	501(C)(3)	418,624				OPERATIONAL SUPPORT
INTERNATIONAL LITERACY ASSOCIATION PO BOX 8139 NEWARK,DE 197148139	46-3994293	501(C)(3)	94,000				FCL GRANT
JEFFERSON AWARDS FOR PUBLIC SERVICE 100 W 10TH ST STE 215 WILMINGTON,DE 19801	52-0959336	501(C)(3)	10,000				HUMAN SERVICES

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RELIGION FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON,DE 19803	51-0097026	501(C)(3)	50,500				NEIGHBORHOOD CENTERS
RELIGION FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DRIVE WEST PALM BEACH,FL 334172760	59-0948696	501(C)(3)	21,500				RELIGION
JOHNS HOPKINS HOSPITAL 100 N CHARLES ST BALTIMORE,MD 21201	52-1232569	501(C)(3)	9,000				HEALTH

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JOSHUA M FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE,DE 19975	20-8592383	501(C)(3)	14,000				PERFORMING ARTS
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA 9449 PRIORITY WAY WEST SUITE 100 INDIANAPOLIS,IN 46240	35-1003695	501(C)(3)	9,000				YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK 1 S WASHINGTON ST SUITE 100 ROCHESTER,NY 14614	16-0956147	501(C)(3)	7,000				YOUTH DEVELOPMENT

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JUNIOR ACHIEVEMENT OF DELAWARE INC 522 SOUTH WALNUT STREET WILMINGTON,DE 198015230	51-0078199	501(C)(3)	7,600				YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 1050 17TH ST NW SUITE 750 WASHINGTON,DC 20036	54-0788947	501(C)(3)	10,000				YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF NORTHEASTERN PENNSYLVANIA 1122 OAK STREET PITTSTON TOWNSHIP,PA 18640	23-1700209	501(C)(3)	10,000				YOUTH DEVELOPMENT

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JUSST SOOUP MINISTRY INC 18483 COOL SPRING RD MILTON,DE 19968	59-3820809	501(C)(3)	17,021				HUMAN SERVICES
KENT COUNTY REGIONAL SPORTS COMPLEX CORP 59 ROOSEVELT AVENUE DOVER,DE 19901	46-1001385	501(C)(3)	100,000				PHYSICAL FITNESS & COMMUNITY RECREATIONAL FACILITIES
KENT-SUSSEX INDUSTRIES INC 301 NORTH REHOBOTH BOULEVARD MILFORD,DE 199631305	51-0097856	501(C)(3)	5,954				HEALTH

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KIDS R FIRST PO BOX 3242 RESTON,VA 20195	54-1905551	501(C)(3)	12,500				CHILDREN AND YOUTH SERVICES
KIMMEL CENTER FOR THE ARTS 1500 WALNUT STREET FLOOR 17 PHILADELPHIA,PA 19102	23-2865855	501(C)(3)	25,000				ARTS
KIND TO KIDS FOUNDATION 100 W 10TH ST SUITE 606 WILMINGTON,DE 19801	80-0641000	501(C)(3)	11,700				CHILDREN AND YOUTH SERVICES

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KINGSWOOD COMMUNITY CENTER 2300 BOWERS STREET WILMINGTON,DE 19802	51-0064319	501(C)(3)	30,000				NEIGHBORHOOD CENTERS
KIWANIS CLUB OF SEAFORD INC PO BOX 1017 SEAFORD,DE 19973	51-0303505	501(C)(3)	6,000				YOUTH
KUUMBA ACADEMY CHARTER SCHOOL 1200 FRENCH STREET WILMINGTON,DE 19801	51-0399911	501(C)(3)	30,000				CHARTER SCHOOLS

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LA ESPERANZA INC 216 N RACE STREET GEORGETOWN,DE 19947	31-1606956	501(C)(3)	10,000				NEIGHBORHOOD CENTERS
LA RED HEALTH CENTER 21444 CARMEAN WAY GEORGETOWN,DE 19947	14-1850828	501(C)(3)	147,000				HEALTH CARE
LAKE FOREST CHURCH ASSOCIATION PO BOX 101 HARRINGTON,DE 19952	04-3816522	501(C)(3)	10,000				REFRIGERATION IMPROVEMENT FOR HARRINGTON FOOD PANTRY

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

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LAND AND GARDEN PRESERVE OF MOUNT DESERT ISLAND MAINE PO BOX 208 SEAL HARBOR, ME 04675	23-7102758	501(C)(3)	50,000				ENVIRONMENT
LAS AMERICAS ASPIRA ACADEMY 326 RUTHAR DRIVE NEWARK, DE 19711	51-6000279	501(C)(3)	6,591				EDUCATION
LATIN AMERICAN COMMUNITY CENTER 403 NORTH VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	72,200				NEIGHBORHOOD CENTERS

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LAUREL POP WARNER 8109 BETHEL ROAD SEAFORD,DE 19973	23-1582287	501(C)(3)	6,215				RECREATION & SPORTS
LEWES PUBLIC LIBRARY INC 111 ADAMS AVENUE LEWES,DE 19958	51-0350650	501(C)(3)	10,250				LIBRARIES
LIMEN HOUSE INC PO BOX 1306 WILMINGTON,DE 19899	23-7029073	501(C)(3)	20,300				HUMAN SERVICES

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LITERACY DELAWARE INC PO BOX 2083 WILMINGTON,DE 198992083	51-0410054	501(C)(3)	20,000				EDUCATION
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD REHOBOTH BEACH,DE 199711482	43-0658188	501(C)(3)	35,800				ESL PROGRAM
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BOULEVARD WILMINGTON,DE 19802	51-0102403	501(C)(3)	13,473				HUMAN SERVICES

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LUZERNE COUNTY HEAD START 23 BEEKMAN STREET WILKESBARRE,PA 18702	23-2038753	501(C)(3)	9,000				EDUCATION
LYME DISEASE ASSOCIATION OF THE EASTERN SHORE OF MARYLAND PO BOX 5360 SALISBURY,MD 21801	74-3102097	501(C)(3)	23,700				RESEARCH INSTITUTE & PUBLIC POLICY ANALYSIS
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND,ME 041023643	01-0211530	501(C)(3)	9,000				ARTS, CULTURE & HUMANITIES

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

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MARTHA & MARY'S PLACE INC 8345 WESTVILLE ROAD CAMDENWYONMING,DE 19934	46-4949153	501(C)(3)	14,000				ESTEEM, EMPOWER, EMPLOY
MEALS ON WHEELS DELAWARE 100 WEST 10TH ST SUITE 207 WILMINGTON,DE 19801	51-0355145	501(C)(3)	19,966				HUMAN SERVICES
MEALS ON WHEELS LEWES-REHOBOTH INC 32409 LEWES GEORGETOWN HIGHWAY LEWES,DE 19958	51-0355145	501(C)(3)	7,000				HUMAN SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
MEETING GROUND PO BOX 808 ELKTON,MD 21921	52-1227620	501(C)(3)	6,000				HUMAN SERVICES
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK,NY 10021	13-1624182	501(C)(3)	15,500				RESEARCH INSTITUTES AND PUBLIC POLICY ANALYSIS
MENTAL HEALTH ASSOCIATION IN DELAWARE INC 100 W 10TH ST STE 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	17,250				ALLIANCES & ADVOCACY

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

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METROPOLITAN WILMINGTON URBAN LEAGUE 100 W 10TH ST STE 602 WILMINGTON,DE 19801	51-0391465	501(C)(3)	107,000				URBAN LEAGUE
MHDC 977 E MASTEN CIRCLE MILFORD,DE 19963	51-0218904	501(C)(3)	30,000				THE HOME REPAIR PROJECT
MILFORD LIONS CLUB CO KSI 301 N REHOBOTH BLVD MILFORD,DE 19963	51-0365044	501(C)(3)	5,954				COMMUNITY IMPROVEMENT & CAPCAITY BUILDING

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

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MILFORD NEW CENTURY CLUB 200 LAKEVIEW AVENUE MILFORD,DE 19963	34-2061572	501(C)(3)	5,954				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
MILFORD NEW FRONTIER CLUB 204 NORTH REHOBOTH BLVD MILFORD,DE 19963	53-0204696	501(C)(3)	5,954				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
MILFORD VETERANS OF FOREIGN WARS 77 VETERANS DRIVE MILFORD,DE 19963	23-7193708	501(C)(4)	5,954				COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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

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MINISTRY OF CARING 506 N CHURCH ST WILMINGTON,DE 19801	51-0209843	501(C)(3)	67,750				HUMAN SERVICES
MOUNT DESERT ISLAND HOSPITAL 10 WAYMAN LANE BAR HARBOR,ME 04609	01-0211797	501(C)(3)	100,000				HOSPITAL
NAMI-DE 2400 W 4TH ST WILMINGTON,DE 19805	22-2490797	501(C)(3)	40,649				HISPANIC SERVICES INITIATIVE

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

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NANTICOKE HEALTH SERVICES 801 MIDDLEFORD ROAD SEAFORD,DE 19973	51-0069243	501(C)(3)	9,250				GENERAL HOSPITALS
NANTUCKET COTTAGE HOSPITAL FOUNDATION 57 PROSPECT STREET NANTUCKET,MA 02554	04-2103823	501(C)(3)	10,000				HOSPITALS
NATIONAL PUBLIC EDUCATION SUPPORT FUND 1825 K STREET NW SUITE 400 WASHINGTON,DC 20006	26-3015634	501(C)(3)	10,000				VISION COALITION OF DELAWARE

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

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NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON,VA 20190	53-0204616	501(C)(3)	11,613				WILDLIFE PRESERVATION AND PROTECTION
NATIVITY PREPARATORY SCHOOL OF WILMINGTON INC 1515 LINDEN STREET WILMINGTON,DE 19805	22-3884703	501(C)(3)	23,000				PRIMARY AND ELEMENTARY SCHOOLS
NEMOURS FUND FOR CHILDREN'S HEALTH 1600 ROCKLAND ROAD WILMINGTON,DE 19803	59-0634433	501(C)(3)	107,669				HEALTH CARE

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

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NEMOURS ALFRED I DUPONT HOSPITAL FOR CHILDREN PO BOX 269 1600 ROCKLAND ROAD WILMINGTON,DE 19803	59-0634433	501(C)(3)	27,340				PEDIATRICS
NEUMANN UNIVERSITY ONE NEUMANN DRIVE ASTON,PA 19014	23-1657958	501(C)(3)	11,000				LATINO MENTAL HEALTH WORKFORCE PROGRAM
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD 103 NEWARK,DE 197025417	51-0191916	501(C)(3)	10,000				PRESCHOOLS

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

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NEW CASTLE PRESBYTERY 1102 W CHURCH ROAD NEWARK, DE 19711	51-0082710	501(C)(3)	12,419				RELIGION
NEWARK COUNTRY CLUB 300 WEST MAIN STREET NEWARK, DE 19711	51-0035715	501(C)(7)	34,956				RECREATION
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	24,369				SENIOR CENTER

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

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NEWARK UNITED METHODIST CHURCH 69 EAST MAIN STREET NEWARK,DE 19711	22-2490620	501(C)(3)	15,825				RELIGION
OPERADELAWARE 4 SOUTH POPLAR STREET WILMINGTON,DE 19801	51-6018055	501(C)(3)	68,614				ARTS
OPPORTUNITY CENTER INC - SERVICE SOURCE 3030 BOWERS STREET WILMINGTON,DE 18902	51-0079778	501(C)(3)	69,000				HUMAN SERVICES

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

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OSTERHOUT FREE LIBRARY 71 S FRANKLIN STREET WILKESBARRE,PA 18701	24-0795971	501(C)(3)	10,000				LIBRARIES
PATHWAYS TO SUCCESS INC 231 S RACE STREET GEORGETOWN,DE 19947	76-0811283	501(C)(3)	8,400				HUMAN SERVICES
PAWS FOR PEOPLE PO BOX 9955 NEWARK,DE 19714	76-0780197	501(C)(3)	23,300				ALLIANCES AND ADVOCACY

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PEACE WORK LTD 113 KENDAL DRIVE KENNETT SQUARE,PA 19348	23-2812145	501(C)(3)	20,000				HUMAN SERVICES
PENINSULA COUNCIL OF NEGRO WOMEN 602 NORTH STREET MILFORD,DE 19963	53-0173054	501(C)(3)	5,954				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
PERSHING RIFLES FOUNDATION 23 PALMER DRIVE MIDDLETOWN,DE 19709	45-5297520	501(C)(3)	95,146				HISTORICAL SOCIETY

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

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PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON,MD 21601	13-1624102	501(C)(3)	7,500				ENVIRONMENT
PILOT SCHOOL INC 100 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0080692	501(C)(3)	20,500				PRIMARY AND ELEMENTARY SCHOOLS
PIONEER CENTRAL SCHOOL DISTRICT ARCADE ELEMENTARY SCHOOL 12125 COUNTY LINE RD ARCADE,NY 14009	16-0915695	501(C)(3)	5,367				EDUCATION

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

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PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON,DE 19801	51-0066725	501(C)(3)	37,572				REPRODUCTIVE HEALTH CARE
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA,PA 19107	23-1352509	501(C)(3)	8,000				HEALTH CARE
POLYTECH ADULT EDUCATION PO BOX 102 WOODSIDE,DE 19980	51-6000279	501(C)(3)	25,190				FAMILY LITERACY PROGRAM/KENT COUNTY

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

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PRESERVATION DELAWARE INC 901 N MARKET STREET SUITE 469 WILMINGTON,DE 19801	51-0345619	501(C)(3)	26,001				HISTORIC PRESERVCATION
PRIMEROS PASOS PO BOX 1003 GEORGETOWN,DE 19947	51-0375288	501(C)(3)	9,500				PRESCHOOLS
PUBLIC ALLIES 100 WEST 10TH STREET STE 812 WILMINGTON,DE 19801	52-1759564	501(C)(3)	46,750				COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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

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READ ALOUD DELAWARE 100 W 10TH ST STE 309 WILMINGTON,DE 19801	51-0280486	501(C)(3)	35,370				REMEDIAL READING & ENCOURAGEMENT
READING ASSIST INSTITUTE 100 W 10TH ST SUITE 910 WILMINGTON,DE 19801	51-0317415	501(C)(3)	30,500				REMEDIAL READING & ENCOURAGEMENT
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVE NW SUITE 1100 1100 WASHINGTON,DC 20036	52-0976257	501(C)(3)	49,037				REMEDIAL READING & ENCOURAGEMENT

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REHOBOTH ART LEAGUE INC 12 DODDS LANE REHOBOTH BEACH,DE 19971	51-0097839	501(C)(3)	77,304				ARTS, CULTURE & HUMANITIES
REHOBOTH BEACH FILM SOCIETY 107 TRUITT AVENUE REHOBOTH BEACH,DE 19971	31-1587363	501(C)(3)	25,000				ARTS, CULTURE & HUMANITIES
RONALD MCDONALD HOUSE OF HELAWARE 1901 ROCKLAND ROAD WILMINGTON,DE 198033627	51-0295320	501(C)(3)	15,500				HUMAN SERVICES

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ROSE HILL COMMUNITY CENTER 19 LAMBSONS LANE NEW CASTLE,DE 19720	51-0247156	501(C)(3)	10,000				TEEN SOCIETY PROGRAM
ROTARY CLUB MILFORD ATTN HIRSCH FUNDS PO BOX 10 MILFORD,DE 19963	51-6018040	501(C)(4)	5,954				PUBLIC AND SOCIAL BENEFIT
SALESIANUM SCHOOL 1801 N BROOM STREET WILMINGTON,DE 19802	51-0066743	501(C)(3)	10,331				SECONDARY & HIGH SCHOOLS

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SALVATION ARMY P O BOX 308 WILMINGTON,DE 19899	13-5562351	501(C)(3)	26,073				HUMAN SERVICES
SAMARITAN HOUSE 2610 GREENBRIAR LANE PO BOX 6039 ANNAPOLIS,MD 21401	52-0911696	501(C)(3)	10,000				HUMAN SERVICES
SANFORD SCHOOL PO BOX 888 HOCKESSIN,DE 19707	51-0064331	501(C)(3)	20,000				SECONDARY & HIGH SCHOOLS

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SARITA & CLARA WRIGHT LUCAS FOUNDATION PO BOX 171031 BOSTON,MA 02116	47-4686627	501(C)(3)	18,514				HUMAN SERVICES
SCHOOLS THAT LEAD 100 W 10TH ST STE 106 WILMINGTON,DE 19801	45-4866878	501(C)(3)	50,000				EDUCATION
SEAFORD DISTRICT LIBRARY 600 N MARKET STREET EXTENDED SEAFORD,DE 19973	51-0101879	501(C)(3)	5,235				LIBRARIES

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SEAFORD SENIOR HIGH SCHOOL 399 N MARKET ST EXT SEAFORD,DE 19973	51-6000279	501(C)(3)	14,000				SECONDARY & HIGH SCHOOLS
SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS,IN 46202	35-1484281	501(C)(3)	12,500				FOOD BANK
SHRINERS HOSPITALS FOR CHILDREN 3551 N BOARD ST PHILADELPHIA,PA 19140	36-2193608	501(C)(3)	10,000				SPECIALTY HOSPITALS

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SOUTHERN DELAWARE THERAPEUTIC & RECREATIONAL HORSEBACK RIDING PO BOX 219 NASSAU,DE 19969	52-2047294	501(C)(3)	8,798				ALLIANCES & ADVOCACY
ST ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN,DE 19709	51-0079506	501(C)(3)	20,500				SECONDARY & HIGH SCHOOLS
ST ANNE'S EPISCOPAL SCHOOL 211 SILVER LAKE ROAD MIDDLETOWN,DE 19709	51-0404800	501(C)(3)	12,000				SECONDARY & HIGH SCHOOLS

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ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON,DE 19805	51-0095439	501(C)(3)	9,500				SECONDARY & HIGH SCHOOLS
ST JOHN'S UNITED METHODIST CHURCH 300 NORTH PINE STREET SEAFORD,DE 19973	23-7259492	501(C)(3)	7,500				RELIGION
ST MICHAEL'S SCHOOL & NURSERY INC 700 N WALNUT STREET WILMINGTON,DE 19801	51-0066741	501(C)(3)	37,943				PRESCHOOLS

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ST PATRICK'S CENTER INC 107 EAST 14TH STREET WILMINGTON,DE 19801	51-0120169	501(C)(3)	6,000				SENIOR CENTERS
ST THOMAS MORE ACADEMY 133 THOMAS MORE DRIVE MAGNOLIA,DE 19962	51-0095439	501(C)(3)	38,375				SECONDARY & HIGH SCHOOLS
STARFISH INITIATIVE 6958 HILLSDALE COURT INDIANAPOLIS,IN 46250	56-2442758	501(C)(3)	15,000				HUMAN SERVICES

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STEHM INC PO BOX 2617 WILMINGTON,DE 198050617	51-0309114	501(C)(3)	7,745				HOUSING
SUNDAY BREAKFAST MISSION 110 N POPLAR STREET WILMINGTON,DE 19801	51-0073080	501(C)(3)	44,241				HUMAN SERVICES
SURVIVORS OF ABUSE IN RECOVERY INC (SOAR) 405 FOULK ROAD WILMINGTON,DE 19803	51-0345109	501(C)(3)	17,470				HELP FOR FEMALE VICTIMS OF SEXUAL ASSULT

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SUSSEX ACADEMY FOUNDATION PO BOX 693 LEWES,DE 19958	45-3820950	501(C)(3)	110,000				SECONDARY & HIGH SCHOOLS
SUSSEX ACADEMY OF ARTS & SCIENCES 21150 AIRPORT ROAD GEORGETOWN,DE 19947	51-0394512	501(C)(3)	9,250				SECONDARY & HIGH SCHOOLS
SUSSEX CHILD HEALTH PROMOTION COALITION PO BOX 1496 SEAFORD,DE 19973	22-2804785	501(C)(3)	47,500				HEALTH

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SUSSEX COUNTY HABITAT FOR HUMANITY P O BOX 759 GEORGETOWN,DE 19947	51-0334057	501(C)(3)	21,000				HOUSING REHABILITATION
SUSSEX TECH ADULT DIVISION PO BOX 351 GEORGETOWN,DE 19947	51-6000279	501(C)(3)	26,052				EDUCATION
TEACH FOR AMERICA INC 1313 N MARKET ST SUITE 1237 WILMINGTON,DE 19801	13-3541913	501(C)(3)	179,633				EDUCATION

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THE CONSERVATION FUND 1655 N FORT DR SUITE 1300 ARLINGTON,VA 222099708	52-1388917	501(C)(3)	2,000,600				ENVIRONMENT
THE COOKSTOVE PROJECT INC 24 LINK DRIVE ROCKLEIGH,NJ 07647	46-4547004	501(C)(3)	10,000				HUMAN SERVICES
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET EXT WILMINGTON,DE 19802	51-0066934	501(C)(3)	64,751				ARTS

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THE NATURE CONSERVANCY IN DELAWARE 100 W 10TH ST STE 1107 WILMINGTON,DE 19801	53-0242652	501(C)(3)	13,000				ENVIRONMENT
THE PARTNERSHIP INC PO BOX 671 WILMINGTON,DE 198990671	51-0385339	501(C)(3)	12,500				SUPERSTARS IN EDUCATION-LEADERSHIP
THE SUMMER LEARNING COLLABORATIVE 1313 N MARKET ST SUITE 1150 NW WILMINGTON,DE 19801	22-2804785	501(C)(3)	60,000				EDUCATION

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TOWER HILL SCHOOL 2813 W 17TH STREET WILMINGTON,DE 19806	51-0065745	501(C)(3)	21,443				ELEMENTARY & SECONDARY SCHOOLS
TOWN OF ELSMERE 11 POPLAR AVENUE WILMINGTON,DE 19805	51-6001118	501(C)(3)	5,500				COMMUNITY IMPROVEMENT & CAPACITY BUILDING
UNITED WAY OF DELAWARE 625 NORTH ORANGE STREET WILMINGTON,DE 19801	51-0073399	501(C)(3)	81,933				FEDERATED GIVING PROGRAMS

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UNITED WAY OF DELAWARE - ALEXIS DE TOCQUEVILLE SOCIETY 625 N ORANGE ST 3RD FLOOR WILMINGTON,DE 19801	51-0073399	501(C)(3)	10,000				FEDERATED GIVING PROGRAMS
UNITED WAY OF SOUTHERN CHESTER COUNTY 106 W STATE ST KENNETT SQUARE,PA 19348	23-1260899	501(C)(3)	13,250				FEDERATED GIVING PROGRAMS
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE,PA 18711	24-0831490	501(C)(3)	22,000				FEDERATED GIVING PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 104 HULLIHEN HALL NEWARK,DE 19716	51-6000297	501(C)(3)	557,440				UNIVERSITIES
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM SCHEIE EYE INSTITUTE 51 N 39TH ST SUITE 502 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	501,800				UNIVERSITIES
URBAN PROMISE WILMINGTON 2401 THATCHER ST WILMINGTON,DE 19802	20-8156160	501(C)(3)	7,000				RELIGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
VANDERBILT UNIVERSITY 2201 WEST END AVENUE NASHVILLE,TN 37240	62-0476822	501(C)(3)	15,000				UNIVERSITIES
VANGUARD CHARITABLE ENDOWMENT PROGRAM PO BOX 55766 BOSTON,MA 022055766	23-2888152	501(C)(3)	172,357				FUND BALANCE
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN,MD 216201197	52-0591691	501(C)(3)	15,000				UNIVERSITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WESLEY COLLEGE 34 N STATE STREET ALUMNI HOUSE DOVER,DE 19901	51-0064335	501(C)(3)	58,851				UNIVERSITIES
WEST CENTER CITY EARLY LEARNING CENTER 201 BAYARD AVENUE WILMINGTON,DE 19805	51-0107562	501(C)(3)	465,030				PRESCHOOLS
WEST END NEIGHBORHOOD HOUSE 710 N LINCOLN STREET WILMINGTON,DE 19805	51-0064301	501(C)(3)	23,500				NEIGHBORHOOD CENTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WESTMINSTRER THEOLOGICAL SEMINARY PO BOX 27009 PHILADELPHIA,PA 19118	23-1352689	501(C)(3)	20,000				GRADUATE & PROFESSIONAL
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER,PA 190135792	23-1386178	501(C)(3)	11,500				LATINO MENTAL HEALTH WORKFORCE PROGRAM
WILMINGTON BALLET ACADEMY OF THE DANCE 1709 GILPIN AVENUE WILMINGTON,DE 19806	26-1861300	501(C)(3)	17,520				BALLET

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 COUNTRY CLUB 4825 KENNETT PIKE WILMINGTON,DE 19807	51-0054440	501(C)(7)	41,000				SCHOLARSHIPS
WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD WILMINGTON,DE 19803	51-0064310	501(C)(3)	27,750				ELEMENTARY & SECONDARY SCHOOLS
WILMINGTON HEAD START 100 W 10TH ST STE 1016 WILMINGTON,DE 19801	51-0276298	501(C)(3)	10,000				PRESCHOOLS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LIBRARY PO BOX 2303 WILMINGTON,DE 19899	51-0064340	501(C)(3)	125,000				FCL GRANT
WILMINGTON SENIOR CENTER INC 1901 MARKET STREET WILMINGTON,DE 19802	51-0078398	501(C)(3)	8,000				SENIOR CENTERS
WILMINGTON UNIVERSITY 320 DUPONT HIGHWAY NEW CASTLE,DE 19720	51-0107088	501(C)(3)	6,500				LATINO MENTAL HEALTH WORKFORCE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WINTERTHUR MUSEUM GARDEN & LIBRARY 5105 KENNETT PIKE WINTERTHUR,DE 19735	51-0066038	501(C)(3)	11,446				MUSEUMS
WOODBRIDGE SCHOOL DISTRICT 16359 SUSSEX HIGHWAY BRIDGEVILLE,DE 19933	51-6000279	501(C)(3)	5,144				EDUCATION
WYOMING COUNTY COMMUNITY ACTION INC 6470 ROUTE 20A SUITE 1 PERRY,NY 14530	16-1488538	501(C)(3)	5,600				ACTION ANGELS PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF DELAWARE 100 W 10TH ST STE 1100 WILMINGTON,DE 19801	51-0065748	501(C)(3)	107,639				HUMAN SERVICES
YMCA OF DELAWARE 100 W 10TH ST STE 515 WILMINGTON,DE 19801	51-0064344	501(C)(3)	31,750				HUMAN SERVICES
ZIP CODE WILMINGTON INC 4023 KENNET PIKE SUITE 133 WILMINGTON,DE 19807	47-3853334	501(C)(3)	30,000				JOB TRAINING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
DELMARVA CHRISTIAN HIGH SCHOOL 21777 SUSSEX PINES ROAD GEORGETOWN,DE 19947	51-0392535	501(C)(3)	49,268				EDUCATION

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 FREDERICK C SEARS II PRESIDENT & CEO- ENDING 12/31/15	**(i)**	205,000	0	0	41,993	35,870	282,863	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	FREDERICK C SEARS II - $41,993

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	1,588,971	FMV ON DATE OF CONTRIBUT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IN KIND GIFTS)	X	97	17,242	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
DELAWARE COMMUNITY FOUNDATION INC	22-2804785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION'S MEMBERS (THE "MEMBERS") SHALL CONSIST OF (1) THE CORPORATION'S DIRECTORS (THE "DIRECTORS"), (2) TEN INDIVIDUALS, EACH OF WHOM IS A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A DONOR-ADVISED OR ENDOWMENT FUND HELD BY THE CORPORATION, SELECTED BY THE DIRECTORS, AND (3) ALL OF THE CORPORATION'S PAST DIRECTORS (OTHER THAN ANY SUCH PAST DIRECTOR WHO WAS REMOVED FROM OFFICE BY THE BOARD OF DIRECTORS (THE "BOARD") WHO INDICATE, IN WRITING, A WILLINGNESS TO SERVE AS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS NOMINATIONS FOR THE BOARD OF DIRECTORS TO THE MEMBERS WHO VOTE ON EACH CANDIDATE FOR A SEAT ON THE DCF BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING ONCE THE FORM 990 IS REVIEWED, THE AUDIT COMMITTEE REPORTS TO THE BOARD OF DIRECTORS ABOUT THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDATE HIS OR HER CONFLICT OF INTERES T STATEMENT AND TO BRING TO THE ATTENTION OF THE PRESIDENT ANY POTENTIAL CONFLICT OF INTER EST, OR APPEARANCE OF CONFLICT OF INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUA LLY AN EMPLOYEE COMPLETES CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT AND RETURNS IT TO THE CHIEF FINANCIAL OFFICER FOR FILING IN THE EMPLOYEE'S PERSONNEL RECORD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED ANNUALLY BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELAWARE COMMUNITY FOUNDATION INC

Employer identification number
22-2804785

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)RODEL CHARITABLE FOUNDATION PO BOX 1636 WILMINGTON, DE 19899 91-1944585	INVESTED IN EFFORTS GEARED TOWARD IMPROVING STUDENT ACHIEVEMENT IN DELAWARE	DE	501(C)(3)	11A	N/A		No

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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		No
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	Yes	
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	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RODEL CHARITABLE FOUNDATION	L	76,176	ADMIN FEES PAID

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation