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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
UNITED WAY OF DELAWARE INC

Doing business as

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

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

D Employer identification number
51-0073399

E Telephone number
(302) 573-3700

G Gross receipts $ 16,458,211

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWDE ORG

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

L Year of formation 1946

M State of legal domicile DE

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	28
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**	47
6	Total number of volunteers (estimate if necessary)	**6**	11,689
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,207,002	15,394,686
9	Program service revenue (Part VIII, line 2g)	1,311,657	737,845
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,428	141,999
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,234	151,302
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,779,321	16,425,832
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,440,795	10,670,010
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)	1,931,488	2,244,767
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,577,037		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,606,404	4,972,570
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,978,687	17,887,347
19	Revenue less expenses Subtract line 18 from line 12	-199,366	-1,461,515

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,206,448	16,666,428
21	Total liabilities (Part X, line 26)	5,614,165	5,881,480
22	Net assets or fund balances Subtract line 21 from line 20	12,592,283	10,784,948

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 — 2016-11-14 Date

JEROME P HUNTER CHIEF OPERATING 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
JEFFREY A KOWALCZYK CPA	JEFFREY A KOWALCZYK CPA	2016-11-14		P01563311

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 8,734,146 including grants of $ 4,222,733) (Revenue $ 144,249)

UNITED WAY OF DELAWARE WORKS IN COLLABORATION WITH THE COMMUNITY TO ENSURE THAT CHILDREN ARE READING ON GRADE LEVEL BY THIRD GRADE, TO HELP YOUNG PEOPLE DEVELOP A PATH TO COLLEGE AND CAREER READINESS, AND TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO ACHIEVE ECONOMIC STABILITY AND FINANCIAL EMPOWERMENT

4b (Code) (Expenses $ 4,255,202 including grants of $ 4,255,202) (Revenue $ 391,773)

MONEY DESIGNATED TO AGENCIES WITHIN DELAWARE

4c (Code) (Expenses $ 2,192,075 including grants of $ 2,192,075) (Revenue $ 201,823)

MONEY DESIGNATED TO AGENCIES OUTSIDE DELAWARE

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 15,181,423

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	24		
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	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	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			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JEROME P HUNTER 625 NORTH ORANGE STREET LINDEN WILMINGTON, DE 19801 (302) 573-3745

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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)** ▶								422,172	0	41,946

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	15,394,686			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	15,394,686			
			Business Code			
Program Service Revenue	2a	DONOR CHOICE ADMIN FEES	561000	593,596	593,596	
	b	MEMBER AGENCY UNEMPLOYMENT FEES	561000	144,249	144,249	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		737,845		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		144,655		144,655
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
			(i) Real	(ii) Personal		
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory		500		
	b	Less cost or other basis and sales expenses	3,156	0		
	c	Gain or (loss)	-3,156	500		
	d	Net gain or (loss) . . . . . ▶		-2,656		-2,656
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a	71,186			
	b	Less direct expenses . . . b	29,223			
	c	Net income or (loss) from fundraising events . . ▶		41,963		41,963
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS	900099	109,339		109,339
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		109,339		
	12	**Total revenue.** See Instructions . . . . . ▶		16,425,832	737,845	0 293,301

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	10,670,010	10,670,010		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	478,312	107,172	147,721	223,419
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,399,954	309,180	428,273	662,501
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,717	19,152	25,268	30,297
9 Other employee benefits	161,976	41,520	54,777	65,679
10 Payroll taxes	129,808	27,463	40,091	62,254
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	35,650	11,470	12,479	11,701
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	27,146	8,734	9,502	8,910
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	289,180	93,037	101,227	94,916
12 Advertising and promotion				
13 Office expenses	174,456	26,963	44,710	102,783
14 Information technology	49,745	9,169	14,632	25,944
15 Royalties				
16 Occupancy	208,655	26,605	67,176	114,874
17 Travel	149,614	19,443	46,478	83,693
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,472	42,518	48,816	66,138
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMUNITY BASED SUPPORT	3,444,109	3,444,109		
b UNITED WAY AMERICA DUES	153,140	153,140		
c UNEMPLOYMENT EXPENSES	112,639	112,639		
d				
e All other expenses	170,764	59,099	87,737	23,928
25 **Total functional expenses.** Add lines 1 through 24e	17,887,347	15,181,423	1,128,887	1,577,037
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	1,740,958
	2	Savings and temporary cash investments	6,721,524	2	5,355,386
	3	Pledges and grants receivable, net	4,216,456	3	3,248,762
	4	Accounts receivable, net	141,325	4	119,830
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	150,413	9	38,908
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 4,205,481			
	b	Less accumulated depreciation — 10b: 2,938,875	1,313,590	10c	1,266,606
	11	Investments—publicly traded securities	3,654,806	11	3,116,163
	12	Investments—other securities See Part IV, line 11	1,854,103	12	1,677,999
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	154,231	15	101,816
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	18,206,448	16	16,666,428
Liabilities	17	Accounts payable and accrued expenses	672,543	17	1,010,596
	18	Grants payable	4,941,622	18	4,370,884
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	500,000
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	5,614,165	26	5,881,480
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	7,471,087	27	6,050,238
	28	Temporarily restricted net assets	5,121,196	28	4,734,710
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	12,592,283	33	10,784,948
	34	Total liabilities and net assets/fund balances	18,206,448	34	16,666,428

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	16,425,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,887,347
3	Revenue less expenses Subtract line 2 from line 1	3	-1,461,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,592,283
5	Net unrealized gains (losses) on investments	5	-140,263
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-205,557
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,784,948

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY R STOCKBRIDGE CHAIR	1 00 1 00	X		X				0	0	0
RODGER LEVENSON TREASURER	1 00 1 00	X		X				0	0	0
LYNN MILLER SECRETARY	0 30 1 00	X		X				0	0	0
RICK OLSON CAMPAIGN CO-CHAIR	1 00 1 00	X						0	0	0
PAT TROY-BROOKS HUMAN RESOURCE CHAIR	0 30 1 00	X						0	0	0
EDMUND GREEN AUDIT COMMITTEE CHAIR	1 00 1 00	X						0	0	0
STEVE MOHR STRATEGIC STEERING COMMITTEE CO-CHAIR	1 00 1 00	X						0	0	0
JOSEPH SCHORAH LABOR CHAIR	0 30 1 00	X						0	0	0
MARKE DICKINSON MARKETING & PR CO-CHAIR	0 30 1 00	X						0	0	0
JASON GAUGHAN MARKETING & PR CO-CHAIR	0 30 1 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			
DR KEVIN FITZGERALD KENT COUNTY CHAIR	0 30 1 00	X						0	0	0
TED BECKER SUSSEX COUNTY CHAIR	0 30 1 00	X						0	0	0
BARRY M WILLOUGHBY ESQUIRE BOARD MEMBER	2 00 1 00	X						0	0	0
JOSEPH YACYSHYN BOARD MEMBER	0 30 1 00	X						0	0	0
JOHN D'AGOSTINO BOARD MEMBER	1 00 1 00	X						0	0	0
VINCENT FARRELL BOARD MEMBER	0 30 1 00	X						0	0	0
GREG BALLANCE BOARD MEMBER	0 30 1 00	X						0	0	0
JASON BETZ BOARD MEMBER	0 30 1 00	X						0	0	0
GERALD BRADY BOARD MEMBER	0 30 1 00	X						0	0	0
MARK BRAINARD BOARD MEMBER	0 30 1 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			
GEORGE GUIDO BOARD MEMBER	0 30 1 00	X						0	0	0
LAVERNE HARMON BOARD MEMBER	0 30 1 00	X						0	0	0
NICHOLAS MARSINI JR BOARD MEMBER	0 30 1 00	X						0	0	0
MARIA MARTIN BOARD MEMBER	0 30 1 00	X						0	0	0
ELDER WINTON HILL BOARD MEMBER	0 30 1 00	X						0	0	0
EMEKA IGWE BOARD MEMBER	0 30 1 00	X						0	0	0
TIMOTHY J CONSTANTINE PAST CHAIR	1 00	X						0	0	0
MICHELLE A TAYLOR PRESIDENT AND CEO	60 00 10 00	X		X				274,847	0	21,695
JEROME P HUNTER COO	38 00 12 00			X				147,325	0	20,251

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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
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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)	18,578,750	18,812,487	17,444,120	17,176,627	15,394,686	87,406,670
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	18,578,750	18,812,487	17,444,120	17,176,627	15,394,686	87,406,670
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)						6,256,074
6 **Public support.** Subtract line 5 from line 4						81,150,596

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	18,578,750	18,812,487	17,444,120	17,176,627	15,394,686	87,406,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,154	167,643	140,464	156,952	144,655	694,868
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)	134,503	146,707	124,659	186,625	177,869	770,363
11 **Total support.** Add lines 7 through 10						88,871,901

12	Gross receipts from related activities, etc (see instructions)	12	6,776,789

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	91 310 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	90 250 %

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: 93493319087256

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
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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	1,829,003	1,927,210	1,760,634	1,700,957	1,851,915
b	Contributions					
c	Net investment earnings, gains, and losses	-44,252	7,927	272,369	160,765	-58,877
d	Grants or scholarships					
e	Other expenditures for facilities and programs	92,510	90,220	89,144	84,453	78,606
f	Administrative expenses	14,242	15,914	16,649	16,635	13,475
g	End of year balance	1,677,999	1,829,003	1,927,210	1,760,634	1,700,957

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

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

The percentages 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)	Yes	
(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		3,530,496	2,364,793	1,165,703
c Leasehold improvements				
d Equipment		674,985	574,082	100,903
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,266,606

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) DELAWARE COMMUNITY FOUNDATION COMMON TRUST FUNDS	1,677,999	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,677,999	

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	9,840,369
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-140,263		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	29,223		
e	Add lines **2a** through **2d**			2e	-111,040
3	Subtract line **2e** from line **1**			3	9,951,409
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,146		
b	Other (Describe in Part XIII)	4b	6,447,277		
c	Add lines **4a** and **4b**			4c	6,474,423
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	16,425,832

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	11,647,704
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	234,780		
e	Add lines **2a** through **2d**			2e	234,780
3	Subtract line **2e** from line **1**			3	11,412,924
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,146		
b	Other (Describe in Part XIII)	4b	6,447,277		
c	Add lines **4a** and **4b**			4c	6,474,423
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	17,887,347

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 IV, LINE 2B	IN 2016, THE ORGANIZATION RECEIVED A CONTRIBUTION FROM A DONOR IN THE AMOUNT OF $750,000 THE PURPOSE OF THIS CONTRIBUTION IS TO SUPPORT THE ORGANIZATION'S STAND BY ME FINANCIAL EMPOWERMENT AND WORKFORCE DEVELOPMENT INITIATIVE PROGRAM OVER A THREE-YEAR PERIOD THE DONOR HAS IDENTIFIED SPECIFIC CONDITIONS IN THE AGREEMENT THAT THE ORGANIZATION HAS TO MEET IN ORDER FOR THESE FUNDS TO BE RETAINED FUNDS FOR WHICH THE CONDITIONS HAVE NOT BEEN MET ARE HELD AS A CUSTODIAL FUND UNTIL CONDITIONS ARE MET

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS REPORTED NET ON FORM 990 29,223
PART XI, LINE 4B - OTHER ADJUSTMENTS	DESIGNATIONS 6,447,277
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN PENSION PLAN ACTUARIAL VALUATION 205,557 FUNDRAISING EVENTS REPORTED NET ON FORM 990 29,223
PART XII, LINE 4B - OTHER ADJUSTMENTS	DESIGNATIONS 6,447,277

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

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

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

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

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

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

		(a) Event #1 JUNE GOLF OUTING (event type)	(b) Event #2 SEPTEMBER GOLF OUTING (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,516	28,670		71,186
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	42,516	28,670		71,186
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,171	7,260		16,431
	7 Food and beverages	466	6,465		6,931
	8 Entertainment				
	9 Other direct expenses	2,461	3,400		5,861
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				29,223
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				41,963

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 . . . . . ▶

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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

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

Return Reference	Explanation

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A BETTER CHANCE FOR OUR CHILDREN INC 1307 PHILADELPHIA PIKE WILMINGTON,DE 19809		501(C)(3)	6,881				OPERATIONS
A DOOR OF HOPE 3407 LANCASTER PIKE WILMINGTON,DE 19805	51-0263402	501(C)(3)	24,803				OPERATIONS
ACE PEER RESOURCE CENTER 547 N BRADFORD STREET SEAFORD,DE 19973		501(C)(3)	6,829				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AI DUPONT HOSPITAL NEMOURS PARTNERSHIP FOR CHILDREN'S HEALTH 1600 ROCKLAND ROAD WILMINGTON,DE 19803		501(C)(3)	93,098				OPERATIONS
ABRAMSON CANCER CENTER 3535 MARKET STREET SUITE 750 PHILADELPHIA,PA 19104		501(C)(3)	5,182				OPERATIONS
AIDS DELAWARE 100 W 10TH STREET SUITE 315 WILMINGTON,DE 19801	22-2805481	501(C)(3)	10,407				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ALS ASSOCIATION GREATER PHILADELPHIA CHAPTER 321 NORRISTOWN ROAD SUITE 260 AMBLER,PA 19002	23-2387205	501(C)(3)	6,890				OPERATIONS
ALZHEIMER'S ASSOCIATION DELAWARE VALLEY CHAPTER 240 N JAMES STREET SUITE 100A WILMINGTON,DE 19804		501(C)(3)	22,400				OPERATIONS
AMERICAN CANCER SOCIETY PA CHESTER COUNTY 480 NORRISTOWN ROAD SUITE 150 BLUE BELL,PA 19422		501(C)(3)	7,126				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY DELAWARE 92 READS WAY SUITE 205 NEW CASTLE,DE 19720		501(C)(3)	93,229				OPERATIONS
AMERICAN DIABETES ASSOCIATION DE AFFILIATE 150 MONUMENT ROAD SUITE 100 BALA CYNWYD,PA 19004		501(C)(3)	11,988				OPERATIONS
AMERICAN HEART ASSOCIATION DE DELAWAREPA AFFILIATE 200 CONTINENTAL DRIVE SUITE 101 NEWARK,DE 19713		501(C)(3)	12,047				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION DE 630 CHURCHMANS ROAD SUITE 202 NEWARK,DE 19702	51-0072406	501(C)(3)	8,009				OPERATIONS
AMERICAN RED CROSS DELMARVA PENINSULA 100 W 10TH STREET SUITE 501 WILMINGTON,DE 19801		501(C)(3)	261,391				OPERATIONS
ANDREW MCDONOUGH B FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON,DE 19803		501(C)(3)	13,675				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
THE ARC OF DELAWARE 2 SOUTH AUGUSTINE STREET SUITE B WILMINGTON,DE 19804	51-0072149	501(C)(3)	56,612				OPERATIONS
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT,DE 19703		501(C)(3)	10,993				OPERATIONS
ARTIS-NAPLES 5833 PELICAN BAY BLVD NAPLES,FL 34108	59-2322926	501(C)(3)	12,500				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ATTACK ADDICTION PO BOX 36 BEAR,DE 19701	32-0404094	501(C)(3)	5,343				OPERATIONS
AUTISM DELAWARE 924 OLD HARMONY ROAD SUITE 201 NEWARK,DE 19713	20-2110190	501(C)(3)	14,434				OPERATIONS
BAYHEALTH FOUNDATION 640 S STATE STREET DOVER,DE 19901		501(C)(3)	7,500				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHEL AME CHURCH 604 N WALNUT STREET WILMINGTON,DE 19801		501(C)(3)	7,500				OPERATIONS
BETHEL BAPTIST CHURCH 1217 WILSON ROAD WILMINGTON,DE 19803		501(C)(3)	8,100				OPERATIONS
BIG BROTHERS BIG SISTERS OF DELAWARE 413 LARCH CIRCLE WILMINGTON,DE 19804		501(C)(3)	147,604				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIRTHRIGHT OF DELAWARE 1311 NORTH SCOTT STREET WILMINGTON,DE 19806	23-7366927	501(C)(3)	6,043				OPERATIONS
BLUE HEN MECHANICAL INC PO BOX 630 MIDDLETOWN,DE 19709		501(C)(3)	12,040				OPERATIONS
BOY SCOUTS CHESTER COUNTY COUNCIL 504 S CONCORD RD WEST CHESTER,PA 19382	23-1365192	501(C)(3)	15,719				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS OF AMERICA DEL-MAR-VA COUNCIL INC 100 W 10TH STREET SUITE 915 WILMINGTON,DE 19801	51-0065733	501(C)(3)	102,781				OPERATIONS
BOYS & GIRLS CLUB DE 669 S UNION STREET WILMINGTON,DE 19805	51-0068712	501(C)(3)	306,885				OPERATIONS
BOYS & GIRLS CLUB DE WESTERN SUSSEX 310 VIRGINIA AVENUE SEAFORD,DE 19973		501(C)(3)	10,022				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRANDYWINE COUNSELING INC 2713 LANCASTER AVENUE WILMINGTON,DE 19805	51-0278050	501(C)(3)	19,034				OPERATIONS
BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER,PA 19380	23-1381030	501(C)(3)	6,218				OPERATIONS
CALVARY LUTHERAN CHURCH 730 S NEW STREET WEST CHESTER,PA 19382	23-1577458	501(C)(3)	5,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER SUPPORT COMMUNITY DELAWARE 4810 LANCASTER PIKE WILMINGTON,DE 19807	51-0351863	501(C)(3)	5,982				OPERATIONS
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE,PA 19330	23-2580658	501(C)(3)	29,653				OPERATIONS
CATHOLIC CHARITIES APPEAL OF PHILADELPHIA 222 N 17TH STREET PHILADELPHIA,PA 19103		501(C)(3)	9,901				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF WILMINGTON 2601 W 4TH STREET WILMINGTON,DE 19805	51-0065685	501(C)(3)	267,743				OPERATIONS
CATHOLIC DIOCESE OF WILMINGTON PO BOX 2030 WILMINGTON,DE 19899		501(C)(3)	10,395				OPERATIONS
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON,DE 19807		501(C)(3)	6,286				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 546 S BEDFORD STREET GEORGETOWN,DE 19947		501(C)(3)	11,021				OPERATIONS
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS,MD 21403		501(C)(3)	11,698				OPERATIONS
CHILD INC 507 PHILADELPHIA PIKE WILMINGTON,DE 19809	51-0101188	501(C)(3)	6,752				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN AND FAMILIES FIRST 2005 BAYNARD BOULEVARD WILMINGTON,DE 19802	51-0065731	501(C)(3)	417,443				OPERATIONS
CHRISTIANA CARE HEALTH SYSTEM PO BOX 1668 WILMINGTON,DE 19899		501(C)(3)	51,291				OPERATIONS
CHRISTINA CULTURAL ARTS CENTER INC 705 N MARKET STREET WILMINGTON,DE 19801	51-0064300	501(C)(3)	79,804				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CITY TEAM MINISTRIES 634 SPROUL STREET CHESTER,PA 19013		501(C)(3)	5,473				OPERATIONS
CLAYMONT COMMUNITY CENTER 3301 GREEN STREET CLAYMONT,DE 19703		501(C)(3)	37,565				OPERATIONS
COLLEGIATE SCHOOL 103 N MOORELAND ROAD RICHMOND,VA 23229		501(C)(3)	7,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
COLONIAL EDUCATION FOUNDATION INC 318 BASIN ROAD NEW CASTLE,DE 19720	20-4639540	501(C)(3)	8,000				OPERATIONS
COMMUNITY LEGAL AID SOCIETY INC 100 W 10TH STREET SUITE 801 WILMINGTON,DE 19801	51-6000158	501(C)(3)	67,633				OPERATIONS
CONNECTIONS COMMUNITY SUPPORT PROGRAMS 3821 LANCASTER PIKE WILMINGTON,DE 19805	51-0333030	501(C)(3)	14,632				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CONTACTLIFELINE INC PO BOX 9525 WILMINGTON,DE 19809	51-0206092	501(C)(3)	26,862				OPERATIONS
CORNELL UNIVERSITY PO BOX 223623 PITTSBURGH,PA 15251		501(C)(3)	5,000				OPERATIONS
CORNERSTONE UNITED METHODIST CHURCH 3135 SUMMITT BRIDGE ROAD BEAR,DE 19701		501(C)(3)	6,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CRANSTON HEIGHTS VOLUNTEER FIRE COMPANY 3306 KIRKWOOD HIGHWAY WILMINGTON,DE 19808		501(C)(3)	5,205				OPERATIONS
DE LAGE LANDEN PO BOX 41602 PHILADELPHIA,PA 19101		501(C)(3)	10,258				OPERATIONS
DEEP ROOTS INC PO BOX 599 MIDDLETOWN,DE 19709		501(C)(3)	5,340				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 211 900 N KING STREET SUITE 330 WILMINGTON,DE 19801	51-0376406	501(C)(3)	136,690				OPERATIONS
DELAWARE 87ERS LLC PO BOX 25040 PHILADELPHIA,PA 19147		501(C)(3)	60,000				OPERATIONS
DELAWARE ADOLESCENT PROGRAM INC 2900 VAN BUREN STREET WILMINGTON,DE 19801	51-0108498	501(C)(3)	22,835				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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)	16,477				OPERATIONS
DELAWARE CENTER FOR JUSTICE 100 W 10TH STREET SUITE 905 WILMINGTON,DE 19801		501(C)(3)	84,577				OPERATIONS
DELAWARE CHINESE AMERICAN ASSOCIATI PO BOX 490 HOCKESSIN,DE 19707	51-0372239	501(C)(3)	5,965				OPERATIONS

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

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DELAWARE COMMUNITY FOUNDATION 100 W 10TH STREET SUITE 115 WILMINGTON,DE 19801	22-2804785	501(C)(3)	42,504				OPERATIONS
DELAWARE FINANCIAL LITERACY INSTITUTE 3301 GREEN STREET CLAYMONT,DE 19703	51-0411299	501(C)(3)	9,334				OPERATIONS
DELAWARE GRANTMAKERS ASSOCIATION 100 W 10TH STREET SUITE 115 WILMINGTON,DE 19801		501(C)(3)	10,000				OPERATIONS

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

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DELAWARE GUIDANCE SERVICES FOR CHILDREN & YOUTH 1213 DELAWARE AVENUE WILMINGTON,DE 19806	51-0071906	501(C)(3)	194,899				OPERATIONS
DELAWARE HISTORICAL SOCIETY 505 N MARKET STREET WILMINGTON,DE 19801		501(C)(3)	5,200				OPERATIONS
DELAWARE HOSPICE 16 POLLY DRUMMOND CENTER 2ND FLOOR NEWARK,DE 19711	51-0258883	501(C)(3)	15,509				OPERATIONS

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

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DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON,DE 19801	51-0082499	501(C)(3)	32,065				OPERATIONS
DELAWARE MILITARY ACADEMY INC 112 MIDDLEBORO ROAD WILMINGTON,DE 19804		501(C)(3)	9,443				OPERATIONS
DELAWARE NATURE SOCIETY PO BOX 700 HOCKESSIN,DE 19707	51-6018321	501(C)(3)	24,943				OPERATIONS

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

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DELAWARE PUBLIC HEALTH INSTITUTE CENTRE SQUARE EAST 1500 MARKET ST PHILADELPHIA,PA 19102		501(C)(3)	10,000				OPERATIONS
DELAWARE SPCA PO BOX 398 GEORGETOWN,DE 19947	51-0064307	501(C)(3)	10,071				OPERATIONS
DELAWARE STATE UNIVERSITY 1200 N DUPONT HIGHWAY DOVER,DE 19901		501(C)(3)	5,750				OPERATIONS

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DELAWARE STATE UNIVERSITY FOUNDATION 1200 N DUPONT HIGHWAY DOVER,DE 19901	20-1372435	501(C)(3)	5,444				OPERATIONS
DELAWARE TECHNICAL & COMMUNITY COLLEGE EDUCATIONAL FOUNDATION PO BOX 897 DOVER,DE 19903		501(C)(3)	5,416				OPERATIONS
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON,DE 19801	51-0229918	501(C)(3)	14,766				OPERATIONS

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

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DELAWARE VOLUNTEER LEGAL SERVICES WIDENER UNIVERSITY PO BOX 7306 WILMINGTON,DE 19803	51-0265470	501(C)(3)	5,615				OPERATIONS
DICKINSON COLLEGE PO BOX 1773 CARLISLE,PA 17013		501(C)(3)	5,000				OPERATIONS
DUKE CATHOLIC CENTER PO BOX 90974 DURHAM,NC 27708		501(C)(3)	5,000				OPERATIONS

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

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EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE INC 61 CORPORATE CIRCLE NEW CASTLE, DE 19720	51-0066728	501(C)(3)	48,649				OPERATIONS
EASTSIDE COMMUNITY LEARNING CENTER FOUNDATION 3000 N CLAYMONT STREET WILMINGTON, DE 19802		501(C)(3)	6,633				OPERATIONS
EMMANUEL DINING ROOMMINISTRY OF CARING 121 N JACKSON STREET WILMINGTON, DE 19805	51-0209843	501(C)(3)	85,245				OPERATIONS

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

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EMORY UNIVERSITY 1762 CLIFTON ROAD NE SUITE 1400 ATLANTA,GA 30322		501(C)(3)	10,000				OPERATIONS
EMORY UNIVERSITY SCHOOL OF LAW 1301 CLIFTON ROAD ATLANTA,GA 30322		501(C)(3)	25,900				OPERATIONS
EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEPHERD 1530 FOULK ROAD WILMINGTON,DE 19803		501(C)(3)	15,900				OPERATIONS

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

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EXCEPTIONAL CARE FOR CHILDREN 11 INDEPENDENCE WAY NEWARK,DE 19713	23-2966490	501(C)(3)	12,497				OPERATIONS
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON,DE 19804	51-0410508	501(C)(3)	48,506				OPERATIONS
FAMILY PROMISE OF NORTHERN NEW CASTLE 2104 ST JAMES CHURCH ROAD WILMINGTON,DE 19808		501(C)(3)	8,264				OPERATIONS

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

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FINCA INTERNATIONAL 1101 FOURTEENTH STREET NW 11TH FL WASHINGTON,DC 20005	13-3240109	501(C)(3)	5,000				OPERATIONS
FIRST STATE COMMUNITY ACTION AGENCY 308 N RAILROAD AVENUE GEORGETOWN,DE 19947	51-0104704	501(C)(3)	17,027				OPERATIONS
FIRST STATE ROBOTICS INC 20 W REDMONT ROAD WILMINGTON,DE 19804	20-0613902	501(C)(3)	7,311				OPERATIONS

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

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FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK,DE 19713	51-0258984	501(C)(3)	120,108				OPERATIONS
FORGOTTEN CATS INC 4023 KENNETT PIKE SUITE 422 GREENVILLE,DE 19807	20-0691180	501(C)(3)	13,118				OPERATIONS
FOUNDATION FOR APPOQUINIMIK SCHOOLS PO BOX 301 ODESSA,DE 19730		501(C)(3)	11,535				OPERATIONS

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

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FRANKLIN AND MARSHALL COLLEGE PO BOX 3003 LANCASTER,PA 17604		501(C)(3)	5,000				OPERATIONS
FRANKLIN-SOUTHAMPTON AREA UNITED WAY PO BOX 366 FRANKLIN,VA 23851	54-6043915	501(C)(3)	11,295				OPERATIONS
FREE LIBRARY OF PHILADELPHIA FOUNDA 1901 VINE STREET 400 PHILADELPHIA,PA 19103		501(C)(3)	5,097				OPERATIONS

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FRIENDSHIP HOUSE INC 1503 W 13TH STREET WILMINGTON,DE 19806		501(C)(3)	25,893				OPERATIONS
FUND FOR WOMEN CO DELAWARE COMMUNITY FOUNDATION 100 W 10TH STREET SUITE 115 WILMINGTON,DE 19899		501(C)(3)	6,588				OPERATIONS
GARAGE COMMUNITY AND YOUTH CENTER 115 S UNION STREET KENNETT SQUARE,PA 19348		501(C)(3)	5,260				OPERATIONS

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GENERATIONS HOME CARE 2 PENNS WAY SUITE 303 NEW CASTLE,DE 19720	51-0109657	501(C)(3)	132,278				OPERATIONS
GIRL SCOUTS - CHESAPEAKE BAY COUNCIL 225 OLD BALTIMORE PIKE NEWARK,DE 19702	51-0064337	501(C)(3)	119,555				OPERATIONS
GIRLS INC - DELAWARE 1501 N WALNUT STREET SUITE 100 WILMINGTON,DE 19801	51-0073396	501(C)(3)	77,388				OPERATIONS

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GOODWILL INDUSTRIES OF DELAWARE 300 E LEA BOULEVARD WILMINGTON,DE 19802		501(C)(3)	104,530				OPERATIONS
H FLETCHER BROWN BOYS & GIRLS CLUB 1601 SPRUCE STREET WILMINGTON,DE 19801		501(C)(3)	11,233				OPERATIONS
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY INC 1920 HUTTON STREET WILMINGTON,DE 19802		501(C)(3)	15,993				OPERATIONS

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HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON,DE 19807		501(C)(3)	8,575				OPERATIONS
HELEN F GRAHAM CANCER CENTER CHRISTIANA CARE 4701 OGLETOWN-STANTON ROAD NEWARK,DE 19713		501(C)(3)	19,944				OPERATIONS
HILLTOP LUTHERAN NEIGHBORHOOD CENTER 1018 W SIXTH STREET WILMINGTON,DE 19805	51-0256896	501(C)(3)	37,969				OPERATIONS

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HINDU TEMPLE ASSOCIATION INC 760 YORKLYN ROAD HOCKESSIN,DE 19707		501(C)(3)	8,090				OPERATIONS
HOCKESSIN UNITED METHODIST CHURCH 7250 LANCASTER PIKE HOCKESSIN,DE 19707		501(C)(3)	7,700				OPERATIONS
HOME OF THE BRAVE FOUNDATION 6632 SHARPS ROAD MILFORD,DE 19963	51-0338521	501(C)(3)	8,002				OPERATIONS

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HOMELESS PLANNING COUNCIL 100 W 10TH STREET SUITE 611 WILMINGTON,DE 19801		501(C)(3)	16,125				OPERATIONS
HOUSE OF CHARITYCAMDEN 631 MARKET STREET CAMDEN,NJ 08102		501(C)(3)	10,683				OPERATIONS
INTERNATIONAL FOP ASSOCIATION 101 SUNNYTOWN ROAD SUITE 208 CASSELBERRY,FL 32707		501(C)(3)	5,197				OPERATIONS

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JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON,DE 19803	51-0097026	501(C)(3)	60,437				OPERATIONS
JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0064315	501(C)(3)	55,985				OPERATIONS
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT STREET WILMINGTON,DE 19801	51-0078199	501(C)(3)	6,994				OPERATIONS

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JUVENILE DIABETES RESEARCH FOUNDATION DELAWARE CHAPTER 100 W 10TH STREET SUITE 1103 WILMINGTON,DE 19801		501(C)(3)	6,816				OPERATIONS
KALMAR NYCKEL FOUNDATION 1124 E SEVENTH STREET WILMINGTON,DE 19801		501(C)(3)	5,017				OPERATIONS
KENNETT AREA COMMUNITY SERVICE PO BOX 1025 KENNETT SQUARE,PA 19348	23-2215441	501(C)(3)	18,613				OPERATIONS

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KENT-SUSSEX INDUSTRIES 301 N REHOBOTH BOULEVARD MILFORD,DE 19963	51-0097856	501(C)(3)	113,935				OPERATIONS
KINGSWOOD COMMUNITY CENTER 2300 BOWERS STREET WILMINGTON,DE 19802	51-0064319	501(C)(3)	151,953				OPERATIONS
L3 INTERNATIONAL PO BOX 695 GRANDVIEW,MO 64030	27-4937267	501(C)(3)	26,341				OPERATIONS

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LATIN AMERICAN COMMUNITY CENTER 403 N VAN BUREN STREET WILMINGTON,DE 19805	23-7047048	501(C)(3)	249,695				OPERATIONS
LEUKEMIA & LYMPHOMA SOCIETY OF DE CHAPTER 100 W 10TH STREET SUITE 209 WILMINGTON,DE 19801		501(C)(3)	14,169				OPERATIONS
LIMEN HOUSE INC 600 W 10TH STREET WILMINGTON,DE 19801	23-7029073	501(C)(3)	14,413				OPERATIONS

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LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH ROAD NEWARK,DE 19713	51-0095986	501(C)(3)	12,363				OPERATIONS
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BLVD WILMINGTON,DE 19802	51-0102403	501(C)(3)	20,068				OPERATIONS
MAKE-A-WISH FOUNDATION OF MID-ATLANTIC 5272 RIVER ROAD SUITE 700 BETHESDA,MD 20816		501(C)(3)	14,587				OPERATIONS

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MARY CAMPBELL CENTER INC 4641 WELDIN ROAD WILMINGTON,DE 19803	23-7089122	501(C)(3)	6,686				OPERATIONS
MEALS ON WHEELS DELAWARE 100 W 10TH STREET SUITE 207 WILMINGTON,DE 19801	51-0355145	501(C)(3)	6,458				OPERATIONS
MENTAL HEALTH ASSOCIATION IN DELAWARE 100 W 10TH STREET SUITE 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	53,180				OPERATIONS

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MERCY MINISTRIES OF AMERICA PO BOX 111060 NASHVILLE,TN 37027		501(C)(3)	6,536				OPERATIONS
MILTON & HATTIE KUTZ HOME 704 RIVER ROAD WILMINGTON,DE 19809	51-0136951	501(C)(3)	14,723				OPERATIONS
MINISTRY OF CARING 506 N CHURCH STREET WILMINGTON,DE 19801		501(C)(3)	9,975				OPERATIONS

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MOM'S HOUSE PO BOX 1138 DOVER,DE 19903	51-0367119	501(C)(3)	5,230				OPERATIONS
MOT SENIOR CENTER 300 S SCOTT STREET MIDDLETOWN,DE 19709	51-6021578	501(C)(3)	11,397				OPERATIONS
MUSEUM OF THE AMERICAN REVOLUTION 123 CHESTNUT STREET SUITE 401 PHILADELPHIA,PA 19106	23-2773714	501(C)(3)	50,000				OPERATIONS

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NATIONAL ALLIANCE ON MENTAL ILLNESS IN DELAWARE 2400 W 4TH STREET WILMINGTON,DE 19805	22-2490797	501(C)(3)	16,964				OPERATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY TWO MILL ROAD SUITE 106 WILMINGTON,DE 19806	51-0097777	501(C)(3)	10,021				OPERATIONS
NCALL-NATIONAL COUNCIL ON AGRICULTURAL LIFE & LABOR RESEARCH 363 SAULSBURY ROAD DOVER,DE 19904		501(C)(3)	286,115				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
NEIGHBORHOOD HOUSE 1218 B STREET WILMINGTON,DE 19801	51-0065747	501(C)(3)	15,290				OPERATIONS
NEW CASTLE COUNTY HEAD START INC 256 CHAPMAN ROAD SUITE 103 NEWARK,DE 19702	51-0191916	501(C)(3)	27,115				OPERATIONS
NEW HAMPSHIRE SPCA PO BOX 196 STRATHAM,NH 03885	02-6000614	501(C)(3)	8,927				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
NEWARK CHARTER SCHOOL 2001 PATRIOT WAY NEWARK, DE 19711		501(C)(3)	18,085				OPERATIONS
NEWARK DAY NURSERY AND CHILDREN'S CENTER 921 BARKSDALE ROAD NEWARK, DE 19711	51-0096130	501(C)(3)	34,660				OPERATIONS
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	22,718				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
OPPORTUNITY CENTER INC 3030 BOWERS STREET WILMINGTON,DE 19802	51-0079778	501(C)(3)	23,848				OPERATIONS
PADUA ACADEMY FOUNDATION 905 N BROOM STREET WILMINGTON,DE 19806		501(C)(3)	6,600				OPERATIONS
PARIS FOUNDATION 505 BLUE BALL ROAD BUILDING 120-C ELKTON,MD 21921		501(C)(3)	6,277				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PAWS FOR PEOPLE-PET ASSISTED VOLUNTEER PO BOX 9955 NEWARK,DE 19714		501(C)(3)	12,009				OPERATIONS
PEOPLES PLACE II INC 1129 AIRPORT ROAD MILFORD,DE 19963	51-0113062	501(C)(3)	74,434				OPERATIONS
PETER SPENCER FAMILY LIFE FOUNDATION 812 N FRANKLIN STREET WILMINGTON,DE 19806		501(C)(3)	5,476				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PHILABUNDANCE PO BOX 37555 PHILADELPHIA,PA 19148	23-2290505	501(C)(3)	9,152				OPERATIONS
PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET 10TH FLOOR NEW YORK,NY 10038	13-1644147	501(C)(3)	5,600				OPERATIONS
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON,DE 19801	51-0066725	501(C)(3)	52,465				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PLANNED PARENTHOOD PA SOUTHEASTERN PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA,PA 19107		501(C)(3)	7,564				OPERATIONS
PREVENT CHILD ABUSE DELAWARE 100 W 10TH STREET SUITE 715 WILMINGTON,DE 19802	51-0229667	501(C)(3)	22,554				OPERATIONS
PRINCE OF WALES FOUNDATION 888 17TH STREET NW SUITE 201 WASHINGTON,DC 20006		501(C)(3)	16,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PROJECT ALS 801 RIVERSIDE DRIVE SUITE 6G NEW YORK,NY 10032	13-4019464	501(C)(3)	5,000				OPERATIONS
READ ALOUD DELAWARE 100 W 10TH STREET SUITE 309 WILMINGTON,DE 19801	51-0280486	501(C)(3)	12,139				OPERATIONS
READING ASSIST INSTITUTE 100 W 10TH STREET SUITE 910 WILMINGTON,DE 19801	51-0317415	501(C)(3)	5,332				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVENUE 11TH FLOOR FLOOR WASHINGTON,DE 20036		501(C)(3)	7,875				OPERATIONS
ROBERT E LEE MEMORIAL ASSOCIATION INC 483 GREAT HOUSE ROAD STRATFORD,VA 22558		501(C)(3)	50,000				OPERATIONS
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON,DE 19803	51-0295320	501(C)(3)	69,551				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SAFE HARBOR OF CHESTER COUNTY 20 N MATLACK STREET WEST CHESTER,PA 19380		501(C)(3)	7,723				OPERATIONS
SALVATION ARMYDELAWARE 400 N ORANGE STREET WILMINGTON,DE 19899		501(C)(3)	279,735				OPERATIONS
SCHWARTZ CENTER FOR THE ARTS PO BOX 1449 DOVER,DE 19903	51-0374775	501(C)(3)	8,527				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SERVIAM GIRLS ACADEMY INC 14 HALCYON DRIVE NEW CASTLE,DE 19720		501(C)(3)	5,786				OPERATIONS
SHEPHERD PLACE INC 1362 S GOVERNORS AVENUE DOVER,DE 19904	51-0311790	501(C)(3)	5,735				OPERATIONS
SHREWSBURY PARISH CHURCH PO BOX 187 KENNEDYVILLE,MD 21645		501(C)(3)	8,600				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SIEGEL JEWISH COMMUNITY CENTER OF WILMINGTON 101 GARDEN OF EDEN ROAD WILMINGTON,DE 19803	51-0075823	501(C)(3)	18,529				OPERATIONS
SPECIAL OLYMPICS - DELAWARE CO UNIVERSITY OF DELAWARE 619 S COLLEGE AVENUE NEWARK,DE 19716	23-7162877	501(C)(3)	9,531				OPERATIONS
ST ANN'S PARISH 2013 GILPIN AVENUE WILMINGTON,DE 19806		501(C)(3)	6,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ST JOHN CHRYSOSTOM CHURCH 615 S PROVIDENCE ROAD WALLINGFORD,PA 19086		501(C)(3)	6,000				OPERATIONS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	14,964				OPERATIONS
SUNDAY BREAKFAST MISSION PO BOX 352 WILMINGTON,DE 19899	51-0073080	501(C)(3)	36,372				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SUPPORTING KIDDS 1213 OLD LANCASTER PIKE HOCKESSIN,DE 19707	51-0320207	501(C)(3)	5,646				OPERATIONS
SUSSEX COMMUNITY CRISIS HOUSING SERVICES 204 E NORTH STREET GEORGETOWN,DE 19947		501(C)(3)	8,104				OPERATIONS
SUSSEX COUNTY HEALTH PROMOTIONS 310 VIRGINIA AVENUE SEAFORD,DE 19973		501(C)(3)	58,334				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SUSTAINABLE PRESERVATION INITIATIVE 40 W 22ND STREET 11TH FL NEW YORK,NY 10010		501(C)(3)	5,000				OPERATIONS
TEACH FOR AMERICA DELAWARE 1313 N MARKET STREET SUITE 1237 SW WILMINGTON,DE 19801		501(C)(3)	15,000				OPERATIONS
TELAMON CORPORATION 26351 PATRIOTS WAY BUILDING W4 GEORGETOWN,DE 19947		501(C)(3)	90,000				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
THE GREATER DOVER FOUNDATION 101 W LOCKERMAN STREET SUITE 1B DOVER,DE 19904		501(C)(3)	18,004				OPERATIONS
THE MUSIC SCHOOL OF DELAWARE 4101 N WASHINGTON STREET WILMINGTON,DE 19802	51-0066934	501(C)(3)	7,736				OPERATIONS
THE WHY PROJECT 6911 CARPENTER FIRE STATION ROAD CARY,NC 27519	47-2904262	501(C)(3)	5,992				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWER HILL SCHOOL 2813 W 17TH STREET WILMINGTON,DE 19806	51-0065745	501(C)(3)	42,210				OPERATIONS
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES,FL 34102	59-0774204	501(C)(3)	10,000				OPERATIONS
TRINITY EPISCOPAL PARISH 1108 N ADAMS STREET WILMINGTON,DE 19801		501(C)(3)	8,500				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
TRI-STATE BIRD RESCUE & RESEARCH INC 170 POSSUM HOLLOW ROAD NEWARK,DE 19711	51-0265807	501(C)(3)	9,550				OPERATIONS
UNITED CEREBRAL PALSY OF DELAWARE 700A RIVER ROAD WILMINGTON,DE 19809	51-6016956	501(C)(3)	19,572				OPERATIONS
URBANPROMISE 2401 THATCHER STREET WILMINGTON,DE 19802	20-8156160	501(C)(3)	29,733				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
URBANPROMISE INTERNATIONAL 3700 RUDDEROW STREET PENNSAUKEN,NJ 08110		501(C)(3)	5,724				OPERATIONS
USO DELAWARE INC 500 PURPLE HEART WAY DOVER AFB,DE 19902	51-0352519	501(C)(3)	10,071				OPERATIONS
VALLEYPOINT CHURCH 209 BETHEL ROAD GLEN MILLS,PA 19342		501(C)(3)	69,200				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
VANGUARD CHARITABLE ENDOWMENT PROGRAM PO BOX 55766 BOSTON,MA 02205		501(C)(3)	10,600				OPERATIONS
VIRGINIA ATHLETICS FOUNDATION PO BOX 400833 CHARLOTTESVILLE,VA 22904	54-0517188	501(C)(3)	12,600				OPERATIONS
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 200 N BOULEVARD RICHMOND,VA 23220	51-0205333	501(C)(3)	6,000				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD SUITE 4400 BLACKSBURG,VA 24061	54-0721690	501(C)(3)	7,000				OPERATIONS
WASHINGTON AND LEE UNIVERSITY SCHOOL OF LAW 1 DENNY CIRCLE LEXINGTON,VA 24450		501(C)(3)	5,000				OPERATIONS
WESLEY COLLEGE 120 N STATE STREET DOVER,DE 19901	51-0064335	501(C)(3)	6,771				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST END NEIGHBORHOOD HOUSE 710 N LINCOLN STREET WILMINGTON,DE 19805	51-0064301	501(C)(3)	505,040				OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH 1502 W 13TH STREET WILMINGTON,DE 19806	51-0066745	501(C)(3)	11,040				OPERATIONS
WHYY INC 150 N SIXTH STREET PHILADELPHIA,PA 19106	23-1438083	501(C)(3)	6,100				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WILLOWDALE CHAPEL 111 MARSHALL STREET KENNETT SQUARE,PA 19348		501(C)(3)	7,800				OPERATIONS
WILMINGTON FRIENDS SCHOOL 101 SCHOOL LANE WILMINGTON,DE 19803	51-0064310	501(C)(3)	70,736				OPERATIONS
WILMINGTON MONTESSORI SCHOOL FINANCIAL AID 1400 HARVEY ROAD WILMINGTON,DE 19810		501(C)(3)	12,383				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILMINGTON SENIOR CENTER 1901 N MARKET STREET WILMINGTON,DE 19802		501(C)(3)	124,310				OPERATIONS
WORD OF LIFE CHRISTIAN CENTER INC 854 OLD BALTIMORE PIKE NEWARK,DE 19702		501(C)(3)	6,230				OPERATIONS
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PARKWAY SUITE 100 JACKSONVILLE,FL 32256		501(C)(3)	6,071				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 DE DOVER BRANCH 1137 S STATE STREET DOVER,DE 19901		501(C)(3)	5,591				OPERATIONS
YMCA DE WALNUT STREET 1000 N WALNUT STREET WILMINGTON,DE 19801		501(C)(3)	5,332				OPERATIONS
YMCA DE WESTERN BRANCH 2600 KIRKWOOD HIGHWAY NEWARK,DE 19711		501(C)(3)	8,281				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA PA KENNETT AREA 101 RACE STREET KENNETT SQUARE,PA 19348		501(C)(3)	5,387				OPERATIONS
YMCA DE BEAR-GLASGOW FAMILY BRANCH 351 GEORGE WILLIAMS WAY NEWARK,DE 19702		501(C)(3)	5,338				OPERATIONS
YMCA OF DELAWARE 100 W 10TH STREET SUITE 1100 WILMINGTON,DE 19801	51-0065748	501(C)(3)	172,286				OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA DELAWARE 100 W 10TH STREET SUITE 515 WILMINGTON,DE 19800	51-0064344	501(C)(3)	164,882				OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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 MICHELLE A TAYLOR PRESIDENT AND CEO	(i)	274,847	0	0	13,725	7,970	296,542	0
	(ii)	0	0	0	0	0	0	0
2 JEROME P HUNTERCOO	(i)	147,325	0	0	4,420	15,831	167,576	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	EACH VOTING MEMBER OF THE GOVERNING BODY WILL RECEIVE A COPY OF FORM 990 FOR DISCUSSION OF THE COMPLETENESS AND ACCURACY IN A BOARD MEETING PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS HANDED OUT AT THE BENEFITS MEETING ANNUALLY MANAGEMENT AND EMPLOYEES ARE REQUIRED TO READ THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS POTENTIAL CONFLICTS ARE CONSIDERED BY MANAGEMENT AND THE BOARD OF DIRECTORS SO THAT APPROPRIATE RESPONSES OR COURSES OF ACTION CAN BE ESTABLISHED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS A WRITTEN COMPENSATION POLICY WHICH REQUIRES TOP LEVEL MANAGEMENT SALARIES TO BE REVIEWED AND APPROVED BY INDEPENDENT BOARD MEMBERS ANY DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF THE BOARD COMPENSATION LEVELS ARE COMPARED TO THOSE FOR SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST ADDITIONALLY, FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	ACTUARIAL CHANGE IN FUNDED STATUS OF OTHER POST EMPLOYMENT BENEFITS PLAN -205,557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S PROCESS GOVERNING OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR, MANAGED BY THE AUDIT COMMITTEE, HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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
UNITED WAY OF DELAWARE INC

Employer identification number
51-0073399

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)DELAWARE HELPLINE INC 625 NORTH ORANGE STREET FL 3 WILMINGTON, DE 19801 51-0376406	CRISIS ALLEVIATION AND INFORMATION AND REFERRAL SERVICE	DE	501(C)(3)	170(B)(1) (A)(VI)		Yes	

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

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

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

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

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

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	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)DELAWARE HELPLINE INC	B	156,389	ACTUAL AMOUNT PAID

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation