

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/foi/m990

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

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)

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

J Website: WWW UWDE ORG

H(c) Group exemption number ▶

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

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

	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

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: JEROME P HUNTER CHIEF OPERATING OFFICER
Date: 2016-11-14

Paid Preparer Use Only
Print/Type preparer's name: JEFFREY A KOWALCZYK CPA
Preparer's signature: JEFFREY A KOWALCZYK CPA
Date: 2016-11-14
Check if self-employed
PTIN: 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 \$)
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4e	Total program service expenses ▶	15,181,423		
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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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

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 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			
Program Service Revenue	2a DONOR CHOICE ADMIN FEES	Business Code 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 ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		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 <input type="checkbox"/> 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)		(B)
		Beginning of year		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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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	X		X				0	0	0
RODGER LEVENSON TREASURER	1 00	X		X				0	0	0
LYNN MILLER SECRETARY	0 30	X		X				0	0	0
RICK OLSON CAMPAIGN CO-CHAIR	1 00	X						0	0	0
PAT TROY-BROOKS HUMAN RESOURCE CHAIR	0 30	X						0	0	0
EDMUND GREEN AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
STEVE MOHR STRATEGIC STEERING COMMITTEE CO-CHAIR	1 00	X						0	0	0
JOSEPH SCHORAH LABOR CHAIR	0 30	X						0	0	0
MARKE DICKINSON MARKETING & PR CO-CHAIR	0 30	X						0	0	0
JASON GAUGHAN MARKETING & PR CO-CHAIR	0 30	X						0	0	0

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

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

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety
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)
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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 <input type="checkbox"/>						

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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
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.		
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.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		
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?		
b A family member of a person described in (a) above?		
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.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
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).
- 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.
- 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.
- 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.
- 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.

	Yes	No
2a		
2b		
3a		
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

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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	(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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes rows 1-10 and a Total row.

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	(b)Event #2	(c)Other events	(d)
		JUNE GOLF OUTING (event type)	SEPTEMBER GOLF OUTING (event type)	(total number)	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	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> 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)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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?
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.

Table with 8 columns: (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. Row 1 contains '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
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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 DELAWARE PA 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.

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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.

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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.

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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.

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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

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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.

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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.

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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.

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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.

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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.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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 ROOM MINISTRY OF CARING 121 N JACKSON STREET WILMINGTON, DE 19805	51-0209843	501(C)(3)	85,245				OPERATIONS

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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

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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

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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

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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

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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

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
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

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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

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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

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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

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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

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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

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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

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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

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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

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SAFE HARBOR OF CHESTER COUNTY 20 N MATLACK STREET WEST CHESTER, PA 19380		501(C)(3)	7,723				OPERATIONS
SALVATION ARMY DELAWARE 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

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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

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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

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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

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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

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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

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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

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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

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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

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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
VALLEYPPOINT CHURCH 209 BETHEL ROAD GLEN MILLS, PA 19342		501(C)(3)	69,200				OPERATIONS

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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

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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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
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▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization UNITED WAY OF DELAWARE INC	Employer identification number 51-0073399
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>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.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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.

2015

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Inspection**

Name of the organization
UNITED WAY OF DELAWARE INC

Employer identification number

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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▶ 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.

Department of the Treasury
Internal Revenue Service

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	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) Disproportionate 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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q	Yes	
1r		No
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 VII **Supplemental Information**

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

Return Reference	Explanation
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