

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELAWARE COMMUNITY FOUNDATION, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1636 City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19899 F Name and address of principal officer: RICHARD A. GENTSCH SAME AS C ABOVE	D Employer identification number 22-2804785 E Telephone number 302-571-8004 G Gross receipts \$ 67,360,806. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DELCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1986		M State of legal domicile: DE

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE DELAWARE COMMUNITY FOUNDATION MANAGES CHARITABLE FUNDS FOR INDIVIDUALS, FAMILIES,		
2	Check this box <input type="checkbox"/> 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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,946.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-7,946.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	21,210,380.	40,525,804.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,125,231.	5,280,326.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,042,927.	1,071,106.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,378,538.	46,877,236.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,603,700.	11,371,864.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,380,159.	1,341,718.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,022,596.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,524,934.	5,388,716.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,508,793.	18,102,298.
19	Revenue less expenses. Subtract line 18 from line 12	11,869,745.	28,774,938.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	227,006,799.	251,389,184.
22	Net assets or fund balances. Subtract line 21 from line 20	54,997,887.	54,808,534.
22		172,008,912.	196,580,650.

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 RICHARD A. GENTSCH, EXECUTIVE VICE PRESIDENT Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name MICHAEL A. TROLIO	Preparer's signature	Date
	Firm's name ▶ GUNNIP & COMPANY LLP	Check if self-employed <input type="checkbox"/>	PTIN P00357423
	Firm's address ▶ 2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808	Firm's EIN ▶ 51-0076769	Phone no. 302-225-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE DELAWARE COMMUNITY FOUNDATION MANAGES CHARITABLE FUNDS FOR INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS, AND DISTRIBUTES INCOME FROM THE FUNDS AS GRANTS TO HUMANITARIAN, EDUCATIONAL, HEALTH AND CULTURAL ENTITIES THROUGHOUT THE UNITED STATES. WITH OVER 1,130

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,791,430. including grants of \$ 11,371,864.) (Revenue \$ 1,071,106.) IN THE FISCAL YEAR ENDING JUNE 30, 2015, THE DELAWARE COMMUNITY FOUNDATION SUPPORTED COMMUNITY NEEDS BY AWARDING MORE THAN \$11.7 MILLION IN GRANTS AND PROGRAM EXPENSES TO NONPROFIT ORGANIZATIONS AND LOCAL STUDENTS. OVER \$5.2 MILLION OF THESE AWARDS CAME FROM DONOR-DIRECTED COMPONENT FUNDS AT THE DCF.

THE DCF UNRESTRICTED GRANTS PROGRAM FUNDED FOUR COLLABORATIVE GRANTS. THESE GRANTS SEEK TO INSPIRE AND SUPPORT SPECIAL INITIATIVES IN WHICH MULTIPLE NONPROFIT ORGANIZATIONS COLLABORATE AND LEVERAGE EACH OTHER'S RESOURCES TO MAXIMIZE THE IMPACT OF THE GRANT DOLLARS. THE PROGRAMS CHOSEN FOR THESE GRANTS WERE: ELEMENTARY SCHOOL MENTORING PARTNERSHIP FOR \$75,000, WORKFORCE DEVELOPMENT PROGRAM FOR \$75,000, FOOD SERVICE

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,791,430.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
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>	3	X
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>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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>	6 X	
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>	7	X
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>	8	X
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>	9	X
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>	10 X	
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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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>	11f X	
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>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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>	16	X
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>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>	X	
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (113, 1, 14). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.		
	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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: **RICHARD GENTSCH - 302-571-8004**
P.O. BOX 1636, WILMINGTON, DE 19899

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) LAURISA S. SCHUTT BOARD MEMBER	2.00	X					0.	0.	0.	
(2) VALERIE J. SILL, CFA BOARD MEMBER	2.00	X					0.	0.	0.	
(3) KELLY FIRMENT BOARD MEMBER	2.00	X					0.	0.	0.	
(4) THOMAS J. SHOPA, CPA, CFP, CVA IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
(5) NANCY KARIBJANIAN BOARD MEMBER	2.00	X					0.	0.	0.	
(6) MICHELLE A. TAYLOR BOARD MEMBER	2.00	X					0.	0.	0.	
(7) LYNN KOKJOHN BOARD MEMBER	2.00	X					0.	0.	0.	
(8) ROBERT MACGOVERN BOARD MEMBER	2.00	X					0.	0.	0.	
(9) JOHN C. HAWKINS BOARD MEMBER	2.00	X					0.	0.	0.	
(10) MARILYN R. HAYWARD CHAIRPERSON	2.00	X		X			0.	0.	0.	
(11) JENNINGS P. HASTINGS, CPA, ABV BOARD MEMBER	2.00	X					0.	0.	0.	
(12) MARTHA GILMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DONEENE KEEMER DAMON, ESQ. BOARD MEMBER	2.00	X					0.	0.	0.	
(14) DONALD W. NICHOLSON JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JOHN PARADEE, ESQ. BOARD MEMBER	2.00	X					0.	0.	0.	
(16) VICE CHANCELLOR JOHN W. NOBLE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) THOMAS L. SAGER, ESQ. VICE CHAIR	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JANICE E. NEVIN, MD, MPH BOARD MEMBER	2.00	X						0.	0.	0.
(19) JOAN SHARP BOARD MEMBER	2.00	X						0.	0.	0.
(20) CINDY L. SZABO BOARD MEMBER	2.00	X						0.	0.	0.
(21) DAVID SINGLETON TREASURER	2.00	X		X				0.	0.	0.
(22) THE HON. STEPHEN B. LAMB SECRETARY	2.00	X		X				0.	0.	0.
(23) GARY STOCKBRIDGE BOARD MEMBER	2.00	X						0.	0.	0.
(24) DARYL A. GRAHAM BOARD MEMBER	2.00	X						0.	0.	0.
(25) KATHLEEN FUREY MCDONOUGH, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(26) WILLIAM C. DUGDALE BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								315,089.	0.	115,523.
d Total (add lines 1b and 1c)								315,089.	0.	115,523.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH FOR AMERICA, 1200 23RD STREET NW, #606, WASHINGTON, DC 20037	CONTRACT AGREEMENT	406,500.
INTERNATIONAL SCHOLARSHIP AND TUITION SERVICE, 1321 MURFREESBORO PIKE SUITE 800, NASHVILLE, TN 37203	SCHOLARSHIP PROCESSING	288,929.
PRIME, BUCHHOLZ & ASSOCIATES, PO BOX 16011, LEWISTON, ME 04243	INVESTMENT ADVISORS	198,940.
CHRISTINE CANNON, 131 WYETH WAY, HOCKESSIN, DE 19707	CONSULTING	183,183.
PMG CONSULTING LLC, 29471 SKIPTON ESTATES DRIVE, CORDOVA, MD 21625	CONSULTING	166,258.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) FREDERICK C. SEARS II PRESIDENT & CEO	35.00			X				205,000.	0.	81,968.
(28) RICHARD A. GENTSCH EXECUTIVE VICE PRESIDENT	35.00			X				110,089.	0.	33,555.
Total to Part VII, Section A, line 1c								315,089.		115,523.

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	1 a Federated campaigns	1a 155,349.					
	b Membership dues	1b 94,975.					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 822,669.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 39,452,811.					
	g Noncash contributions included in lines 1a-1f: \$	19,399,578.					
	h Total. Add lines 1a-1f		40,525,804.				
	Program Service Revenue	2 a _____ Business Code _____					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		3,220,998.		-7,946.	3,228,944.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	24,860.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	24,860.				
	d Net rental income or (loss)		24,860.	24,860.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	22,542,898.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	20,483,570.				
		c Gain or (loss)	2,059,328.				
	d Net gain or (loss)		2,059,328.			2,059,328.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a EVENT INCOME	900099	620,354.	620,354.				
b ADMINISTRATIVE FEE REVEUNE	561000	401,576.	401,576.				
c LOAN INTEREST INCOME	900099	19,084.	19,084.				
d All other revenue	900099	5,232.	5,232.				
e Total. Add lines 11a-11d		1,046,246.					
12 Total revenue. See instructions.		46,877,236.	1,071,106.	-7,946.	5,288,272.		

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	11,086,640.	11,086,640.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	285,224.	285,224.		
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	425,616.		425,616.	
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	692,216.		692,216.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,932.		29,932.	
9 Other employee benefits	123,197.		123,197.	
10 Payroll taxes	70,757.		70,757.	
11 Fees for services (non-employees):				
a Management				
b Legal	274,203.	1,522.	246,625.	26,056.
c Accounting	38,884.	8,775.	24,792.	5,317.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	752,686.		682,190.	70,496.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,180,845.		501,079.	679,766.
12 Advertising and promotion	91,214.		27,036.	64,178.
13 Office expenses	183,868.		163,152.	20,716.
14 Information technology	73,199.	12,148.	31,310.	29,741.
15 Royalties				
16 Occupancy	125,034.		91,481.	33,553.
17 Travel	14,963.		13,672.	1,291.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	93,671.		53,424.	40,247.
20 Interest	20,887.	7,846.		13,041.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,140.		23,140.	
23 Insurance	32,009.	5,079.	14,766.	12,164.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSES	1,974,465.			1,974,465.
b UNITRUST/CRUT PAYMENT	226,758.	181,875.	10,910.	33,973.
c CHANGE IN ANNUITY VALUE	72,553.	72,553.		
d SUBSCRIPTIONS & PUBLICA	57,328.		57,328.	
e All other expenses	153,009.	129,768.	5,649.	17,592.
25 Total functional expenses. Add lines 1 through 24e	18,102,298.	11,791,430.	3,288,272.	3,022,596.
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	
	2 Savings and temporary cash investments	25,918,219.	2	37,047,043.
	3 Pledges and grants receivable, net	269,760.	3	288,718.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	1,172,616.	7	1,177,667.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 597,264.		
	b Less: accumulated depreciation	10b 356,052.	199,379.	10c 241,212.
	11 Investments - publicly traded securities	112,784,953.	11	108,446,652.
	12 Investments - other securities. See Part IV, line 11	86,647,802.	12	103,578,820.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,070.	15	609,072.
16 Total assets. Add lines 1 through 15 (must equal line 34)	227,006,799.	16	251,389,184.	
Liabilities	17 Accounts payable and accrued expenses	174,756.	17	202,190.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	54,823,131.	25	54,606,344.
	26 Total liabilities. Add lines 17 through 25	54,997,887.	26	54,808,534.
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	171,833,612.	27	196,399,266.
	28 Temporarily restricted net assets	175,300.	28	181,384.
	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	172,008,912.	33	196,580,650.	
34 Total liabilities and net assets/fund balances	227,006,799.	34	251,389,184.	

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	46,877,236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,102,298.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,774,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,008,912.
5	Net unrealized gains (losses) on investments	5	-4,203,200.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	196,580,650.

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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13706008.	15795010.	13891718.	21112680.	40430829.	104936245
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	13706008.	15795010.	13891718.	21112680.	40430829.	104936245
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)						34097205.
6 Public support. Subtract line 5 from line 4.						70839040.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	13706008.	15795010.	13891718.	21112680.	40430829.	104936245
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3488842.	3436139.	3102533.	2788052.	3220998.	16036564.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						120972809

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	58.56 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	50.17 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	226	911
2 Aggregate value of contributions to (during year)	21,059,692.	19,334,757.
3 Aggregate value of grants from (during year)	5,206,875.	9,033,952.
4 Aggregate value at end of year	83,417,455.	112,977,813.

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	1,745,843.	1,711,179.	1,355,920.	609,473.	
b Contributions	875.	86,851.	301,089.	978,511.	609,186.
c Net investment earnings, gains, and losses	-1,053.	226,033.	95,843.	-5,733.	6,974.
d Grants or scholarships					
e Other expenditures for facilities and programs	64,210.	278,220.	41,673.	226,331.	6,687.
f Administrative expenses					
g End of year balance	1,681,455.	1,745,843.	1,711,179.	1,355,920.	609,473.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

b If "Yes" to 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				
c Leasehold improvements				
d Equipment		597,264.	356,052.	241,212.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 241,212.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) UBP - MULTI-STRATEGY		
(B) HEDGE FUND	330,122.	END-OF-YEAR MARKET VALUE
(C) FORRESTER -		
(D) MULTI-STRATEGY HEDGE FUND	12,737,871.	END-OF-YEAR MARKET VALUE
(E) AEW - MULTI-STRATEGY		
(F) HEDGE FUND	9,536,391.	END-OF-YEAR MARKET VALUE
(G) COLCHESTER -		
(H) MULTI-STRATEGY HEDGE FUND	9,077,113.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	103,578,820.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	551,944.
(3) NON PROFIT ENDOWMENTS	54,054,400.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	54,606,344.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	42,270,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,203,200.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-4,203,200.	
3	Subtract line 2e from line 1	3	46,473,660.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	403,576.	
c	Add lines 4a and 4b	4c	403,576.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,877,236.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,698,722.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	17,698,722.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	403,576.	
c	Add lines 4a and 4b	4c	403,576.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,102,298.	

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.

PART X, LINE 2:

DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48: INCOME NOT RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA IMPOSE A THRESHOLD FOR DETERMINING WHEN AN INCOME TAX BENEFIT CAN BE RECOGNIZED IN REGARD TO UNCERTAIN TAX POSITIONS. THE FOUNDATION HAS DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS IS REQUIRED TO BE ACCRUED AND INCLUDED IN THE STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2015 AND 2014.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPLANATION: ADMIN FEE REVENUE REPORTED AS REVENUE ON 990 -

Part XIII Supplemental Information (continued)

NETTED WITH EXPENSES OF F/S \$401,576

EXPLANATION: INTERCO INCOME REPORTED AS REVENUE ON 990-

NETTED WITH EXPENSES OF F/S \$2,000

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPLANATION: ADMIN FEE REVENUE REPORTED AS REVENUE ON 990 -

NETTED WITH EXPENSES OF F/S \$401,576

EXPLANATION: INTERCO INCOME REPORTED AS REVENUE ON 990-

NETTED WITH EXPENSES OF F/S \$2,000

PART V, LINE 4

DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS: THE FOUNDATION'S ENDOWMENT
CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED TO HELP SUPPORT THE
FOUNDATION'S FUTURE OPERATIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
21ST CENTURY FUND FOR DELAWARE'S CHILDREN C/O CHILDREN & FAMILIES FIRST - 2005 BAYNARD BLVD. - WILMINGTON, DE 19802	20-2869892	501(C)(3)	12,000.	0.			HUMAN SERVICES
A WAY OUT PO BOX 10825 ASPEN, CO 81612	46-1809899	501(C)(3)	10,000.	0.			HUMAN SERVICES
AFTER-THE-BELL PROGRAM KENNETT MIDDLE SCHOOL - 195 SUNNY DELL ROAD - LANDENBURG, PA 19350	23-2984132	501(C)(3)	10,000.	0.			EDUCATION
ALL THE DIFFERENCE, INC. 3521 SILVERSIDE ROAD, SUITE 2-L WILMINGTON, DE 19810	72-1617470	501(C)(3)	7,500.	0.			HEALTH CARE
AMERICAN DIABETES ASSOCIATION 150 MONUMENT ROAD, SUITE 100 BALA CYNWYD, PA 19004	13-1623888	501(C)(3)	62,500.	0.			HEALTH CARE
AMERICAN HEART ASSOCIATION 200 CONTINENTAL DR., SUITE 101 NEWARK, DE 19713	13-5613797	501(C)(3)	6,650.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **256.**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **7.**

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 LEGION MILFORD POST #3 P.O. BOX 124 MILFORD, DE 19963	51-6022762	501(C)(19)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	15,000.	0.			ENVIRONMENT
ATTACK ADDICTION FOUNDATION PO BOX 36 BEAR, DE 19701	32-0404094	501(C)(3)	21,606.	0.			HEALTH CARE
BARRIO LAPLANTA PROJECT 7905 CADILLAC LANE PHILADELPHIA, PA 19128	27-1409079	501(C)(3)	17,120.	0.			HUMAN SERVICES
BAYHEALTH MEDICAL CENTER, INC. 640 SOUTH STATE STREET DOVER, DE 19901-3530	51-0064318	501(C)(3)	11,843.	0.			HEALTH CARE
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501(C)(3)	11,916.	0.			HEALTH CARE
BENEDICTINE SISTERS OF RIDGELY MARYLAND - 14259 BENEDICTINE LANE - RIDGELY, MD 21660	52-0787237	501(C)(3)	20,666.	0.			RELIGION-RELATED
BIG BROTHERS BIG SISTERS OF DELAWARE - 105 ROBINO COURT SUITE 413 - WILMINGTON, DE 19804	51-6018399	501(C)(3)	90,000.	0.			YOUTH DEVELOPMENT
BIGGS MUSEUM OF AMERICAN ART PO BOX 711, 406 FEDERAL STREET DOVER, DE 19901	51-6171556	501(C)(3)	9,000.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD BANK OF DELMARVA 100 HYGEIA DRIVE NEWARK, DE 19713	51-0078596	501(C)(3)	11,400.	0.			HEALTH CARE
BOYS AND GIRLS CLUBS OF DELAWARE, INC. - 669 SOUTH UNION ST. - WILMINGTON, DE 19805	51-0068712	501(C)(3)	382,659.	0.			HUMAN SERVICES
BRANDYWINE CONSERVANCY P.O. BOX 141 CHADDS FORD, PA 19317	51-6020908	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
BRANDYWINE SCHOOL DISTRICT 1311 BRANDYWINE BLVD. WILMINGTON, DE 19809	51-6000279	501(C)(3)	16,770.	0.			EDUCATION
BREASTCANCER.ORG 7 E. LANCASTER AVE., 3RD FLOOR ARDMORE, PA 19003	23-3082851	501(C)(3)	10,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
C.E.R.T.S. 1501 CASHO MILL ROAD, SUITE 1 NEWARK, DE 19711	01-0592853	501(C)(3)	7,500.	0.			HUMAN SERVICES
CANCER SUPPORT COMMUNITY OF DELAWARE - 4810 LANCASTER PIKE - WILMINGTON, DE 19807	51-0351863	501(C)(3)	67,676.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
CAREY'S UNITED METHODIST CHURCH 22750 CAREY'S CAMP ROAD MILLSBORO, DE 19966	51-0273581	501(C)(3)	9,600.	0.			RELIGION-RELATED
CARING HEARTS HELPING HANDS, INC. P.O. BOX 415 CAMDEN, DE 19934	81-0573899	501(C)(3)	25,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLISLE FIRE COMPANY P.O. BOX 292 MILFORD, DE 19963	51-0063613	501(C)(4)	6,070.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
CARSON SCHOLARS FUND, USA 305 W. CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 21204	52-1851346	501(C)(3)	7,250.	0.			EDUCATION
CATHEDRAL CHOIR SCHOOL OF DELAWARE 719 N. SHIPLEY STREET WILMINGTON, DE 19801	20-5486245	501(C)(3)	26,859.	0.			RELIGION-RELATED
CATHOLIC CHARITIES, INC. 2601 W. 4TH STREET WILMINGTON, DE 19805	51-0065685	501(C)(3)	53,750.	0.			HUMAN SERVICES
CATHOLIC DIOCESE OF WILMINGTON P.O. BOX 2030 WILMINGTON, DE 19899	51-0095439	501(C)(3)	25,374.	0.			RELIGION-RELATED
CENTRAL DELAWARE HABITAT FOR HUMANITY - 544 WEBBS LANE - DOVER, DE 19904	51-0376650	501(C)(3)	15,155.	0.			HOUSING & SHELTER
CENTREVILLE LAYTON SCHOOL 6201 KENNETT PIKE CENTREVILLE, DE 19807	51-0232858	501(C)(3)	10,240.	0.			EDUCATION
CHEER, INC. 546 SOUTH BEDFORD STREET GEORGETOWN, DE 19947-1852	51-0112599	501(C)(3)	6,100.	0.			HUMAN SERVICES
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	6,000.	0.			ENVIRONMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CHILD INC. 507 PHILADELPHIA PIKE WILMINGTON, DE 19809-2177	51-0101188	501(C)(3)	35,750.	0.			HUMAN SERVICES
CHILDREN & FAMILIES FIRST 2005 BAYNARD BOULEVARD WILMINGTON, DE 19802	51-0065731	501(C)(3)	101,916.	0.			HUMAN SERVICES
CHILDREN'S BEACH HOUSE 100 W. 10TH ST., SUITE 411 WILMINGTON, DE 19801	51-0070966	501(C)(3)	32,750.	0.			HUMAN SERVICES
CHRIST EPISCOPAL CHURCH CHRISTIANA HUNDRED - P.O. BOX 3510 - WILMINGTON, DE 19807-0510	20-8521736	501(C)(3)	13,500.	0.			RELIGION-RELATED
CHRISTIANA CARE HEALTH SYSTEMS, INC. - P.O. BOX 1668 - WILMINGTON, DE 19899	51-0103684	501(C)(3)	78,885.	0.			HEALTH CARE
CHRISTINA CULTURAL ARTS CENTER 705 MARKET STREET MALL WILMINGTON, DE 19801	51-0064300	501(C)(3)	67,423.	0.			ARTS, CULTURE & HUMANITIES
CHRISTINA SCHOOL DISTRICT 600 NORTH LOMBARD STREET WILMINGTON, DE 19801	51-6000279	501(C)(3)	115,316.	0.			EDUCATION
CLARENCE FRAIM CENTER BOYS AND GIRLS CLUB - 669 S. UNION ST. - WILMINGTON, DE 19805	51-0068712	501(C)(3)	15,675.	0.			YOUTH DEVELOPMENT
CLAYMONT COMMUNITY CENTER 3301 GREEN STREET CLAYMONT, DE 19703	51-0164850	501(C)(3)	63,164.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CLEMSON UNIVERSITY ADMINSTRATIVE SERVICES BUILDING - 108 SILAS N. PEARMAN BLVD. - CLEMSON, SC 29634	57-0426335	501(C)(3)	29,900.	0.			EDUCATION
COLONIAL SCHOOL DISTRICT 318 EAST BASIN ROAD NEW CASTLE, DE 19720	51-6000279	501(C)(3)	17,473.	0.			EDUCATION
COMMISSION ON ECONOMIC OPPORTUNITY 1265 AMBER LANE WILKES-BARRE, PA 18706	23-1653093	501(C)(3)	7,500.	0.			HUMAN SERVICES
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W. LOOCKERMAN STREET SUITE 2A DOVER, DE 19904	51-0343981	501(C)(3)	100,000.	0.			EDUCATION
COMMUNITY LEGAL AID SOCIETY, INC 100 W. 10TH ST., SUITE 801 WILMINGTON, DE 19801	51-6000158	501(C)(3)	8,500.	0.			CRIME & LEGAL-RELATED
CONCORD PRESBYTERIAN CHURCH 1800 FAIRFAX BLVD. WILMINGTON, DE 19803	51-6001225	501(C)(3)	5,271.	0.			RELIGION-RELATED
CONGREGATION BETH SHALOM 1801 BAYNARD BLVD. WILMINGTON, DE 19802	51-0072863	501(C)(3)	5,500.	0.			RELIGION-RELATED
CONNECTIONS CSP, INC. 500 WEST 10TH STREET WILMINGTON, DE 19801	51-0333030	501(C)(3)	130,000.	0.			HUMAN SERVICES
CORDREY CHARITIES INC. 70 CREEK DRIVE MILLSBORO, DE 19966	45-3852736	501(C)(3)	88,017.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CORNELL UNIVERSITY SCHOLARSHIP DIVISION - P.O. BOX 752 - ITHACA, NY 14851	15-0532082	501(C)(3)	10,000.	0.			EDUCATION
CROSSNORE SCHOOL PO BOX 249 CROSSNORE, NC 28616	56-0567980	501(C)(3)	50,000.	0.			EDUCATION
DEL-MAR-VA COUNCIL, BOY SCOUTS OF AMERICA - 100 WEST 10TH STREET, SUITE 915 - WILMINGTON, DE 19801	51-0065733	501(C)(3)	27,129.	0.			YOUTH DEVELOPMENT
DELAWARE ADOLESCENT PROGRAM, INC. 2900 N. VAN BUREN STREET WILMINGTON, DE 19802	51-0108498	501(C)(3)	60,311.	0.			YOUTH DEVELOPMENT
DELAWARE ALL STATE THEATRE PO BOX 3613 GREENVILLE, DE 19807	46-5597049	501(C)(3)	5,309.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT - 100 WEST 10TH ST., SUITE 1012 - WILMINGTON, DE 19801	22-2792474	501(C)(3)	12,625.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
DELAWARE ART MUSEUM 2301 KENTMERE PARKWAY WILMINGTON, DE 19806	51-0065746	501(C)(3)	299,454.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE ASSOCIATION FOR THE BLIND 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	51-0064304	501(C)(3)	18,754.	0.			HUMAN SERVICES
DELAWARE BREAST CANCER COALITION 111 W. 11TH STREET SUITE 3 WILMINGTON, DE 19801	52-2045298	501(C)(3)	40,040.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DELAWARE CENTER FOR HORTICULTURE 1810 NORTH DUPONT STREET WILMINGTON, DE 19806-3308	51-0252857	501(C)(3)	60,524.	0.			ENVIRONMENT
DELAWARE CENTER FOR JUSTICE 100 W. 10TH ST., SUITE 905 WILMINGTON, DE 19801	51-0064323	501(C)(3)	50,564.	0.			CRIME & LEGAL-RELATED
DELAWARE CHILDREN'S MUSEUM 550 JUSTISON STREET WILMINGTON, DE 19801	51-0305812	501(C)(3)	15,250.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES HERMAN HOLLOWAY SOCIAL SE - 1901 N. DUPONT HIGHWAY - NEW CASTLE, DE 19720	51-6000279	501(C)(3)	20,000.	0.			HUMAN SERVICES
DELAWARE DIVISION OF THE ARTS 820 NORTH FRENCH STREET CARVEL STATE OFFICE BUILDING - WILMINGTON, DE 19801	51-6000279	501(C)(3)	82,500.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE ELWYN INSTITUTE 321 EAST ELEVENTH STREET WILMINGTON, DE 19801	23-1352117	501(C)(3)	7,000.	0.			EMPLOYMENT
DELAWARE FOUNDATION FOR THE VISUAL ARTS - 3701 PHILADELPHIA PIKE - CLAYMONT, DE 19703	51-0320156	501(C)(3)	5,382.	0.			ARTS, CULTURAL & HUMANITIES
DELAWARE FUTURES 1104 NORTH ADAMS STREET WILMINGTON, DE 19801-1325	51-0378138	501(C)(3)	18,490.	0.			EDUCATION
DELAWARE GUIDANCE SERVICES FOR CHILDREN AND YOUTH - 1213 DELAWARE AVENUE - WILMINGTON, DE 19806	51-0071906	501(C)(3)	190,250.	0.			MENTAL HEALTH CARE & CRISIS INTERVENTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DELAWARE HOSPICE, INC. 16 POLLY DRUMMOND CENTER, 2ND FLOOR NEWARK, DE 19711	51-0258883	501(C)(3)	38,943.	0.			HEALTH CARE
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	20,814.	0.			ANIMAL-RELATED
DELAWARE MAGIC SOFTBALL 323 LINDSEY AVENUE CHESAPEAKE CITY, MD 21915	56-2430762	501(C)(3)	5,556.	0.			RECREATION & SPORTS
DELAWARE MUSEUM OF NATURAL HISTORY P.O. BOX 3937 WILMINGTON, DE 19807-0937	51-0083535	501(C)(3)	7,630.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE NATURE SOCIETY P.O. BOX 700 HOCKESSIN, DE 19707-0700	51-6018321	501(C)(3)	23,830.	0.			ENVIRONMENT
DELAWARE RESTAURANT ASSOCIATION PO BOX 8004 NEWARK, DE 19714	47-3001109	501(C)(6)	43,926.	0.			FOOD, AGRICULTURE & NUTRITION
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HIGHWAY DOVER, DE 19901	51-0305893	501(C)(3)	22,000.	0.			EDUCATION
DELAWARE SYMPHONY ASSOCIATION P.O. BOX 1870 WILMINGTON, DE 19899	51-6017449	501(C)(3)	176,820.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE TECHNICAL & COMMUNITY COLLEGE - 100 CAMPUS DRIVE - DOVER, DE 19904-1383	51-6000279	501(C)(3)	56,848.	0.			EDUCATION

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DELAWARE TECHNICAL COMMUNITY COLLEGE EDUCATION FOUNDATION - PO BOX 897 - DOVER, DE 19903-0897	51-0246178	501(C)(3)	13,859.	0.			EDUCATION
DELAWARE TECHNICAL COMMUNITY COLLEGE OWENS CAMPUS- JASON BUILDING - 21179 COLLEGE DRIVE - GEORGETOWN, DE 19947	51-6000279	501(C)(3)	10,198.	0.			EDUCATION
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON, DE 19801	51-0229918	501(C)(3)	219,876.	0.			ARTS, CULTURE & HUMANITIES
DELAWARE WILD LANDS, INC. PO BOX 505 ODESSA, DE 19730	51-0101678	501(C)(3)	10,350.	0.			ENVIRONMENT
DELMAR PUBLIC LIBRARY 101 N. BI-STATE BLVD. DELMAR, DE 19940	51-0103344	501(C)(3)	16,470.	0.			EDUCATION
DEPARTMENT OF STATE HISTORICAL & CULTURAL AFFAIRS - 21 THE GREEN, SUITE B - DOVER, DE 19901	51-6000279	501(C)(3)	75,721.	0.			ARTS, CULTURE & HUMANITIES
DOCTORS WITHOUT BOARDERS USA, INC. 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	7,500.	0.			HEALTH CARE
DOVER INTERFAITH MISSION FOR HOUSING, INC. - PO BOX 1148 - DOVER, DE 19903	41-2280212	501(C)(3)	54,000.	0.			HOUSING & SHELTER
DUFFY'S HOPE INC. 100 W. 10TH ST. SUITE 9 WILMINGTON, DE 19801	06-1652976	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

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DUKE UNIVERSITY CAMPUS BOX 90035 DURHAM, NC 27708	56-0532129	501(C)(3)	102,333.	0.			EDUCATION
DYNAMIC CATHOLIC INSTITUTE 2200 ARBOR TECH DRIVE HEBRON, KY 41048	26-4549213	501(C)(3)	10,000.	0.			RELIGION-RELATED
EAST SIDE CHARTER SCHOOL 3000 N. CLAYMONT STREET WILMINGTON, DE 19802	51-0377733	501(C)(3)	10,103.	0.			EDUCATION
EASTER SEALS OF DE AND MD'S EASTERN SHORE, INC. - 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720-2405	51-0066728	501(C)(3)	15,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ELEUTHERIAN MILLS RESIDENCE COMMITTEE - PO BOX 3630 - WILMINGTON, DE 19807	51-0070531	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
EMMANUEL ORTHODOX PRESBYTERIAN CHURCH - 1006 WILSON ROAD - WILMINGTON, DE 19803	51-6000137	501(C)(3)	61,500.	0.			RELIGION-RELATED
EPILEPSY FOUNDATION OF DELAWARE 240 N. JAMES ST., SUITE 104 WILMINGTON, DE 19804	51-6018401	501(C)(3)	31,653.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501(C)(3)	31,662.	0.			ANIMAL-RELATED
FAMILY COUNSELING CENTER OF ST. PAUL'S - 1010 W. 4TH ST. - WILMINGTON, DE 19805-3602	27-3361236	501(C)(3)	9,600.	0.			MENTAL HEALTH CARE & CRISIS INTERVENTION

Schedule I (Form 990)

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FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY - 2104 ST. JAMES CHURCH ROAD - WILMINGTON, DE 19808	26-2373936	501(C)(3)	12,400.	0.			HUMAN SERVICES
FIRST PARISH FEDERATED CHURCH 150 MAIN STREET SOUTH BERWICK, ME 03908-1509	01-6013734	501(C)(3)	66,785.	0.			RELIGION-RELATED
FIRST PRESBYTERIAN CHURCH OF NEWARK - 292 W. MAIN STREET - NEWARK, DE 19711	51-6000112	501(C)(3)	125,958.	0.			RELIGION-RELATED
FIRST STATE ANIMAL CENTER & SPCA 32 SHELTER CIRCLE CAMDEN, DE 19934	51-6018851	501(C)(3)	53,870.	0.			ANIMAL-RELATED
FIRST STATE COMMUNITY ACTION AGENCY - 308 N. RAILROAD AVENUE P.O. BOX 877 - GEORGETOWN, DE 19947	51-0104704	501(C)(3)	31,375.	0.			HUMAN SERVICES
FIRST STATE COMMUNITY LOAN FUND 100 W. 10TH ST. STE. 1005 WILMINGTON, DE 19801-6603	51-0345258	501(C)(3)	25,000.	0.			HUMAN SERVICES
FIRST STATE ROBOTICS P.O. BOX 116 HOCKESSIN, DE 19707	20-0613902	501(C)(3)	8,148.	0.			SCIENCE TECHNOLOGY
FIRST TEE OF DELAWARE P.O. BOX 419 ROCKLAND, DE 19732	75-0055465	501(C)(6)	24,799.	0.			RECREATION & SPORTS
FOCUS PO BOX 18710 GOLDEN, CO 80402-9809	84-1522811	501(C)(3)	10,000.	0.			EDUCATION

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FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	136,287.	0.			FOOD, AGRICULTURE & NUTRITION
FOR ALL SEASONS, INC. 300 TALBOT STREET EASTON, MD 21601	52-1496434	501(C)(3)	25,000.	0.			HUMAN SERVICES
FREDERICA SENIOR CENTER P.O. BOX 165 216 S. MARKET STREET FREDERICA, DE 19946	51-0208779	501(C)(3)	7,000.	0.			HUMAN SERVICES
FRESH START SCHOLARSHIP FOUNDATION, INC. - P.O. BOX 7784 - WILMINGTON, DE 19803	51-0378642	501(C)(3)	11,000.	0.			EDUCATION
FRIENDS OF ANIMALS 777 POST ROAD SUITE 205 DARIEN, CT 06820	13-6018549	501(C)(3)	7,421.	0.			ANIMAL-RELATED
FRIENDS OF THE NEWARK FREE LIBRARY, INC. - 750 LIBRARY AVENUE - NEWARK, DE 19711	23-7098836	501(C)(3)	7,194.	0.			EDUCATION
FRIENDSHIP HOUSE, INC. P.O. BOX 1517 WILMINGTON, DE 19899	51-0306759	501(C)(3)	28,805.	0.			HUMAN SERVICES
GAUDENZIA, INC. 604 W. 10TH ST. WILMINGTON, DE 19801	23-1706895	501(C)(3)	72,464.	0.			HUMAN SERVICES
GENERATIONS HOME CARE, INC 2 PENNS WAY, SUITE 303 NEW CASTLE, DE 19720	51-0109657	501(C)(3)	80,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

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GEORGETOWN PLAYGROUND AND PARK, INC. - 212 WILSON STREET - GEORGETOWN, DE 19947	38-3914453	501(C)(3)	20,000.	0.			RECREATION & SPORTS
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL - 501 S. COLLEGE AVENUE - NEWARK, DE 19713	51-0064337	501(C)(3)	27,096.	0.			YOUTH DEVELOPEMENT
GOODWILL INDUSTRIES OF DELAWARE 300 EAST LEA BOULEVARD WILMINGTON, DE 19802	51-0064311	501(C)(3)	7,575.	0.			EMPLOYMENT
GRAND OPERA HOUSE 818 NORTH MARKET STREET WILMINGTON, DE 19801	51-0116569	501(C)(3)	356,915.	0.			ARTS, CULTURE & HUMANITIES
GREATER LEWES FOUNDATION PO BOX 110 LEWES, DE 19958	51-0400365	501(C)(3)	7,661.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY - 1920 HUTTON STREET - WILMINGTON, DE 19802	51-0294138	501(C)(3)	16,700.	0.			HOUSING & SHELTER
HEALTHY FOODS FOR HEALTHY KIDS PO BOX 847 HOCKESSIN, DE 19707	30-0444914	501(C)(3)	10,000.	0.			FOOD, AGRICULTURE & NUTRITION
HELEN F. GRAHAM CANCER CENTER, CHRISTIANA CARE - 4701 OGLETOWN-STANTON ROAD - NEWARK, DE 19713	51-0103684	501(C)(3)	18,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
HISTORIC CHARLESTON FOUNDATION P.O. BOX 1120 CHARLESTON, SC 29402-1120	57-6000599	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

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HISTORICAL SOCIETY OF DELAWARE 505 N. MARKET STREET WILMINGTON, DE 19801	51-0066731	501(C)(3)	15,350.	0.			ARTS, CULTURE & HUMANITIES
HOME OF THE BRAVE FOUNDATION 6632 SHARPS ROAD MILFORD, DE 19963	51-0338521	501(C)(3)	7,500.	0.			HOUSING & SHELTER
HOPE MEDICAL CLINIC, INC. 1125 FORREST AVENUE, SUITE 202 DOVER, DE 19904	59-3791820	501(C)(3)	55,743.	0.			HEALTH CARE
HOWARD J. WESTON COMMUNITY AND SENIOR CENTER - 1 BASSETT AVENUE - NEW CASTLE, DE 19720	51-0233399	501(C)(3)	10,000.	0.			HUMAN SERVICES
IMMANUEL UNITED METHODIST CHURCH P.O. BOX 60 TOWNSEND, DE 19734	51-0261122	501(C)(3)	6,853.	0.			RELIGION-RELATED
INDIAN RIVER HIGH SCHOOL 29772 ARMORY ROAD DAGSBORO, DE 19939	51-6000279	501(C)(3)	14,514.	0.			EDUCATION
INDIAN RIVER SCHOOL DISTRICT 31 HOISER STREET SELBYVILLE, DE 19975	51-6000279	501(C)(3)	15,106.	0.			EDUCATION
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	35-1186290	501(C)(3)	10,000.	0.			ARTS, CULTURE, & HUMANITIES
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST., SUITE 600 INDIANAPOLIS, IN 46060	35-0998627	501(C)(3)	20,000.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

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INGLESIDE HOMES, INC. 1005 FRANKLIN STREET WILMINGTON, DE 19806	51-0113243	501(C)(3)	21,000.	0.			HUMAN SERVICES
ITNSOUTHERNDELAWARE 16 LEIGHS WAY REHOBOTH BEACH, DE 19971	46-4801700	501(C)(3)	32,846.	0.			HUMAN SERVICES
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	5,500.	0.			HUMAN SERVICES
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417-2760	59-0948696	501(C)(3)	20,000.	0.			HUMAN SERVICES
JOSHUA M. FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	20-8592383	501(C)(3)	16,847.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
JUNIOR ACHIEVEMENT FOR THE NATIONAL CAPITAL AREA - 1050 17TH ST, . NW, SUITE 750 - WASHINGTON, DC 20036	54-0788947	501(C)(3)	5,500.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF DELAWARE, INC. - 522 SOUTH WALNUT STREET - WILMINGTON, DE 19801-5230	51-0078199	501(C)(3)	9,333.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF NORTHEASTERN PENNSYLVANIA - 1122 OAK STREET - PITTSTON TOWNSHIP, PA 18640	23-1700209	501(C)(3)	15,000.	0.			EDUCATION
JUSST SOOUP MINISTRY, INC. 18483 COOL SPRING RD. MILTON, DE 19968	59-3820809	501(C)(3)	15,467.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
KALMAR NYCKEL FOUNDATION 1124 EAST 7TH STREET WILMINGTON, DE 19801	51-6015181	501(C)(3)	7,594.	0.			ARTS, CULTURE & HUMANITIES
KENT AND SUSSEX HUMAM SERVICES COUNCIL - 13 SW FRONT ST. - MILFORD, DE 19963	51-0390144	501(C)(3)	50,000.	0.			HUMAN SERVICES
KENT-SUSSEX INDUSTRIES 301 NORTH REHOBOTH BOULEVARD MILFORD, DE 19963-1305	51-0097856	501(C)(3)	5,862.	0.			HUMAN SERVICES
KIDS R FIRST PO BOX 3242 RESTON, VA 20195	54-1905551	501(C)(3)	6,750.	0.			HUMAN SERVICES
KIMMEL CENTER FOR THE ARTS 1500 WALNUT STREET, FLOOR 17 PHILADELPHIA, PA 19102	23-2865855	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
KIND TO KIDS FOUNDATION 100 W. 10TH ST., SUITE 606 WILMINGTON, DE 19801	80-0641000	501(C)(3)	14,210.	0.			YOUTH DEVELOPMENT
KINGSWOOD COMMUNITY CENTER 2300 BOWERS STREET WILMINGTON, DE 19802	51-0064319	501(C)(3)	7,250.	0.			HUMAN SERVICES
KUTZ HOME AUXILIARY 704 RIVER ROAD WILMINGTON, DE 19809	51-0136951	501(C)(3)	6,000.	0.			HUMAN SERVICES
LA COMUNIDAD HISPANA, INC. 731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501(C)(3)	7,500.	0.			HUMAN SERVICES

Schedule I (Form 990)

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LA RED HEALTH CENTER 21444 CARMEAN WAY GEORGETOWN, DE 19947	14-1850828	501(C)(3)	194,000.	0.			HEALTH CARE
LATIN AMERICAN COMMUNITY CENTER 403 NORTH VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	41,500.	0.			HUMAN SERVICES
LEGAL SERVICES CORPORATION OF DELAWARE, INC. - 100 W. 10TH STREET, SUITE 203 - WILMINGTON, DE 19801-1641	51-0372955	501(C)(3)	10,000.	0.			CRIME & LEGAL-RELATED
LEWES PUBLIC LIBRARY, INC. 111 ADAMS AVENUE LEWES, DE 19958	51-0350650	501(C)(3)	15,900.	0.			EDUCATION
LIMEN HOUSE, INC. P.O. BOX 1306 600 WEST 10TH STREET WILMINGTON, DE 19899	23-7029073	501(C)(3)	26,350.	0.			HUMAN SERVICES
LITERACY VOLUNTEERS SERVING ADULTS P.O. BOX 2083 WILMINGTON, DE 19899-2083	51-0410054	501(C)(3)	12,000.	0.			EDUCATION
LOS AMERICAS ASPIRA ACADEMY 326 RUTHAR DRIVE NEWARK, DE 19711	51-6000279	501(C)(3)	15,740.	0.			EDUCATION
LUTHERAN CHURCH OF OUR SAVIOR 20275 BAY VISTA ROAD REHOBOTH BEACH, DE 19971-1482	43-0658188	501(C)(3)	24,800.	0.			RELIGION-RELATED
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BOULEVARD WILMINGTON, DE 19802	51-0102403	501(C)(3)	13,865.	0.			HUMAN SERVICES

Schedule I (Form 990)

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LUZERNE COUNTY HEAD START 23 BEEKMAN STREET PO BOX 540 WILKES-BARRE, PA 18707	23-2038753	501(C)(3)	12,000.	0.			EDUCATION
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04102-3643	01-0211530	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
MEALS ON WHEELS DELAWARE 100 WEST 10TH ST., SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	15,027.	0.			FOOD, AGRICULTUR & NUTRITION
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1624182	501(C)(3)	17,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
MILFORD LIONS CLUB C/O KSI 301 N. REHOBOTH BLVD. MILFORD, DE 19963	51-0365044	501(C)(3)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPCAITY BUILDING
MILFORD NEW CENTURY CLUB 200 LAKEVIEW AVENUE MILFORD, DE 19963	34-2061572	501(C)(3)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
MILFORD NEW FRONTIER CLUB 204 NORTH REHOBOTH BLVD. MILFORD, DE 19963	53-0204696	501(C)(3)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
MILFORD VETERANS OF FOREIGN WARS 77 VETERANS DRIVE MILFORD, DE 19963	23-7193708	501(C)(4)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
MOM'S HOUSE, INC. OF DOVER P.O. BOX 1138 DOVER, DE 19903	51-0366837	501(C)(3)	19,638.	0.			HUMAN SERVICES

Schedule I (Form 990)

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MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. - 150 CLOVE ROAD - LITTLE FALLS, NJ 07424	52-7082731	501(C)(3)	100,132.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
MUNCIE CHILDREN'S MUSEUM PO BOX 544 MUNCIE, IN 47308	35-1404338	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
NAMI-DE 2400 W. 4TH ST. WILMINGTON, DE 19805	22-2490797	501(C)(3)	45,212.	0.			MENTAL HEALTH CARE & CRISIS INTERVENTION
NANTICOKE HEALTH SERVICES 801 MIDDLEFORD ROAD SEAFORD, DE 19973	51-0069243	501(C)(3)	128,350.	0.			HEALTH CARE
NANTUCKET COTTAGE HOSPITAL FOUNDATION - 57 PROSPECT STREET - NANTUCKET, MA 02554	04-2103823	501(C)(3)	10,000.	0.			HEALTH CARE
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)(3)	11,304.	0.			ANIMAL-RELATED
NATIVITY PREPARATORY SCHOOL OF WILMINGTON, INC. - 1515 LINDEN STREET - WILMINGTON, DE 19805	22-3884703	501(C)(3)	11,500.	0.			EDUCATION
NEMOURS FUND FOR CHILDREN'S HEALTH 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501(C)(3)	145,500.	0.			HEALTH CARE
NEUMANN UNIVERSITY ONE NEUMANN DRIVE ASTON, PA 19014	23-1657958	501(C)(3)	11,000.	0.			EDUCATION

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NEWARK COUNTRY CLUB 300 WEST MAIN STREET NEWARK, DE 19711	51-0035715	501(C)(7)	51,750.	0.			RECREATION & SPORTS
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	12,793.	0.			HUMAN SERVICES
NEWPORT ROWING CLUB 301 HARVEY DRIVE WILMINGTON, DE 19804	27-3266517	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT PROGRAMS
OPERADELAWARE 4 SOUTH POPLAR STREET WILMINGTON, DE 19801	51-6018055	501(C)(3)	80,698.	0.			ARTS, CULTURE & HUMANITIES
OSHER LIFELONG LEARNING INSTITUTE 2700 PENNSYLVANIA AVENUE WILMINGTON, DE 19806	51-6000297	501(C)(3)	10,000.	0.			EDUCATION
OSTERHOUT FREE LIBRARY 71 S. FRANKLIN STREET WILKES-BARRE, PA 18701	24-0795971	501(C)(3)	15,000.	0.			EDUCATION
PATHWAYS TO SUCCESS, INC. 3301 GREEN STREET CLAYMONT, DE 19703	76-0811283	501(C)(3)	11,500.	0.			EDUCATION
PAWS FOR PEOPLE PO BOX 9955 NEWARK, DE 19714	76-0780197	501(C)(3)	14,000.	0.			ANIMAL-RELATED
PENINSULA COUNCIL OF NEGRO WOMEN 602 NORTH STREET MILFORD, DE 19963	53-0173054	501(C)(3)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Schedule I (Form 990)

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PEOPLE'S PLACE II, INC. 1129 AIRPORT ROAD MILFORD, DE 19963	51-0113062	501(C)(3)	45,299.	0.			HUMAN SERVICES
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON, MD 21601	13-1624102	501(C)(3)	6,000.	0.			ENVIRONMENT
PILOT SCHOOL, INC. 100 GARDEN OF EDEN ROAD WILMINGTON, DE 19803	51-0080692	501(C)(3)	35,000.	0.			EDUCATION
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON, DE 19801	51-0066725	501(C)(3)	8,394.	0.			HEALTH CARE
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	7,500.	0.			HEALTH CARE
POLYTECH ADULT EDUCATION P.O. BOX 102 WOODSIDE, DE 19980	51-6000279	501(C)(3)	25,190.	0.			EDUCATION
POWER UP GAMBIA TABELING & COMPANY, LLC - 3825 LANCASTER PIKE - WILMINGTON, DE 19805	27-1568958	501(C)(3)	10,000.	0.			HUMAN SERVICES
PRESTIGE ACADEMY 1121 THATCHER STREET WILMINGTON, DE 19802	20-8285385	501(C)(3)	10,000.	0.			EDUCATION
PRIMEROS PASOS PO BOX 1003 GEORGETOWN, DE 19947	51-0375288	501(C)(3)	25,000.	0.			EDUCATION

Schedule I (Form 990)

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PSI UPSILON FOUNDATION 3003 EAST 96TH STREET INDIANAPOLIS, IN 46240-1357	35-2074015	501(C)(7)	7,250.	0.			EDUCATION
PUBLIC ALLIES 100 WEST 10TH STREET, STE. 812 WILMINGTON, DE 19801	52-1759564	501(C)(3)	65,750.	0.			EMPLOYMENT
READING ASSIST INSTITUTE 100 W. 10TH ST., SUITE 910 WILMINGTON, DE 19801	51-0317415	501(C)(3)	30,500.	0.			EDUCATION
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVE, NW, 11TH FLO WASHINGTON, DC 20036	52-0976257	501(C)(3)	45,854.	0.			EDUCATION
RED CLAY CONSOLIDATED SCHOOL DISTRICT - 1502 SPRUCE AVENUE - WILMINGTON, DE 19805	51-6000279	501(C)(3)	77,016.	0.			EDUCATION
REHOBOTH ART LEAGUE, INC. 12 DODDS LANE REHOBOTH BEACH, DE 19971	51-0097839	501(C)(3)	83,038.	0.			ARTS, CULTURE & HUMANITIES
RMHC OF THE PHILADELPHIA REGION, INC. - 200 SOUTH BROAD STREET - PHILADELPHIA, PA 19102	23-2705170	501(C)(3)	10,000.	0.			HUMAN SERVICES
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803-3627	51-0295320	501(C)(3)	18,000.	0.			HUMAN SERVICES
ROTARY CLUB MILFORD ATTN: HIRSCH FUNDS - PO BOX 10 - MILFORD, DE 19963	51-6018040	501(C)(4)	5,862.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Schedule I (Form 990)

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SALESIANUM SCHOOL 1801 N. BROOM STREET WILMINGTON, DE 19802	51-0066743	501(C)(3)	12,786.	0.			EDUCATION
SALVATION ARMY P. O. BOX 308 WILMINGTON, DE 19899	13-5562351	501(C)(3)	28,861.	0.			HUMAN SERVICES
SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	10,000.	0.			FOOD, AGRICULTURE & NUTRITION
SOCIAL VENTURE PARTNERS - SEATTLE 220 SECOND AVE. S, SUITE 300 SEATTLE, WA 98104	91-1894424	501(C)(3)	6,000.	0.			EDUCATION
SOJOURNER'S PLACE 2901 NORTHEAST BOULEVARD WILMINGTON, DE 19802	51-0324770	501(C)(3)	23,500.	0.			HOUSING & SHELTER
SOUTHERN DELAWARE THERAPEUTIC & RECREATIONAL HORSEBACK RIDING - P.O. BOX 219 - NASSAU, DE 19969	52-2047294	501(C)(3)	21,050.	0.			HUMAN SERVICES
SPECIALISTERNE, USA 100 W. 10TH ST., SUITE 615 WILMINGTON, DE 19801	45-3612906	501(C)(3)	7,263.	0.			EMPLOYMENT
ST. EDMOND'S ACADEMY, INC. 2120 VEALE ROAD WILMINGTON, DE 19810	51-0094400	501(C)(3)	77,671.	0.			EDUCATION
ST. ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	51-0095439	501(C)(3)	7,000.	0.			EDUCATION

Schedule I (Form 990)

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ST. JOHN'S UNITED METHODIST CHURCH 300 NORTH PINE STREET SEAFORD, DE 19973	23-7259492	501(C)(3)	6,500.	0.			RELIGION-RELATED
ST. MICHAEL'S SCHOOL & NURSERY, INC. - 700 N. WALNUT STREET - WILMINGTON, DE 19801	51-0066741	501(C)(3)	155,202.	0.			EDUCATION
ST. THOMAS MORE ACADEMY 133 THOMAS MORE DRIVE MAGNOLIA, DE 19962	51-0095439	501(C)(3)	21,359.	0.			EDUCATION
STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	56-2442758	501(C)(3)	15,000.	0.			EDUCATION
STATUE OF LIBERTY - ELLIS ISLAND FOUNDATION, INC. - 17 BATTERY PLACE, SUITE 210 - NEW YORK, NY 10004	13-3118415	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
STEHM, INC. P.O. BOX 2617 WILMINGTON, DE 19805-0617	51-0309114	501(C)(3)	8,071.	0.			HOUSING & SHELTER
SUNDAY BREAKFAST MISSION 110 N. POPLAR STREET WILMINGTON, DE 19801	51-0073080	501(C)(3)	113,742.	0.			HOUSING & SHELTER
SURVIVORS OF ABUSE IN RECOVERY, INC. (SOAR) - 405 FOULK ROAD - WILMINGTON, DE 19803	51-0345109	501(C)(3)	63,919.	0.			MENTAL HEALTH CARE & CRISIS INTERVENTION
SUSSEX ACADEMY P.O. BOX 693 LEWES, DE 19958	45-3820950	501(C)(3)	945,618.	0.			EDUCATION

Schedule I (Form 990)

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SUSSEX COUNTY HABITAT FOR HUMANITY P. O. BOX 759 GEORGETOWN, DE 19947	51-0334057	501(C)(3)	50,000.	0.			HOUSING & SHELTER
SUSSEX TECH ADULT DIVISION PO BOX 351 GEORGETOWN, DE 19947	51-6000279	501(C)(3)	36,800.	0.			EDUCATION
TATNALL SCHOOL 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	51-0071443	501(C)(3)	6,250.	0.			EDUCATION
THE CHALLENGE PROGRAM 1124 EAST 7TH STREET WILMINGTON, DE 19801	51-0386369	501(C)(3)	75,000.	0.			EMPLOYMENT
THE DELAWARE STEM ACADEMY 100 W. 10TH ST. SUITE 403 WILMINGTON, DE 19801	46-2598926	501(C)(3)	7,607.	0.			EDUCATION
THE HARRY K FOUNDATION 313 SOUTH BOARDWALK REHOBOTH BEACH, DE 19971	46-2934019	501(C)(3)	5,600.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET EXT WILMINGTON, DE 19802	51-0066934	501(C)(3)	79,526.	0.			ARTS, CULTURE & HUMANITIES
TOWER HILL SCHOOL 2813 W. 17TH STREET WILMINGTON, DE 19806	51-0065745	501(C)(3)	31,173.	0.			EDUCATION
TOWN OF ELSMERE 11 POPLAR AVENUE WILMINGTON, DE 19805	51-6001118	501(C)(3)	5,500.	0.			PUBLIC & SOCIETAL BENEFIT

Schedule I (Form 990)

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TRI-STATE BIRD RESCUE & RESEARCH, INC. - 110 POSSUM HOLLOW ROAD - NEWARK, DE 19711-3910	51-0265807	501(C)(3)	10,794.	0.			ANIMAL-RELATED
UBS NATIONAL PHILANTHROPIC 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	23-7825575	501(C)(3)	90,096.	0.			PHILANTHROPY, VOLUNTARISM
UNITED WAY OF DELAWARE 625 NORTH ORANGE STREET WILMINGTON, DE 19801	51-0073399	501(C)(3)	40,183.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
UNITED WAY OF DELAWARE - ALEXIS DE TOCQUEVILLE SOCIETY - 625 N. ORANGE ST., 3RD FLOOR - WILMINGTON, DE 19801	51-0073399	501(C)(3)	26,931.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 W. STATE ST. - KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	10,600.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
UNITED WAY OF WYOMING VALLEY 8 WEST MARKET STREET, SUITE 450 WILKES-BARRE, PA 18711-0100	24-0831490	501(C)(3)	32,000.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
UNIVERSITY OF DELAWARE 104 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	369,628.	0.			EDUCATION
UNIVERSITY OF DELAWARE COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT - 106 ALISON HALL WEST - NEWARK, DE 19716	51-6000297	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	30,100.	0.			EDUCATION

Schedule I (Form 990)

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VANDERBILT UNIVERSITY 2201 WEST END AVENUE NASHVILLE, TN 37240	62-0476822	501(C)(3)	15,000.	0.			EDUCATION
VANGUARD CHARITABLE ENDOWMENT PROGRAM - 95 WELLS AVE., SUITE 155 - NEWTON, MA 02459-3204	23-2888152	501(C)(3)	85,193.	0.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
VICTORY TABERNACLE CHURCH OF GOD 28261 SEAFORD ROAD LAUREL, DE 19956	59-3789760	501(C)(3)	17,966.	0.			RELIGION-RELATED
VISION NETWORK 100 W. 10TH ST. SUITE 106 WILMINGTON, DE 19801	45-4866878	501(C)(3)	75,000.	0.			EDUCATION
VISION TO LEARN 4023 KENNETT PIKE WILMINGTON, DE 19807	45-3457853	501(C)(3)	30,000.	0.			HEALTH CARE
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620-1197	52-0591691	501(C)(3)	15,000.	0.			EDUCATION
WESLEY COLLEGE 120 N. STATE STREET DOVER, DE 19901	51-0064335	501(C)(3)	11,575.	0.			EDUCATION
WESLEY UNITED METHODIST CHURCH 209 S. STATE STREET DOVER, DE 19901	13-5562279	501(C)(3)	8,500.	0.			RELIGION-RELATED
WEST CENTER CITY EARLY LEARNING CENTER - 600 N. MADISON STREET - WILMINGTON, DE 19801	51-0107562	501(C)(3)	133,167.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	159,800.	0.			HUMAN SERVICES
WEST NOTTINGHAM ACADEMY 1079 FIRETOWER ROAD COLORA, MD 21917-1599	52-0591693	501(C)(3)	8,518.	0.			EDUCATION
WESTCHESTER REFORM TEMPLE 255 MAMARONECK ROAD SCARSDALE, NY 10583	23-2698559	501(C)(3)	14,750.	0.			RELIGION-RELATED
WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON, DE 19806	51-0066745	501(C)(3)	6,567.	0.			RELIGION-RELATED
WESTSIDE FAMILY HEALTHCARE, INC. 300 WATER STREET, SUITE 200 WILMINGTON, DE 19801	22-2488654	501(C)(3)	145,500.	0.			HEALTH CARE
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013-5792	23-1386178	501(C)(3)	7,000.	0.			EDUCATION
WILMINGTON BALLET ACADEMY OF THE DANCE - 1709 GILPIN AVENUE - WILMINGTON, DE 19806	26-1861300	501(C)(3)	10,700.	0.			ARTS, CULTURE & HUMANITIES
WILMINGTON COUNTRY CLUB 4825 KENNETT PIKE WILMINGTON, DE 19807	51-0054440	501(C)(7)	34,300.	0.			EDUCATION
WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD WILMINGTON, DE 19803	51-0064310	501(C)(3)	10,850.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 HOUSING PARTNERSHIP 800 N. FRENCH ST., 7TH FLOOR WILMINGTON, DE 19801-3537	51-0320494	501(C)(3)	20,000.	0.			HOUSING & SHELTER
WILMINGTON SENIOR CENTER 1901 MARKET STREET WILMINGTON, DE 19802	51-0078398	501(C)(3)	21,185.	0.			HUMAN SERVICES
WILMINGTON UNIVERSITY 320 DUPONT HIGHWAY NEW CASTLE, DE 19720	51-0107088	501(C)(3)	6,500.	0.			EDUCATION
WINTERTHUR MUSEUM, GARDEN & LIBRARY - 5105 KENNETT PIKE - WINTERTHUR, DE 19735	51-0066038	501(C)(3)	11,221.	0.			ARTS, CULTURE & HUMANITIES
WYOMING COUNTY COMMUNITY ACTION, INC. - 6470, ROUTE 20A, SUITE 1 - PERRY, NY 14530	16-1488538	501(C)(3)	7,000.	0.			HUMAN SERVICES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIPS	267	285,224.	0.		

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FREDERICK C. SEARS II PRESIDENT & CEO	(i)	205,000.	0.	0.	41,993.	39,975.	286,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	6,213,954.	FMV ON DATE OF CONTR
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	12,735,000.	FMV ON DATE OF CONTR
16 Real estate - Commercial	X	2	1,150,000.	FMV ON DATE OF CONTR
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (IN KIND GIFTS)	X	101	35,585.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESSES AND ORGANIZATIONS, AND DISTRIBUTES INCOME FROM THE FUNDS AS
GRANTS TO HUMANITARIAN, EDUCATIONAL, HEALTH AND CULTURAL ENTITIES
THROUGHOUT THE UNITED STATES. WITH OVER 1,130 FUNDS, \$274 MILLION IN
ASSETS AND ANNUAL GRANTS AND PROGRAM EXPENSES OF ABOUT \$11.7 MILLION,
THE FOUNDATION PROVIDES A LASTING SOURCE OF CHARITABLE FUNDING TO
BENEFIT DELAWAREANS TODAY AND FOR GENERATIONS TO COME. SINCE 1986, THE
FOUNDATION HAS BEEN CONNECTING PEOPLE WHO CARE WITH THE CAUSES THEY
CARE ABOUT, HELPING TO MAKE DELAWARE A BETTER PLACE TO LIVE AND WORK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDS, \$251 MILLION IN ASSETS AND ANNUAL GRANTS AND PROGRAM EXPENSES OF
ABOUT \$11.7 MILLION, THE FOUNDATION PROVIDES A LASTING SOURCE OF
CHARITABLE FUNDING TO BENEFIT DELAWAREANS TODAY AND FOR GENERATIONS TO
COME. SINCE 1986, THE FOUNDATION HAS BEEN CONNECTING PEOPLE WHO CARE
WITH THE CAUSES THEY CARE ABOUT, HELPING TO MAKE DELAWARE A BETTER
PLACE TO LIVE AND WORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDUSTRY TRAINING FOR \$50,000 AND COMPREHENSIVE CASE MANAGEMENT FOR THE
HOMELESS FOR \$50,000. UNRESTRICTED GRANTS ALSO SUPPORTED OVER \$297,000
IN CAPITAL AND EQUIPMENT GRANTS FOR 33 NONPROFIT ORGANIZATIONS IN
DELAWARE. THE FOUNDATION'S SCHOLARSHIP PROGRAM OF 83 FUNDS SUPPORTED
LOCAL STUDENTS BY AWARDING A TOTAL OF \$333,000 IN SCHOLARSHIPS.

FORM 990, PART VI, SECTION A, LINE 6:

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

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

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

THE CORPORATION'S MEMBERS (THE "MEMBERS") SHALL CONSIST OF (1) THE CORPORATION'S DIRECTORS (THE "DIRECTORS"), (2) TEN INDIVIDUALS, EACH OF WHOM IS A DISTRIBUTION ADVISOR OR OTHER REPRESENTATIVE OF A DONOR-ADVISED OR ENDOWMENT FUND HELD BY THE CORPORATION, SELECTED BY THE DIRECTORS, AND (3) ALL OF THE CORPORATION'S PAST DIRECTORS (OTHER THAN ANY SUCH PAST DIRECTOR WHO WAS REMOVED FROM OFFICE BY THE BOARD OF DIRECTORS (THE "BOARD") WHO INDICATE, IN WRITING, A WILLINGNESS TO SERVE AS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NOMINATING COMMITTEE OF THE FOUNDATION SENDS NOMINATIONS FOR THE BOARD OF DIRECTORS TO THE MEMBERS WHO VOTE ON EACH CANDIDATE FOR A SEAT ON THE DCF BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

MANAGEMENT AND THE AUDIT COMMITTEE REVIEW THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING ONCE THE FORM 990 IS REVIEWED, THE AUDIT COMMITTEE REPORTS TO THE BOARD OF DIRECTORS ABOUT THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ANNUALLY UPDATE HIS OR HER CONFLICT OF INTEREST STATEMENT AND TO BRING TO THE ATTENTION OF THE PRESIDENT ANY POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF CONFLICT OF INTEREST, HE OR SHE MAY HAVE IN FOUNDATION MATTERS ANNUALLY. AN EMPLOYEE COMPLETES CERTIFICATE OF COMPLIANCE STATEMENT, SIGNS IT AND RETURNS IT TO THE EXECUTIVE VICE PRESIDENT FOR FILING IN THE EMPLOYEE'S PERSONNEL RECORD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE VICE PRESIDENT AND THE

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

CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

DELAWARE COMMUNITY FOUNDATION, INC

Employer identification number

22-2804785

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

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

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

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

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

Schedule R (Form 990) 2014

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RODEL CHARITABLE FOUNDATION	L	77,064.	ADMIN FEES PAID
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DELAWARE COMMUNITY FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1636 City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19899	D Employer identification number (Employees' trust, see instructions.) 22-2804785 E Unrelated business activity codes (See instructions.) 900000
---	---------------	--	---

C Book value of all assets at end of year 251389184.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **RICHARD GENTSCH** Telephone number ▶ **302-571-8004**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -7,946.	STMT 1	-7,946.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 -7,946.		-7,946.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-7,946.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-7,946.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-7,946.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: MICHAEL A. TROLIO, Title: EXECUTIVE VICE PRESIDENT.

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL A. TROLIO, Preparer's signature, Date, Check self-employed, PTIN: P00357423, Firm's name: GUNNIP & COMPANY LLP, Firm's EIN: 51-0076769, Firm's address: 2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808, Phone no. 302-225-5000.

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return DELAWARE COMMUNITY FOUNDATION, INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 22-2804785
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	23,140.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	23,140.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:
43 Amortization of costs that began before your 2014 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. DELAWARE COMMUNITY FOUNDATION, INC	Employer identification number (EIN) or 22-2804785
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1636	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19899	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RICHARD GENTSCH

• The books are in the care of **P.O. BOX 1636 - WILMINGTON, DE 19899**
 Telephone No. **302-571-8004** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2016.

5 For calendar year _____, or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ORGANIZATION NEEDS ADDITIONAL TIME FOR BOARD TO REVIEW THE FEDERAL FORM 990.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date