

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 UNITED WAY OF DELAWARE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite THE LINDEN BLDG, 3RD FLOOR City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19801-2247 F Name and address of principal officer: MICHELLE A. TAYLOR SAME AS C ABOVE	D Employer identification number 51-0073399 E Telephone number 302-573-3700 G Gross receipts \$ 17,060,350. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.UWDE.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: 1946		M State of legal domicile: DE

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PARTNERS WITH SOCIAL SERVICE AGENCIES, BUSINESSES, GOVERNMENTS, OTHER NONPROFIT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	56
	6	Total number of volunteers (estimate if necessary)	6	4300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	13,772,445.	15,997,674.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	492,373.	709,031.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,097.	119,659.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,168.	215,629.
12			14,483,083.	17,041,993.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,261,040.	9,688,708.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,776,894.	2,893,787.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,151,064.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,601,655.	4,390,364.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,639,589.	16,972,859.
	19	Revenue less expenses. Subtract line 18 from line 12	-156,506.	69,134.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	12,869,034.	12,878,642.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,219,614.	3,211,571.
	22		9,649,420.	9,667,071.

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 WIL TORRES, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name JEFFREY A KOWALCZYK CPA	Preparer's signature JEFFREY A KOWALCZYK	Date 01/27/21	Check if self-employed <input type="checkbox"/>	PTIN P01563311
	Firm's name ▶ BARBACANE THORNTON & COMPANY LLP	Firm's EIN ▶ 51-0229493			
	Firm's address ▶ 200 SPRINGER BLDG, 3411 SILVERSIDE RD WILMINGTON, DE 19810-4866		Phone no. 302-478-8940		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO MAXIMIZE THE COMMUNITY'S RESOURCES TO IMPROVE THE QUALITY OF LIVES OF ALL DELAWAREANS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,843,922. including grants of \$ 3,474,324.) (Revenue \$ 709,031.) UNITED WAY OF DELAWARE WORKS IN COLLABORATION WITH THE COMMUNITY TO ENSURE THAT CHILDREN ARE READING ON GRADE LEVEL BY THIRD GRADE, TO HELP YOUNG PEOPLE DEVELOP A PATH TO COLLEGE AND CAREER READINESS, AND TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO ACHIEVE ECONOMIC STABILITY AND FINANCIAL EMPOWERMENT.

4b (Code:) (Expenses \$ 6,214,384. including grants of \$ 6,214,384.) (Revenue \$) MONEY DESIGNATED TO AGENCIES

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

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

4e Total program service expenses 14,058,306.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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>		X
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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

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. See instructions for the order in which to list the persons above.

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) JOHN D'AGOSTINO CHAIR OF THE BOARD	2.00 0.20	X		X				0.	0.	0.
(2) GARY R. STOCKBRIDGE PAST CHAIR	2.00 0.20	X		X				0.	0.	0.
(3) RICK DEADWYLER JR CHAIR ELECT	2.00 0.20	X		X				0.	0.	0.
(4) BRIAN NOURIE SECRETARY	2.00 0.20	X		X				0.	0.	0.
(5) PHILLIP BARNETT TREASURER	2.00 0.20	X		X				0.	0.	0.
(6) EDMUND GREEN AUDIT COMMITTEE CHAIR	1.00 0.20	X						0.	0.	0.
(7) JOHN PANICHELLA REV & GROWTH COMM CHAIR	1.00 0.20	X						0.	0.	0.
(8) GEORGE GUIDO STRATEGIC STEERING COMMITTEE CHAIR	1.00 0.20	X						0.	0.	0.
(9) TERRI HARTWELL-EASTER HUMAN RESOURCES CHAIR	1.00 0.20	X						0.	0.	0.
(10) MICHELL SCHIAVONI MARKETING & COMM CHAIR	1.00 0.20	X						0.	0.	0.
(11) LYNN MILLER EXECUTIVE COMMITTEE MEMBER	1.00 0.20	X						0.	0.	0.
(12) DR. LAVERNE HARMON EXECUTIVE COMMITTEE MEMBER	1.00 0.20	X						0.	0.	0.
(13) BETSY AMOROSO BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(14) DUSTY BLAKEY BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(15) DAVID BROND BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(16) PAT TROY-BROOKS BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(17) KAREN YEATMAN BROWNE BOARD MEMBER	1.00 0.20	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) ROBERT CLARK BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(19) JAMIE CLARKE BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(20) LIZ DAVID BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(21) DORRELL GREEN BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(22) CATHERINE HOGAN BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(23) LARRY MELI BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(24) GREGORY LLOYD MORRIS BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(25) CHARLES MOSHER BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(26) CLARENCE NDANGAM BOARD MEMBER	2.00 0.20	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								643,700.	0.	46,049.
d Total (add lines 1b and 1c)								643,700.	0.	46,049.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,198,500.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,799,174.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		15,997,674.			
Program Service Revenue	2 a	DONOR CHOICE ADMIN FEES	Business Code 561000	581,363.	581,363.		
	b	MEMBER AGENCY UNEMPLOYMENT FEES	561000	127,668.	127,668.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		709,031.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		119,659.		119,659.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b	Less: cost or other basis and sales expenses	7b					
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		45,475.				
		8b	18,357.				
		c	Net income or (loss) from fundraising events		27,118.		27,118.
9 a	Gross income from gaming activities. See Part IV, line 19						
		9b					
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances						
		10b					
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	188,511.		188,511.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		188,511.			
12	Total revenue. See instructions		17,041,993.	709,031.	0.	335,288.	

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 ...	9,688,708.	9,688,708.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	566,726.	149,737.	239,522.	177,467.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,865,769.	492,963.	788,553.	584,253.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,632.	10,697.	64,089.	23,846.
9 Other employee benefits	189,303.	20,530.	123,005.	45,768.
10 Payroll taxes	173,357.	44,049.	76,454.	52,854.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	36,545.	31,988.	2,937.	1,620.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,497.	66,083.	6,067.	3,347.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	217,372.	190,268.	17,468.	9,636.
12 Advertising and promotion				
13 Office expenses	327,319.	269,497.	52,928.	4,894.
14 Information technology	28,798.		13,135.	15,663.
15 Royalties				
16 Occupancy	177,672.		84,875.	92,797.
17 Travel	181,151.	114,118.	50,063.	16,970.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,522.		71,063.	51,459.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY BASED SUPPORT	1,861,156.	1,861,156.		
b UNEMPLOYMENT EXPENSES	121,993.	121,993.		
c UNITED WAY AMERICA DUES	88,495.	88,495.		
d _____				
e All other expenses _____	1,151,844.	908,024.	173,330.	70,490.
25 Total functional expenses. Add lines 1 through 24e	16,972,859.	14,058,306.	1,763,489.	1,151,064.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	367,664.	1	401,498.
	2 Savings and temporary cash investments	2,215,394.	2	2,331,861.
	3 Pledges and grants receivable, net	4,719,187.	3	4,871,821.
	4 Accounts receivable, net	49,328.	4	189,483.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,801.	9	45,309.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,334,522.		
	b Less: accumulated depreciation	10b 3,455,975.		
	11 Investments - publicly traded securities	936,230.	10c	878,547.
	12 Investments - other securities. See Part IV, line 11	2,656,068.	11	2,368,219.
	13 Investments - program-related. See Part IV, line 11	1,765,868.	12	1,682,410.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	109,494.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,869,034.	15	109,494.	
		16	12,878,642.	
Liabilities	17 Accounts payable and accrued expenses	457,070.	17	282,098.
	18 Grants payable	2,762,544.	18	2,929,473.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,219,614.	26	3,211,571.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,975,740.	27	4,517,115.
	28 Net assets with donor restrictions	5,673,680.	28	5,149,956.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,649,420.	32	9,667,071.
33 Total liabilities and net assets/fund balances	12,869,034.	33	12,878,642.	

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	17,041,993.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,972,859.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,649,420.
5	Net unrealized gains (losses) on investments	5	-51,483.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,667,071.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15394686.	14632045.	14550420.	13772445.	15997674.	74347270.
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	15394686.	14632045.	14550420.	13772445.	15997674.	74347270.
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)						2476804.
6 Public support. Subtract line 5 from line 4.						71870466.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	15394686.	14632045.	14550420.	13772445.	15997674.	74347270.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	144,655.	132,177.	138,802.	127,097.	119,659.	662,390.
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.)	177,869.	209,429.	49,154.	45,875.	188,511.	670,838.
11 Total support. Add lines 7 through 10						75680498.
12 Gross receipts from related activities, etc. (see instructions)					12	3,321,580.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.97 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.58 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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			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).		

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUPONT COMPANY 1007 MARKET STREET WILMINGTON, DE 19801	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	W.L. GORE & ASSOCIATES 555 PAPER MILL ROAD NEWARK, DE 19711	\$ 368,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BANK OF AMERICA 100 NORTH TYRON STREET CHARLOTTE, NC 28255	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	1,765,868.	1,792,876.	1,781,434.	1,677,999.	1,829,003.
b Contributions		4,020.			
c Net investment earnings, gains, and losses	26,049.	75,950.	114,735.	207,931.	-44,252.
d Grants or scholarships					
e Other expenditures for facilities and programs	89,166.	92,599.	89,152.	91,292.	92,510.
f Administrative expenses	20,341.	14,379.	14,141.	13,204.	14,242.
g End of year balance	1,682,410.	1,765,868.	1,792,876.	1,781,434.	1,677,999.

- 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 _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,561,782.	2,761,274.	800,508.
c Leasehold improvements				
d Equipment		772,740.	694,701.	78,039.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				878,547.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DELAWARE COMMUNITY		
(B) FOUNDATION COMMON TRUST		
(C) FUNDS	1,682,410.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,682,410.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on 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" on 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,764,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-51,483.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	18,357.
e	Add lines 2a through 2d	2e	-33,126.
3	Subtract line 2e from line 1	3	10,797,587.
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	30,022.
b	Other (Describe in Part XIII.)	4b	6,214,384.
c	Add lines 4a and 4b	4c	6,244,406.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,041,993.

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

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

1	Total expenses and losses per audited financial statements	1	10,746,810.
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	18,357.
e	Add lines 2a through 2d	2e	18,357.
3	Subtract line 2e from line 1	3	10,728,453.
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	30,022.
b	Other (Describe in Part XIII.)	4b	6,214,384.
c	Add lines 4a and 4b	4c	6,244,406.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,972,859.

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 V, LINE 4:

ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE A SUSTAINABLE, LONG TERM SOURCE OF INCOME TO SUPPORT THE ORGANIZATION'S PROGRAMS. INCOME AND GAINS FROM ENDOWMENT FUNDS ARE AVAILABLE FOR UNRESTRICTED USE EACH YEAR.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURE IN THE FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED NET ON FORM 990	18,357.
---	---------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS	6,214,384.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING REVENUE REPORTED NET ON FORM 990	18,357.
--	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS	6,214,384.
--------------	------------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GIVING ON THE GREEN GO (event type)	LABOR GOLF OUTING (event type)	NONE (total number)	
Revenue	1	Gross receipts	15,250.	30,225.	45,475.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	15,250.	30,225.	45,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,000.	13,333.	15,333.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			15,333.
	11	Net income summary. Subtract line 10 from line 3, column (d)			30,142.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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 noncash assistance	(h) Purpose of grant or assistance
A DOOR OF HOPE 3407 LANCASTER PIKE WILMINGTON, DE 19805	51-0263402	501(C)(3)	9,104.	0.			OPERATIONS
A.I. DUPONT HOSPITAL - NEMOURS PARTNERSHIP - 1600 ROCKLAND ROAD - WILMINGTON, DE 19803		501(C)(3)	13,669.	0.			OPERATIONS
ALS ASSOCIATION - GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN ROAD - AMBLER, PA 19002		501(C)(3)	5,517.	0.			OPERATIONS
ALZHEIMER'S ASSOCIATION, DELAWARE VALLEY CHAPTER - 240 N JAMES STREET, SUITE 100A - WILMINGTON, DE 19804	23-2280056	501(C)(3)	7,586.	0.			OPERATIONS
AMERICAN CANCER SOCIETY, DELAWARE 92 READ'S WAY, SUITE 205 NEW CASTLE, DE 19720	58-0659875	501(C)(3)	11,062.	0.			OPERATIONS
AMERICAN CANCER SOCIETY, PA CHESTER COUNTY - 480 NORRISTOWN ROAD, SUITE 150 - BLUE BELL, PA 19422	13-1788491	501(C)(3)	7,319.	0.			OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 122.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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 HEART ASSOCIATION, DE DELAWARE/PA AFFILIATE - 200 CONTINENTAL DRIVE, SUITE 101 - NEWARK, DE 19713		501(C)(3)	10,159.	0.			OPERATIONS
AMERICAN RED CROSS, DELMARVA PENINSULA - 100 W 10TH STREET, SUITE 501 - WILMINGTON, DE 19801	51-6018234	501(C)(3)	115,969.	0.			OPERATIONS
ANDREW MCDONOUGH B+ FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON, DE 19803	42-1741037	501(C)(3)	5,242.	0.			OPERATIONS
AUTISM DELAWARE 924 OLD HARMONY ROAD, SUITE 201 NEWARK, DE 19713	20-2110190	501(C)(3)	5,123.	0.			OPERATIONS
BAYHEALTH FOUNDATION 640 SOUTH STATE ROAD DOVER, DE 19904		501(C)(3)	5,000.	0.			OPERATIONS
BIG BROTHERS BIG SISTERS OF DELAWARE - 413 LARCH CIRCLE - WILMINGTON, DE 19804	51-6018399	501(C)(3)	82,177.	0.			OPERATIONS
BOY SCOUTS OF AMERICA, DEL-MAR-VA COUNCIL, INC. - 100 W 10TH STREET, SUITE 915 - WILMINGTON, DE 19801	51-0065733	501(C)(3)	68,142.	0.			OPERATIONS
BOYS & GIRLS CLUB, DELAWARE 669 S UNION STREET WILMINGTON, DE 19805	51-0068712	501(C)(3)	241,910.	0.			OPERATIONS
CATHOLIC CHARITIES, DIOCESE OF WILMINGTON - 2601 W 4TH STREET - WILMINGTON, DE 19805	51-0065685	501(C)(3)	331,999.	0.			OPERATIONS

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
CHEER 546 S BEDFORD ST GEORGETOWN, DE 19947	51-0112599	501(C)(3)	30,557.	0.			OPERATIONS
CHILDREN AND FAMILIES FIRST, DELAWARE - 2005 BAYNARD BOULEVARD - WILMINGTON, DE 19802	51-0065731	501(C)(3)	223,913.	0.			OPERATIONS
CHRISTIANA CARE HEALTH SYSTEM 60 CORPORATE CIRCLE NEW CASTLE, DE 19719	51-0103684	501(C)(3)	61,728.	0.			OPERATIONS
CHRISTIANA CARE VISITING NURSE ASSOC. - ONE READ'S WAY - NEW CASTLE, DE 19720	51-0064334	501(C)(3)	16,142.	0.			OPERATIONS
CHRISTINA CULTURAL ARTS CENTER INC. - 705 N MARKET STREET - WILMINGTON, DE 19801	51-0064300	501(C)(3)	69,483.	0.			OPERATIONS
CLAYMONT COMMUNITY CENTER 3301 GREEN STREET CLAYMONT, DE 19703	51-0164850	501(C)(3)	21,393.	0.			OPERATIONS
COMMUNITY LEGAL AID SOCIETY, INC. 100 W 10TH STREET, SUITE 801 WILMINGTON, DE 19801	51-6000158	501(C)(3)	60,144.	0.			OPERATIONS
DEAEYC 2004 FOULK ROAD SUITE 6 WILMINGTON, DE 19810	51-0315060	501(C)(3)	131,053.	0.			OPERATIONS
DELAWARE 4-H FOUNDATION 531 S COLLEGE AVE, 113 TOWNSEND HAL NEWARD, DE 19716	51-0236118	501(C)(3)	5,394.	0.			OPERATIONS

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 ADOLESCENT PROGRAM 2900 N VAN BUREN ST WILMINGTON, DE 19802	51-0108498	501(C)(3)	18,900.	0.			OPERATIONS
DELAWARE BREAST CANCER COALITION 111 W 11TH STREET, SUITE 3 WILMINGTON, DE 19801	52-2045298	501(C)(3)	7,384.	0.			OPERATIONS
DELAWARE CENTER FOR JUSTICE 100 W 10TH ST, SUITE 905 WILMINGTON, DE 19801	51-0064323	501(C)(3)	73,667.	0.			OPERATIONS
DELAWARE CHILDREN'S MUSEUM 550 JUSTISON STREET WILMINGTON, DE 19801	51-0305812	501(C)(3)	22,500.	0.			OPERATIONS
DELAWARE COMMUNITY FOUNDATION 100 WEST 10TH STREET, SUITE 115 WILMINGTON, DE 19801		501(C)(3)	6,125.	0.			OPERATIONS
DELAWARE EARLY CHILDHOOD CENTER 100 WEST MISPELLION STREET HARRINGTON, DE 19952		501(C)(3)	5,500.	0.			OPERATIONS
DELAWARE GUIDANCE SERVICES FOR CHILDREN & YOUTH - 1213 DELAWARE AVENUE - WILMINGTON, DE 19806	51-0071906	501(C)(3)	121,910.	0.			OPERATIONS
DELAWARE HOSPICE 16 POLLY DRUMMOND CENTER, 2ND FLOOR NEWARK, DE 19711	51-0258883	501(C)(3)	9,978.	0.			OPERATIONS
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	24,018.	0.			OPERATIONS

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 NATURE SOCIETY 3511 BARLEY MILL ROAD HOCKESSIN, DE 19707		501(C)(3)	9,418.	0.			OPERATIONS
DELAWARE TECHNICAL & COMMUNITY COLLEGE - 100 CAMPUS DRIVE - DOVER, DE 19904		501(C)(3)	5,319.	0.			OPERATIONS
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE, INC. - 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720	51-0066728	501(C)(3)	11,760.	0.			OPERATIONS
EMMANUEL DINING ROOM 121 N JACKSON STREET WILMINGTON, DE 19801	51-0209843	501(C)(3)	57,819.	0.			OPERATIONS
FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501(C)(3)	38,588.	0.			OPERATIONS
FIRST STATE COMMUNITY ACTION AGENCY - 655 SOUTH BAY ROAD - DOVER, DE 19901		501(C)(3)	126,429.	0.			OPERATIONS
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	419,670.	0.			OPERATIONS
FORGOTTEN CATS, INC. 4023 KENNETT PIKE, SUITE 422 GREENVILLE, DE 19807	20-0691180	501(C)(3)	11,280.	0.			OPERATIONS
FRANKLIN-SOUTHAMPTON AREA UNITED WAY - PO BOX 366 - FRANKLIN, VA 23851	54-6043915	501(C)(3)	6,167.	0.			OPERATIONS

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
FRIENDSHIP HOUSE INC 1503 W 13TH STREET WILMINGTON, DE 19806	51-0306759	501(C)(3)	63,785.	0.			OPERATIONS
GIRL SCOUTS - CHESAPEAKE BAY COUNCIL - 225 OLD BALTIMORE PIKE - NEWARK, DE 19702	51-0064337	501(C)(3)	68,919.	0.			OPERATIONS
GIRLS INC - DELAWARE 1501 N WALNUT STREET, SUITE 100 WILMINGTON, DE 19801	51-0073396	501(C)(3)	39,521.	0.			OPERATIONS
GOODWILL INDUSTRIES OF DELAWARE 300 LEA BOULEVARD WILMINGTON, DE 19802		501(C)(3)	95,915.	0.			OPERATIONS
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY, INC. - 1920 HUTTON STREET - WILMINGTON, DE 19802	51-0294138	501(C)(3)	12,792.	0.			OPERATIONS
HAGLEY MUSEUM AND LIBRARY 200 HAGLEY CREEK ROAD WILMINGTON, DE 19807		501(C)(3)	25,000.	0.			OPERATIONS
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804	59-0808854	501(C)(3)	8,441.	0.			OPERATIONS
HELEN F. GRAHAM CANCER CENTER, CHRISTIANA CARE - 4701 OGLETOWN-STANTON ROAD - NEWARK, DE 19713	52-1479538	501(C)(3)	11,180.	0.			OPERATIONS
HILLTOP LUTHERAN NEIGHBORHOOD CENTER - 1018 W SIXTH STREET - WILMINGTON, DE 19805	51-0256896	501(C)(3)	24,342.	0.			OPERATIONS

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
HINDU TEMPLE ASSOCIATION, INC. 760 YORKLYN ROAD HOCKESSIN, DE 19707	51-0312741	501(C)(3)	10,037.	0.			OPERATIONS
INTEFAITH COMMUNITY HOUSING OF DELAWARE - 613 WASHINGTON STREET - WILMINGTON, DE 19801		501(C)(3)	55,670.	0.			OPERATIONS
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	88,278.	0.			OPERATIONS
JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803		501(C)(3)	27,390.	0.			OPERATIONS
KENNETT AREA COMMUNITY SERVICE PO BOX 1025 KENNETT SQUARE, PA 19348	23-2215441	501(C)(3)	35,803.	0.			OPERATIONS
KENT-SUSSEX INDUSTRIES 301 N REHOBOTH BOULEVARD MILFORD, DE 19963	51-0097856	501(C)(3)	75,095.	0.			OPERATIONS
KINGSWOOD COMMUNITY CENTER 2300 BOWERS ST WILMINGTON, DE 19802	51-0064319	501(C)(3)	72,386.	0.			OPERATIONS
L3 INTERNATIONAL PO BOX 695 GRANDVIEW, MO 64030	27-4937267	501(C)(3)	38,582.	0.			OPERATIONS
LATIN AMERICAN COMMUNITY CENTER 403 N VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	389,494.	0.			OPERATIONS

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
MAKE-A-WISH FOUNDATION OF PHILADELPHIA - 5 VALLEY SQUARE, #210 - BLUE BELL, PA 19422		501(C)(3)	5,638.	0.			OPERATIONS
MENTAL HEALTH ASSOCIATION IN DELAWARE - 100 W 10TH STREET, SUITE 600 - WILMINGTON, DE 19801	51-0069000	501(C)(3)	25,617.	0.			OPERATIONS
METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	5,257.	0.			OPERATIONS
MOT SENIOR CENTER 300 S SCOTT STREET MIDDLETOWN, DE 19709	51-6021578	501(C)(3)	40,406.	0.			OPERATIONS
MUSEUM OF THE AMERICAN REVOLUTION 101 SOTUH 3RD STREET PHILADELPHIA, PA 19106		501(C)(3)	180,000.	0.			OPERATIONS
NCALL 363 SAULSBURY ROAD DOVER, DE 19904		501(C)(3)	262,357.	0.			OPERATIONS
NEIGHBORHOOD HOUSE, INC 1218 B ST WILMINGTON, DE 19801	51-0065747	501(C)(3)	36,638.	0.			OPERATIONS
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD, SUITE 103 NEWARK, DE 19702	51-0191916	501(C)(3)	75,301.	0.			OPERATIONS
NEW HAMPSIRE SPCA PO BOX 196 STRATHAM, NH 03885	02-6000614	501(C)(3)	8,433.	0.			OPERATIONS

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
NEWARK CHARTER SCHOOL 2001 PATRIOT WAY NEWARK, DE 19711	51-0396398	501(C)(3)	23,671.	0.			OPERATIONS
NEWARK SENIOR CENTER 200 WHITE CHAPEL DRIVE NEWARK, DE 19713	51-0104695	501(C)(3)	15,545.	0.			OPERATIONS
OPPORTUNITY CENTER, INC. 3030 BOWERS ST WILMINGTON, DE 19802	51-0079778	501(C)(3)	27,330.	0.			OPERATIONS
PEOPLES PLACE II INC. 1129 AIRPORT ROAD MILFORD, DE 19963	51-0113062	501(C)(3)	26,965.	0.			OPERATIONS
PHILANTHROPY DELAWARE WEST 10TH STREET WILMINGTON, DE 19801		501(C)(3)	6,625.	0.			OPERATIONS
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON, DE 19801	51-0066725	501(C)(3)	52,447.	0.			OPERATIONS
READ ALOUD DELAWARE 100 W 10TH STREET, SUITE 309 WILMINGTON, DE 19801	51-0280486	501(C)(3)	5,471.	0.			OPERATIONS
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803	51-0295320	501(C)(3)	37,964.	0.			OPERATIONS
SALVATION ARMY, DELAWARE 400 N ORANGE STREET WILMINGTON, DE 19899	51-0306759	501(C)(3)	152,082.	0.			OPERATIONS

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
SEEDS OF GREATNESS MINISTRIES 828 FRENCHTOWN ROAD EAST NEW CASTLE, DE 19720		501(C)(3)	5,500.	0.			OPERATIONS
SERVIAM GIRLS ACADEMY 14 HALCYON DRIVE NEW CASTLE, DE 19720		501(C)(3)	6,878.	0.			OPERATIONS
SIEGEL JEWISH COMMUNITY CENTER 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803		501(C)(3)	48,670.	0.			OPERATIONS
SPANISH WITH A VISION 1255 BOWMAN AVENUE WEST CHESTER, PA 19380		501(C)(3)	7,350.	0.			OPERATIONS
ST. JOSEPH'S PREPARATORY SCHOOL 1733 WEST GIRARD AVENUE PHILADELPHIA, PA 19130		501(C)(3)	5,000.	0.			OPERATIONS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,583.	0.			OPERATIONS
SUNDAY BREAKFAST MISSION PO BOX 352 WILMINGTON, DE 19899	51-0073080	501(C)(3)	24,509.	0.			OPERATIONS
SUSSEX COUNTY HABITAT FOR HUMANITY 206 ACADEMY STREET GEORGETOWN, DE 19947		501(C)(3)	61,442.	0.			OPERATIONS
SUSSEX COUNTY HEALTH PROMOTIONS 21133 STERLING AVENUE GEORGETOWN, DE 19947		501(C)(3)	50,000.	0.			OPERATIONS

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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TELAMON CORPORATION 25448 PRIMEHOOK ROAD MILTON, DE 14968	56-1022483	501(C)(3)	82,500.	0.			OPERATIONS
THE GREATER DOVER FOUNDATION 101 WEST LOOCKERMAN STREET, #1B DOVER, DE 19904		501(C)(3)	18,918.	0.			OPERATIONS
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102		501(C)(3)	6,000.	0.			OPERATIONS
TRINITY EPISCOPAL CHURCH 1108 N. ADAMS STREET WILMINGTON, DE 19801		501(C)(3)	121,000.	0.			OPERATIONS
UNITED CEREBRAL PALSY OF DELAWARE 700A RIVER RD WILMINGTON, DE 19809	51-6016956	501(C)(3)	43,408.	0.			OPERATIONS
UNITED WAY ALLIANCE OF MID-OHIO VALLEY - 935 MARKET STREET - PARKERSBURG, WV 26101	55-0403123	501(C)(3)	20,490.	0.			OPERATIONS
UNITED WAY OF CECIL COUNTY PO BOX 342 ELKTON, MD 21922	52-6075348	501(C)(3)	55,907.	0.			OPERATIONS
UNITED WAY OF CENTRAL & NORTHEASTERN CT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501(C)(3)	5,607.	0.			OPERATIONS
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	11,103.	0.			OPERATIONS

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
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	23-2131877	501(C)(3)	12,922.	0.			OPERATIONS
UNITED WAY OF CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	11,539.	0.			OPERATIONS
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET ATLANTA, GA 30303	58-0566194	501(C)(3)	7,510.	0.			OPERATIONS
UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NJ - PO BOX 15760 - PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	26,610.	0.			OPERATIONS
UNITED WAY OF HUMPHREYS COUNTY PO BOX 212 WAVERLY, TN 37185	62-1777911	501(C)(3)	36,329.	0.			OPERATIONS
UNITED WAY OF SOUTH MISSISSIPPI 11975 SEAWAY RD. SUITE B170 GULFPORT, MS 39503	64-0826356	501(C)(3)	7,171.	0.			OPERATIONS
UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 W. STATE STREET - KENNETT SQUARE, PA 19348	23-1260899	501(C)(3)	211,840.	0.			OPERATIONS
UNITED WAY OF THE COASTAL BEND 4659 EVERHART ROAD CORPUS CHRISTI, TX 78411	74-1207552	501(C)(3)	23,212.	0.			OPERATIONS
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139		5,000.	0.			OPERATIONS

Schedule I (Form 990)

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UNIVERSITY OF DELAWARE 210 SOUTH COLLEGE AVE NEWARK, DE 19716		501(C)(3)	26,770.	0.			OPERATIONS
UNIVERSITY OF PENNSYLVANIA 220 SOUTH 34TH STREET PHILADELPHIA, PA 19104		501(C)(3)	6,000.	0.			OPERATIONS
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22903		501(C)(3)	8,000.	0.			OPERATIONS
URBAN PROMISE 2401 THATCHER STREET WILMINGTON, DE 19801	20-8156160	501(C)(3)	33,960.	0.			OPERATIONS
VALLEY POINT CHURCH 209 BETHEL ROAD GLEN MILLS, PA 19342		501(C)(3)	78,100.	0.			OPERATIONS
VANGUARD CHARITABLE ENDOWMENT PROGRAM - 2670 WARWICK AVENUE - WARWICK, RI 02889		501(C)(3)	22,000.	0.			OPERATIONS
WESLEY COLLEGE 120 NORTH STATE STREET DOVER, DE 19901		501(C)(3)	5,000.	0.			OPERATIONS
WEST END NEIGHBORHOOD HOUSE 710 N LINCOLN STREET WILMINGTON, DE 19805	51-0064301	501(C)(3)	679,613.	0.			OPERATIONS
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 26201		501(C)(3)	5,000.	0.			OPERATIONS

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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WESTMINSTER PRESBYTERIAN CHURCH 1502 WEST 13TH STREET WILMINGTON, DE 19806		501(C)(3)	9,375.	0.			OPERATIONS
WILLOWDALE CHAPEL 685 UNIONVILLE ROAD, #3 KENNETT SQUARE, PA 19348		501(C)(3)	17,000.	0.			OPERATIONS
WILMINGTON FRIENDS SCHOOL 101 SCHOOL ROAD WILMINGTON, DE 19803		501(C)(3)	13,964.	0.			OPERATIONS
WILMINGTON SENIOR CENTER 1901 N MARKET ST WILMINGTON, DE 19802	51-0078398	501(C)(3)	170,832.	0.			OPERATIONS
WILMINGTON UNIVERSITY SCHOLARSHIP FUND - 1 BROOKINGS DRIVE - ST LOUIS, MO 63130		501(C)(3)	8,057.	0.			OPERATIONS
XAVIER SOCIETY FOR THE BLIND 248 WEST 45TH STREET, #1502 NEW YORK, NY 10001		501(C)(3)	5,000.	0.			OPERATIONS
YMCA OF DELAWARE 100 W 10TH STREET, SUITE 1100 WILMINGTON, DE 19801	51-0065748	501(C)(3)	101,299.	0.			OPERATIONS
YWCA DELAWARE 100 W 10TH STREET, SUITE 515 WILMINGTON, DE 19800	51-0064344	501(C)(3)	78,290.	0.			OPERATIONS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

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 on 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 (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
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) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE A. TAYLOR PRESIDENT AND CEO	(i)	248,462.	0.	0.	7,454.	5,741.	261,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAN CRUCE COO	(i)	175,471.	0.	0.	5,264.	0.	180,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

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

AGENCIES, AND CONCERNED INDIVIDUALS TO ACHIEVE RESULTS THAT MATTER AND
HAVE LASTING IMPACTS ON THE QUALITY OF LIVES IN THE COMMUNITY.

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

EACH VOTING MEMBER OF THE GOVERNING BODY WILL RECEIVE A COPY OF FORM 990
FOR DISCUSSION OF THE COMPLETENESS AND ACCURACY IN A BOARD MEETING PRIOR TO
SUBMISSION.

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

THE CONFLICT OF INTEREST POLICY IS HANDED OUT AT THE BENEFITS MEETING
ANNUALLY. MANAGEMENT AND EMPLOYEES ARE REQUIRED TO READ THE POLICY AND
DISCLOSE ANY POTENTIAL CONFLICTS. POTENTIAL CONFLICTS ARE CONSIDERED BY
MANAGEMENT AND THE BOARD OF DIRECTORS SO THAT APPROPRIATE RESPONSES OR
COURSES OF ACTION CAN BE ESTABLISHED.

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

THE ORGANIZATION HAS A WRITTEN COMPENSATION POLICY WHICH REQUIRES TOP LEVEL
MANAGEMENT SALARIES TO BE REVIEWED AND APPROVED BY INDEPENDENT BOARD
MEMBERS. ANY DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF THE BOARD.
COMPENSATION LEVELS ARE COMPARED TO THOSE FOR SIMILAR POSITIONS AT
SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST. ADDITIONALLY, FORM 990
IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION'S PROCESS GOVERNING OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR, MANAGED BY THE AUDIT COMMITTEE, HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

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

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

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

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

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

Schedule R (Form 990) 2019

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) DELAWARE HELPLINE, INC.	B	100,000.	ACTUAL AMOUNT PAID
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF DELAWARE	Taxpayer identification number (TIN) 51-0073399
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. THE LINDEN BLDG, 3RD FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19801-2247	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

WIL TORRES - 625 NORTH ORANGE STREET, LINDEN BUILDING

- The books are in the care of ▶ **3RD FLR - WILMINGTON, DE 19801**
Telephone No. ▶ **302-573-3745** Fax No. ▶ **302-573-2420**
- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.