Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



Α	For th	e 2018 calendar year, or tax year beginning $ { m JUL}1,2018$ and $$	ending J	<u>UN 30, 2019</u>	
В	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	UNITED WAY OF DELAWARE			
	Name			51-0	073399
	Initial		Room/suite	E Telephone number	
	Final returr	THE LINDEN BLOG 3RD FLOOP			733700
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,506,581.
	Amer returr	WILMINGION, DE 19801-2247		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. MICHIELDER A. INTECH		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: X 501(c)(3) 501(c) () 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
_		ite: ► WWW.UWDE.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1946 N	State of legal domicile: DE
P	art I				
ġ	1	Briefly describe the organization's mission or most significant activities: THE C			
Governance		SOCIAL SERVICE AGENCIES, BUSINESSES, GOVE			
/ern	2	Check this box if the organization discontinued its operations or dispos		I	25
60	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		23	
~	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			51
ties	6	Total number of volunteers (estimate if necessary)		4120	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	b	Net unrelated business taxable income from Form 990-T, line 38		·····	0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		14,550,420.	13,772,445.
Revenue	9	Program service revenue (Part VIII, line 2g)		723,278.	492,373.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		138,802.	127,097.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		93,778.	91,168.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		15,506,278.	14,483,083.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,419,234.	7,261,040.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,099,797.	2,776,894.
ຜ ່ 15 Sa ຊີ 16a Pro	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 1,355,05		E 1E2 706	
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,153,706. 15,672,737.	4,601,655.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-166,459.	14,639,589.
	19	Revenue less expenses. Subtract line 18 from line 12			-156,506.
ts or		Total accests (Dart X line 16)		ginning of Current Year 13,604,320.	End of Year 12,869,034.
Assets	20 21 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		3,982,597.	3,219,614.
Vet ∕	21	Net assets or fund balances. Subtract line 21 from line 20		9,621,723.	9,649,420.
P	art II			5,021,1230	5,045,4200

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	Signature of officer	Date
Here	WIL TORRES, VP, FINANCE AND OPERATIONS	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	JEFFREY A KOWALCZYK CPA JEFFREY A KOWALCZYK 02/10,	/20 self-employed P01563311
Preparer	Firm's name 🕨 BARBACANE THORNTON & COMPANY LLP	Firm's EIN 51-0229493
Use Only	Firm's address ▶ 200 SPRINGER BLDG, 3411 SILVERSIDE RD	
	WILMINGTON, DE 19810-4866	Phone no. 302-478-8940
May the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) UNITED WAY OF DELAWARE	51-0073399 Pag	ge 2
Par	t 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		
2	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 6,438,644. including grants of \$ 2,231,820.) (Reve	nue \$ 492,373	•)
	UNITED WAY OF DELAWARE WORKS IN COLLABORATION WITH THE C		
	ENSURE THAT CHILDREN ARE READING ON GRADE LEVEL BY THIRD) GRADE, TO HELP	J
	YOUNG PEOPLE DEVELOP A PATH TO COLLEGE AND CAREER READIN		
	PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO AC	HIEVE ECONOMIC	
	STABILITY AND FINANCIAL EMPOWERMENT.		
4b	(Code:) (Expenses \$ 5,029,220. including grants of \$ 5,029,220.) (Reve		
15	MONEY DESIGNATED TO AGENCIES		'
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 11,467,864.		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
L.	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	- 22	x
14a	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	17a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		X
20a		20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X 990	(2018)
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Par	t IV Checklist of Required Schedules (continued)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An antity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2018) UNITED WAY OF DELAWARE 51-0073	399	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
0	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
			000	

Form 9	90 ((201	18)
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Form 99	90 (2018)
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UNITED WAY OF DELAWARE

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

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<u>Form 990 (</u>				DELAWARE	51-00/5599	Page O
Part VI	Governance, Manageme	nt, and	Discl	losure For each "Yes" re	sponse to lines 2 through 7b below, and for a "No" re	sponse
					nges in Schedule O. See instructions.	
	Check if Schedule O contains a	esponse	or note	e to any line in this Part VI		X

		1	o = [Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		X
6	Did the organization have members or stockholders?		6		X
7a					
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	, ,	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				1
-	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revu	enue Code)		1	
				Yes	N
102	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
U	and branches to ensure their operations are consistent with the organization's exempt purposes?		10k		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body				
		before ming the form			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	x	
		<i></i>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12 t		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,		77	
	in Schedule O how this was done				
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		155	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation's			
	exempt status with respect to such arrangements?		16k		
Sec	tion 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(:)(3)s only	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in the image)	in Sabadula ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf		and finan	cial	
19		not of interest policy,	anu man	udi	
0	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 book WIL TORRES - 302-573-3745			0.0.5	_
	625 NORTH ORANGE STREET, LINDEN BUILDING 3RD FLR, W	ILMINGTON,	DE 1	L980	
					(201

	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	
	and the balance of the second s	

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.

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• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

UNITED WAY OF DELAWARE

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		I	mzu			iper	Jour			
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1	,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	organizations	ruste	al trus		yee	mper				and related
	below	Individual trustee or director	In stit utio nal tru stee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) JOHN D'AGOSTINO	2.00									
CHAIR OF THE BOARD	0.20	х		x				0.	0.	0.
(2) GARY R. STOCKBRIDGE	2.00									
PAST CHAIR	0.20	Х		X				0.	0.	0.
(3) LYNN MILLER	2.00									
SECRETARY	0.20	X						0.	0.	0.
(4) PAT TROY-BROOKS	2.00									
HUMAN RESOURCE CHAIR	0.20	Х						0.	0.	0.
(5) DR. KEVIN FITZGERALD	2.00									
KENT AND SUSSEX COUNTY CHA	0.20	Х						0.	0.	0.
(6) ALVENIA SCARBOROUGH	1.00									
MARKETING AND COMMUNICATIO	0.20	Х						0.	0.	0.
(7) EDMUND GREEN	2.00									
AUDIT COMMITTEE CHAIR	0.20	Х		Х				0.	0.	0.
(8) BRIAN NOURIE	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(9) DORRELL GREEN	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(10) VINCENT FARRELL	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(11) JEANMARIE DESMOND	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(12) ROBERT CLARK	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(13) GREG BALLANCE	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(14) LAVERNE HARMON	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(15) JOHN PANICHELLA	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(16) ROY PROUJANSKY	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
(17) WAYNE SMITH	1.00									
BOARD MEMBER	0.20	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Tru-		ploy	ees			ghes	st C		, ,				
(A) (B)									(E)	(F			
Name and title	Average	(do not check more than one						Reportable	Reportable			stimate	
		hours per box, unless person is both an compensation						compensation		amount of			
	week					T		- from	from related			other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-1010	0)		anizat	
	organizations	truste	al trus		/ee	mper					Ŭ Ŭ	d relat	
	below	Individual trustee or director	Institutional trustee	5	key employee	est co	er				orga	anizati	ions
	line)	Indiv	Instit	Officer	Key e	Highest com pensated employee	Former						
(18) RAVI SUBBARAYA	1.00									-			
BOARD MEMBER	0.20	Х						0.		0.			0.
(19) MARK BRAINARD	1.00												•
BOARD MEMBER	0.20	Х						0.		0.			0.
(20) MARY HICKOK	1.00	-											
BOARD MEMBER	0.20	Х						0.		0.			0.
(21) CHERYLE RUSSO	1.00												
BOARD MEMBER	0.20	Х						0.		0.			0.
(22) TERRY HARTWELL	2.00	_								-			_
BOARD MEMBER	0.20	Х						0.		0.			0.
(23) RICK DEADWYLER JR	2.00	_								-			_
BOARD MEMBER	0.20	Х						0.		0.			0.
(24) DAVID BROND	2.00	_								-			_
BOARD MEMBER	0.20	Х						0.		0.			0.
(25) MICHELLE A. TAYLOR	60.00										_		
PRESIDENT AND CEO	10.00	Х		X				241,505.		0.	2	0,1	43.
(26) DONNA KINZEL	38.00												
EXECUTIVE VP FINANCE AND OP	12.00			Х				162,180.		0.			42.
1b Sub-total								403,685.		0.			85.
c Total from continuation sheets to Part V	II, Section A							118,849.		0.			60.
d Total (add lines 1b and 1c)								522,534.		0.	3	1,5	45.
2 Total number of individuals (including but	not limited to th	iose	liste	ed ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable				_
compensation from the organization													3
										,		Yes	No
3 Did the organization list any former office				•	•	•		•					
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or								0					
rendered to the organization? If "Yes," col	mplete Schedul	e J f	or s	uch i	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•								, ,	ensat	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	enai	ng w	ith c	or wi	tnir		ear.		10		
(A) Name and busines	s address	NI	ON	c,				(B) Description of s	ervices	C)) ompe		n
		111	0111				_						
2 Total number of independent contractors (u u	ot lir	nite	d to			ted	above) who received mo	ore than				
SEE PART VII, SECTIO		אדי	IJA	ΤT) [S	нF	CETS			Form	990 (2018)
												- ()

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B	VAY OF DE							<u> </u>	51-007	3399
		nplo	yee			11gh	est	Compensated Employe		(F)
(A) (B) Name and title Average hours (che		(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	Estimated amount of	
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) JAMEE BOONE	45.00							110.040	<u> </u>	
P - ADMIN AND INNOVATION		-				X		118,849.	0.	6,960
		-								
		-								
						-				
						$\left \right $				
		-								
					$\left \right $	$\left \right $				
otal to Part VII, Section A, line 1c		<u> </u>	I	1	1	I	<u> </u>	118,849.		6,960

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rm 990) (2			DELAWARE	1		51-0073	8399 Page
art V	111	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
<mark>بې</mark> 1	а	Federated campaigns	1a					
uno		Membership dues						
Am .	с	Fundraising events	1c					
ar	d	Related organizations	1d					
iui		Government grants (contribut						
er S		All other contributions, gifts, grar						
Ť		similar amounts not included abo		13,772,445.				
¥	-	Noncash contributions included in lines	-		13 772 445			
a	n	Total. Add lines 1a-1f		Business Code	13,772,445.			
2	~	DONOR CHOICE ADMIN FEE	s	561000	477,830.	477,830.		
2	~	MEMBER AGENCY UNEMPLOY		561000	14,543.	14,543.		
ne i	c					,		
sver	d							
, Å	e							
1	f	All other program service reve	enue					
		Total. Add lines 2a-2f			492,373.			
3		Investment income (including						
		other similar amounts)		►	127,097.			127,09
4		Income from investment of ta						
5		Royalties		🕨				
			(i) Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
			· · · · · · · · · · · · · · · · · · ·					
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		Less: cost or other basis						
		and sales expenses		<u> </u>				
		Gain or (loss)						
8	а	Net gain or (loss) Gross income from fundraisin	ng events (not					
		including \$						
		contributions reported on line	,	68,791.				
D		Part IV, line 18 Less: direct expenses						
5		Net income or (loss) from fund			45,293.			45,29
		Gross income from gaming a			,			,
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances	а					
		Less: cost of goods sold						
	с	Net income or (loss) from sale	es of inventory	►				
		Miscellaneous Revenu	le	Business Code				
11	а	MISCELLANEOUS		900099	45,875.			45,87
	b			├ ──── ↓				
	С			├ ──── ↓				+
		All other revenue			45 0-5			
		Total. Add lines 11a-11d			45,875.	400.070		010.00
12		Total revenue. See instructions		▶	14,483,083.	492,373.	0	L 218,265 Form 990 (20

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Form 990 (2018) UNITED WAY OF DELAWARE 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 respon	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	7,261,040.	7,261,040.		
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
	400 000	00.001		
	428,270.	99,881.	177,613.	150,776
persons described in section 4958(c)(3)(B)	1			
Other salaries and wages	1,904,149.	444,089.	789,692.	670,368.
Pension plan accruals and contributions (include				
	000 404	00.000	1.00 000	0= 0==
				95,055
Payroll taxes	166,071.	33,928.	73,025.	59,118.
Fees for services (non-employees):				
	24.050		0.000	1 000
	34,250.	30,511.	2,660.	1,079.
	05 504	00 800	1 000	0.0.4
	25,524.	22,738.	1,982.	804.
		000 045	20 640	0 270
· · · · · · · · · · · · · · · · · · ·	265,872.	236,845.	20,648.	8,379.
-	00 00			P 214
				7,314
	124,050.	/0,162.	25,/40.	28,742.
	210 222		07 072	112 140
		102 705		113,149.
	203,818.	103,705.	53,593.	46,520.
,				
- · · · · · · · · · · · · · · · · · · ·				
	106 101		72 101	E2 000
	120,191.		/3,191.	53,000.
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
, , , , , , , , , , , , , , , , , , ,	2 387 269	2 387 260		
	141,/V4•			
All other expenses	883 101	470 621	291 733	120,747.
				1,355,051
	±±,059,509.	, _0/,004.	<u> </u>	т, JJJ, UJI,
reported in column (B) joint costs from a combined				
		1 1		
educational campaign and fundraising solicitation.				
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) COMMUNITY BASED SUPPORT UNITED WAY AMERICA DUES UNEMPLOYMENT EXPENSES	Inditious and Obb of Par VII. Total expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 7,261,040. Grants and other assistance to domestic individuals. See Part IV, line 22 7,261,040. Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16 7,261,040. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 428,270. Compensation of current officers, directors, trustees, and key employees 428,270. Compensation of current officers, directors, trustees, and key employees 428,270. Compensation of current officers, directors, trustees, and wages 1,904,149. Person garizations and contributions (include section 401(k) and 403(b) employer contributions) 278,404. Other salaries and wages 278,404. Payroll taxes 166,071. Fees for services (non-employees): 34,250. Management 25,524. Legal 34,250. Accounting 246,25,872. Column (A) amount, list line 11g expenses on Sch 0. 265,872. Advertising and promotion 90,690. Ofter expenses 90,690. Information technology 210,222. <td>Mit Nichole and United Provided Off Mites B06, 88, 96, and 100 of Part VII. Total expenses Program service expenses Grants and other assistance to domestic individuals. See Part IV, line 21 7, 261, 040. 7, 261, 040. Grants and other assistance to domestic individuals. See Part IV, line 22 7, 261, 040. 7, 261, 040. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 99, 881. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 428, 270. 99, 881. Compensation of current officers, directors, trustees 1, 904, 149. 444, 089. Persons (pad carculas and contributions (include section 4958(c)(3)(8) 1, 904, 149. 444, 089. Other and and and the assistance test on thoutions (include section 401(k) and 403(b) employer contributions) 278, 404. 20, 277. Payroll taxes 166, 071. 33, 928. 56. Fees for services (non-employees): 34, 250. 30, 511. 10. Management Legal 25, 524. 22, 738. 20. 20. It west met management fees 90, 690. 36, 730. 114, 6550. 70. 124, 650. 70. 124, 650. 70. <</td> <td>Display Total expenses Program service Management and general expenses Grants and other assistance to domestic individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Grants and other assistance to domestic individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Compensation of current officers, directors, trustees, and key employees 428,270. 99,881. 177,613. Compensation of current officers, directors, trustees, and key employees 428,270. 99,881. 177,613. Compensation of unded abox, to disquilled persons (as define undre section 4890(r))3(8) 1,904,149. 444,089. 789,692. Other anglyce benefits 278,404. 20,277. 163,072. 166,071. 33,928. 73,025. Fees for services (non-employees): Management 34,250. 30,511. 2,660. Cotter majolyce benefits 265,872. 236,845. 20,648. Other officers, sepresses 90,690. 36,730. 46,646. Office expenses 90,690. 36,730. 46,646.</td>	Mit Nichole and United Provided Off Mites B06, 88, 96, and 100 of Part VII. Total expenses Program service expenses Grants and other assistance to domestic individuals. See Part IV, line 21 7, 261, 040. 7, 261, 040. Grants and other assistance to domestic individuals. See Part IV, line 22 7, 261, 040. 7, 261, 040. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 99, 881. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 428, 270. 99, 881. Compensation of current officers, directors, trustees 1, 904, 149. 444, 089. Persons (pad carculas and contributions (include section 4958(c)(3)(8) 1, 904, 149. 444, 089. Other and and and the assistance test on thoutions (include section 401(k) and 403(b) employer contributions) 278, 404. 20, 277. Payroll taxes 166, 071. 33, 928. 56. Fees for services (non-employees): 34, 250. 30, 511. 10. Management Legal 25, 524. 22, 738. 20. 20. It west met management fees 90, 690. 36, 730. 114, 6550. 70. 124, 650. 70. 124, 650. 70. <	Display Total expenses Program service Management and general expenses Grants and other assistance to domestic individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Grants and other assistance to domestic individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ime 21 7, 261,040. 7, 261,040. Compensation of current officers, directors, trustees, and key employees 428,270. 99,881. 177,613. Compensation of current officers, directors, trustees, and key employees 428,270. 99,881. 177,613. Compensation of unded abox, to disquilled persons (as define undre section 4890(r))3(8) 1,904,149. 444,089. 789,692. Other anglyce benefits 278,404. 20,277. 163,072. 166,071. 33,928. 73,025. Fees for services (non-employees): Management 34,250. 30,511. 2,660. Cotter majolyce benefits 265,872. 236,845. 20,648. Other officers, sepresses 90,690. 36,730. 46,646. Office expenses 90,690. 36,730. 46,646.

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Form **990** (2018)

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Form 990 (U
Part X	Bal	ance S	heet

INITED WAY OF DELAWARE

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

				1	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,181,596.	1	367,664.
	2	Savings and temporary cash investments	2,692,743.	2	2,215,394.
	3	Pledges and grants receivable, net	3,657,111.	3	4,719,187.
	4	Accounts receivable, net	40,339.	4	49,328.
	5	Loans and other receivables from current and former officers, directors,	.,		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under		-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	79,501.	9	49,801.
		Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 10a 4,269,683.			
	b	Less: accumulated depreciation 10b 3,333,453.	1,024,367.	10c	936,230.
	11	Investments - publicly traded securities	2,997,215.	11	2,656,068.
	12	Investments - other securities. See Part IV, line 11	1,792,876.	12	1,765,868.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	138,572.	15	109,494.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,604,320.	16	12,869,034.
	17	Accounts payable and accrued expenses	399,114.	17	457,070.
	18	Grants payable	3,583,483.	18	2,762,544.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2 000 507	25	2 210 614
	26	Total liabilities. Add lines 17 through 25	3,982,597.	26	3,219,614.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.	1 051 770		2 075 740
anc	27	Unrestricted net assets	4,054,778. 5,566,945.	27	<u>3,975,740.</u> 5,673,680.
Bal	28	Temporarily restricted net assets	5,500,945.	28	5,075,000.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Έu		Organizations that do not follow SFAS 117 (ASC 958), check here			
s of	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,621,723.	33	9,649,420.
	33	Total liabilities and net assets/fund balances	13,604,320.	34	12,869,034.
	57	Total nabilitios and not associa/Iunu Dalanots	,001,020.	.	<u>12,005,054</u>

Form 990 (2018)

Form	1990 (2018) UNITED WAY OF DELAWARE	51-0	073399	Pag	_{ge} 12
Pa	rt 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	14,483		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,639		
3	Revenue less expenses. Subtract line 2 from line 1	3	-156	5,5	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,621	L,7:	<u>23.</u>
5	Net unrealized gains (losses) on investments	5	184	1,2	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,649	9,42	<u>20.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				-
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2018)

832012 12-31-18

SCHEDULE /	4
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public

Name of th	e organization
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Nar	ne o	t tr	ne organization							identification number
D				ED WAY OF						1-0073399
	art I		Reason for Public (ee instructions	3.	
The	orga	aniz	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		ļ	A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		_	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3			A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4			A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
			city, and state:							
5			An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
			section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6			A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
			section 170(b)(1)(A)(vi). (C							
8		-	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		-	An agricultural research org				ed in coniu	unction with a	land-grant	college
			or university or a non-land-	•			-		-	-
			university:	jan eenege er agne				,	ine conege	
10		-	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sum	nort from c	ontributio	ns members	hin fees an	d aross receipts from
	L		activities related to its exen	•					-	•
			income and unrelated busir							-
					(less section 511 tax) it		ses acqui		janization a	
44		-	See section 509(a)(2). (Col An organization organized a	-	ively to test for public co	foty Soo	nontion E(O(a)(4)		
11		-	v	•					way out the	nurnance of one or
12	L		An organization organized a	-	-				•	
			more publicly supported or	-						Direck the box in
	Г		lines 12a through 12d that	• •					-	
a			Type I. A supporting orga		-	• • • •	-			
			the supported organization			i majority o	of the direc	ctors or truste	es of the su	ipporting
	Г		organization. You must o	-						
b			Type II. A supporting org	-				•		•
			control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
	_		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	; [Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
	_		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c	1		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
			that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	_		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
e	, [Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
			functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Er	ntei	r the number of supported o	organizations						
ç	J Pr		ide the following informatior							
		(i)) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other
			organization		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
Tot	al									
		-								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17176627.	15394686.	14632045.	14550420.	13772445.	75526223.
2	Tax revenues levied for the organ-						
	ization'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	17176627.	15394686.	14632045.	14550420.	13772445.	75526223.
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)						1262433.
	Public support. Subtract line 5 from line 4.						74263790.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	17176627.	15394686.	14632045.	<u>14550420.</u>	<u>13772445.</u>	75526223.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	156,952.	144,655.	132,177.	138,802.	127,097.	699,683.
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.)	186,625.	177,869.	209,429.	49,154.		668,952.
11	Total support. Add lines 7 through 10						76894858.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · ·	,924,206.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thin	d, fourth, or fifth ta	ax year as a sectior	1 501(c)(3)	
<u> 60</u>	organization, check this box and sto	o here	oontogo				
	ction C. Computation of Public						
	Public support percentage for 2018 (I		•			14	96.58 %
	Public support percentage from 2017					15	94.73 %
16a	33 1/3% support test - 2018. If the						N 37
	stop here. The organization qualifies		-		line 15 in 00 1/00/		
b	33 1/3% support test - 2017. If the ordered store here. The argonization guide	-					
4-	and stop here. The organization qual				10 10 10-		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"	•		,	•	17a and line 15 ia	
a	10% -facts-and-circumstances test						
	more, and if the organization meets the						*
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	DI UIU NOT CHECK A	box on line 13, 16	a, 100, 17a, or 17b			
					SCRE	edule A (Form 990	01 330-EZJ 2018

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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.)

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second. thi	rd, fourth. or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	•				.,., 0	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
83202	23 10-11-18			_	Sch	edule A (Form 99	0 or 990-EZ) 2018
			16	`			

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* **Part VI.**
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

2

Yes No

Schedule A (Form 990 or 990-EZ) 2018

10b

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF DELAWARE Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Na
	Ware a majority of the averagization's divectors or two toos during the territory also a vesterity of the divectory		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vee	Na
	Did the exercise time to each of its supervised associations, but the last day of the fifth rought of the		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Toot, Answer (a) and (b) below	uctions)		Ne
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
•	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0 5 7	0040
832025	i 10-11-18 Schedule A (Form 9	90 or 99	v-⊨∠)	2018

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Part V	Type III Non-Function	nally Integrated	509(a)(3) Supporting	Organizations
	(Form 990 or 990-EZ) 2018			

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional	vintogrator		pization (200

7 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) 2018

832026 10-11-18

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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 th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-E	Z) 2018 UNITI	ED WAY	OF DE	LAWARE		51-0073399	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the e 4b, 4c, 5a, 6, 3; Part IV, Se	explanation , 9a, 9b, 9 ection E, li	ns required by 0c, 11a, 11b, a ines 1c, 2a, 2b	nd 11c; Part IV, Section I	ne 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section (1; Part V, Section B, line 1e; Part	С,
	(See Instructions.)							
832028 10-11-1	8				01		Schedule A (Form 990 or 990-E	Z) 201 8
					21			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
UPONT COMPANY	2,800,330.	1,262,433
otal Excess Contributions to Schedule A, Part II, Line 5		1,262,433

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

UNITED WAY OF DELAWARE

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

Schedule of Contributors

OMB No. 1545-0047

2018

Employer identification number

51-0073399

Name	of the	organ	izatior

Organization type (check one):

0	
Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set is 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., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* 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., *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 **Long**.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

51-0073399

UNITED WAY OF DELAWARE

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
<u> 1</u>	DUPONT COMPANY 1007 MARKET STREET WILMINGTON, DE 19801	\$ <u>1,790,414.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

24

823452 11-08-18

17520210 758924 28953.20

2018.05040 UNITED WAY OF DELAWARE 28953.21

Name of organization

Page 3 Employer identification number

51-0073399

UNITED WAY OF DELAWARE

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

25

17520210 758924 28953.20

2018.05040 UNITED WAY OF DELAWARE

Page 4

	nization		Employer identification number
NITED	WAY OF DELAWARE		51-0073399
art III E	Exclusively religious, charitable, etc., contribut	a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less	b 501(c)(7), (8), or (10) that total more than \$1,000 for the ye or organizations for the year. (Enter this info. once.) \blacktriangleright \$
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, a	nd ZIP + 4	Relationship of transferor to transferee
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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	
			Relationship of transferor to transferee
-			Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
a) No. from 2art I		[
a) No. from Part I 		(c) Use of gift	
a) No. from Part I		(c) Use of gift	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

17520210 758924 28953.20

2018.05040 UNITED WAY OF DELAWARE 28953.21

SCHEDULE D (Form 990) Supplemental Financial Statements Department of the Treasury Internal Revenue Service 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 2018 Open to Public Inspection
	e of the organizati				bloyer identification number
	e er tre er gamzat	UNITED WAY OF DELAN	WARE		51-0073399
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccour	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		•
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fun	ds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring	
D.					
Pa		· · · ·	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			
		n of land for public use (e.g., recreation or e	,		
		f natural habitat	Preservation of a certified h	istoric s	structure
•		n of open space			
2			fied conservation contribution in the form of a co	nserva	
•	day of the tax year			2a	Held at the End of the Tax Year
a b				2a 2b	
c b			ucture included in (a)	20 2c	
			after 7/25/06, and not on a historic structure	20	
u				2d	
3			eased, extinguished, or terminated by the organ		during the tax
	year 🕨	, ,			0
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ments during the year
	►				
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	isement	ts during the year
_	▶\$				
8			e satisfy the requirements of section 170(h)(4)(B		
•	and section 170(h)				
9		•	on easements in its revenue and expense staten		
		-	tion's financial statements that describes the org	ganizati	on's accounting for
Pa	conservation ease		Art, Historical Treasures, or Other S	Simila	r Assets
		f the organization answered "Yes" on Form			
1a			C 958), not to report in its revenue statement ar	nd balar	nce sheet works of art
14	0	, , ,	hibition, education, or research in furtherance of		,
		tnote to its financial statements that descri		1.2010	
b			C 958), to report in its revenue statement and b	alance	sheet works of art. historical
-	-		ducation, or research in furtherance of public se		
	relating to these it		,	-, թ.	
	-				\$
				•	\$
2			asures, or other similar assets for financial gain,		
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		

a Revenue included on Form 990, Part VIII, line 1	
---	--

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

\$

▶ \$

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		WAY OF DELA					51-00			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ar	re a sign	ificant u	se of its c	ollection	items	;
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	IS					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exemp	ot purpos	se in Part	XIII.		
5										
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Ye	es" on Fo	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	-		_
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount	t	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
	f Ending balance 1f							7		7
	Did the organization include an amount on Fo		•			?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									
T ai		-					aara baak	(a) [au		haali
4.0	Designing of year belonce	(a) Current year 1,792,876.	(b) Prior year 1,781,434.	(c) Two years 1 1,677,5			ears back 29,003.	(e) Four		
-	Beginning of year balance	4,020.	1,701,404.	1,077,		1,0	25,005.	. 1,927,21		210.
b	Contributions	75,950.	114,735.	207,5	931		44,252.		7	927.
	Net investment earnings, gains, and losses	13,550.	114,755.	207,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11,252.		<i>''</i>	527.
	Grants or scholarships									
е	Other expenditures for facilities	92,599.	89,152.	91	292.		92,510.		90	220.
f	and programsAdministrative expenses	14,379.	14,141.	13,2			14,242.		,	914.
		1,765,868.	1,792,876.	1,781,4			77,999.	1		003.
g 2	Provide the estimated percentage of the curr					-,-		-,	,,	
ے a	Board designated or quasi-endowment	100.00	%	neiu as.						
b	Permanent endowment	%	_/0							
	Temporarily restricted endowment	%								
U	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered	l for the	organiza	tion			
ou	by:					organize		ſ	Yes	No
	(i) unrelated organizations							3a(i)	X	
	4-1 1 1 1 1							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, P	Part X, lin	ne 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)		cumulate eciation	d	(d) Bool	k valu	е
1a	Land									
	Buildings		3,54	8,917.	2,66	68,55	50.	88),3	67.
	Leasehold improvements									
	Equipment		72	0,766.	66	64,90)3.	5!	5,8	63.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		(. column (B), line 1	0c.)				930	5,2	30.
		-		-						

Schedule D (Form 990) 2018

832052 10-29-18

	(Form 990) 2018			OF	DELAWARE
Part VII	Investments -	Other Securit	ties.		

Complete if the organization answered "Yes" or	n 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	n: 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	1,765,868.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
	1,765,868.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	1,705,000.		
	- Farma 000 Bast N/ line		line 10
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) Dook value		n. Cost of the 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" or	n Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 1	1 <u>5.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or			Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9) The second se	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	,		
2. Liability for uncertain tax positions. In Part XIII, provide the	ie text of the foothote to	une organization's financial	statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛽 🔀

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 UNITED WAY OF DELAWARE		0073399 Page		
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		h Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	9,636,039
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	3 (, , , , , , , , , , , , , , , , , ,		184,203	•	
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	23,498	•	
е	Add lines 2a through 2d			2e	207,701
3	Subtract line 2e from line 1			3	9,428,338
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	25,525	•	
b	Other (Describe in Part XIII.)	. 4b	5,029,220	•	
	Add lines 4a and 4b			4c	5,054,745
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,483,083
5					<u> 14,483,083</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wit			n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ents Wit	th Expenses per		14,483,083 n. 9,608,342
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expenses per	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	th Expenses per	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses per	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expenses per	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Prior year adjustments	ents Wit	th Expenses per	Retur	n. 9,608,342
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses in Part XIII.)	ents Wit	th Expenses per	Retur	n. 9,608,342 23,498
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wit	th Expenses per	Retur	n. 9,608,342
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses in Part XIII.)	ents Wit	th Expenses per	Retur	n. 9,608,342 23,498
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	th Expenses per 23,498 25,525	Retur	n. 9,608,342 23,498
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	th Expenses per	Retur	n. 9,608,342 23,498 9,584,844
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses per 23,498 25,525 5,029,220	Retur	n. 9,608,342 23,498 9,584,844 5,054,745
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wit	th Expenses per 23,498 25,525 5,029,220	Retur 1 • 2e 3 • • •	n. 9,608,342 23,498 9,584,844

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 832054 10-29-18 Schedule D (Form 990) 2018 30

Schedule D (Form 990) 2018 UNITED WAY OF DELAWARE Part XIII Supplemental Information (continued)	51-0073399 Page 5
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 2	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 ORGANIZATIO	ON'S TAX RETURNS
WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT	THE ORGANIZATION
WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTER	EST AS A RESULT
OF SUCH CHALLENGE.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES REPORTED NET ON FORM 990	23,498.
	<u>.</u>
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DESIGNATIONS	5,029,220.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING REVENUE REPORTED NET ON FORM 990	23,498.
FUNDRAISING REVENUE REFORTED NET ON FORM 550	23,490.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DESIGNATIONS	5,029,220.
DESIGNATIONS	5,029,220.

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
Department of the Treasury		Attach to Form 990	or For	m 99	0-EZ.			Open to Public	
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instru	lction	s and	the latest informati	on.	Employer id	Inspection entification number	
	UNITED	WAY OF DELAWARE					51-0073	73399	
	ing Activities. complete this part	Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
	-	sed funds through any of the following	-						
a Mail solicitat				•	overnment grants				
b Internet and c Phone solici	email solicitations tations	s f Solicitat g Special t			nment grants events				
d In-person so		3 operation		g					
2 a Did the organization	on have a written o	or oral agreement with any individual ((includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with pr			•		Ye		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which th	ne fur	ndraiser is to b	ie I	
	, , , , , , , , , , , , , , , , , , ,		(:::)	D : 1		60	Amount paid		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
								+	
								+	
								+	
								<u> </u>	
Total									
		on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration	
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or :	990-F	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2018	
		,						,,	

832081 10-03-18

Га	rt I		he organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	
		of fundraising event contributions and g	(a) Event #1	EZ, lines 1 and 6b. List ev (b) Event #2 LABOR GOLF	vents with gross receipt (c) Other events NONE	ts greater than \$5,000. (d) Total events (add col. (a) through
			THE GREEN GO (event type)	OUTING (event type)	(total number)	col. (c)
Revenue	1	Gross receipts	39,842.	28,949.		68,791.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	39,842.	28,949.		68,791.
	4	Cash prizes				
Š	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dir	8 9	Entertainment Other direct expenses Direct expense summary. Add lines 4 throug	10,327.	13,171.		23,498.
	10					43,490.
Pa	10 <u>11</u> rt	Net income summary. Subtract line 10 from	line 3, column (d)			23,498. 45,293.
Pa	11	Net income summary. Subtract line 10 from	line 3, column (d)	990, Part IV, line 19, or r		45,293.
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)			
Revenue	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	990, Part IV, line 19, or re	eported more than	45 , 293 . (d) Total gaming (add
es Revenue	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)	990, Part IV, line 19, or re	eported more than	45 , 293 . (d) Total gaming (add
es Revenue	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) a answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	45 , 293 . (d) Total gaming (add
es Revenue	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	45 , 293 . (d) Total gaming (add
Revenue	<u>11</u> rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	45 , 293 . (d) Total gaming (add
es Revenue	11 rt 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d)	990, Part IV, line 19, or re	eported more than	45 , 293 . (d) Total gaming (add
es Revenue	11 rt 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	45 , 293 . (d) Total gaming (add
es Revenue	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	45 , 293 . (d) Total gaming (add
Direct Expenses	11 rtl 2 3 4 5 6 7 8 En ⁻	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bingo (a) Bingo (b) Bingo (c) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming Yes% No</td> <td>45,293.</td>	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	45,293.

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 UNITED WAY OF DELAWARE	51-0	073399	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name 🕨			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots		Yes	No No
k	f b If "Yes," enter the amount of gaming revenue received by the organization $ildsymbol > $$ and the amo	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	A · · · ·	<u> </u>	000 000	
8320	83 10-03-18 Schedule 34	G (Form	990 or 990	J-EZ) 2018
	# C			

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I	Grants and Other Assistance to Organizations,						OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						2018
Department of the Treasury	Compl	ete ir the organizatio	Attach to Form		1 IV, line 2 I or 22.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.					Inspection	
Name of the organization Employer id							Employer identification number 51-0073399
Part I General Information on Grants a							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
criteria used to award the grants or assis	tance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Par	IV, line 21, for any
recipient that received more than s					(f) Method of	1	
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	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)	12,861.	0.			OPERATIONS
A.I. DUPONT HOSPITAL - NEMOURS PARTNERSHIP - 1600 ROCKLAND ROAD - WILMINGTON, DE 19803		501(C)(3)	13,719.	0.			OPERATIONS
AIDS DELAWARE 100 W 10TH STREET, SUITE 315 WILMINGTON, DE 19801	22-2805481	501(C)(3)	5,813.	0.			OPERATIONS
ALS ASSOCIATION - GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN ROAD - AMBLER, PA 19002		501(C)(3)	6,834.	0.			OPERATIONS
ALZHEIMER'S ASSOCIATION, DELAWARE VALLEY CHAPTER - 240 N JAMES STREET, SUITE 100A - WILMINGTON, DE 19804	23-2280056	501(C)(3)	13,682.	0.			OPERATIONS
AMERICAN CANCER SOCIETY, DELAWARE 92 READ'S WAY, SUITE 205 NEW CASTLE, DE 19720	58-0659875	501(C)(3)	18,746.	0.			OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

UNITED WAY OF DELAWARE

	AY OF DELA						51-0073399 _{Ра}
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art 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
MERICAN CANCER SOCIETY, PA HESTER COUNTY - 480 NORRISTOWN							
OAD, SUITE 150 - BLUE BELL, PA							
9422	13-1788491	501(C)(3)	5,474.	0.			OPERATIONS
MERICAN HEART ASSOCIATION, DE							
ELAWARE/PA AFFILIATE - 200 ONTINENTAL DRIVE, SUITE 101 -							
EWARK, DE 19713		501(C)(3)	17,126.	0.			OPERATIONS
MERICAN LUNG ASSOCIATION, DE							
30 CHURCHMANS ROAD, SUITE 202							
EWARK, DE 19702	51-0072406	501(C)(3)	5,729.	0.			OPERATIONS
MERICAN RED CROSS, DELMARVA							
PENINSULA - 100 W 10TH STREET,							
UITE 501 - WILMINGTON, DE 19801	51-6018234	501(C)(3)	118,228.	0.			OPERATIONS
NDREW MCDONOUGH B+ FOUNDATION							
.01 ROCKLAND CIRCLE							
VILMINGTON, DE 19803	42-1741037	501(C)(3)	9,590.	0.			OPERATIONS
,			, ,				
RCHMERE ACADEMY							
600 PHILADELPHIA PIKE							
LAYMONT, DE 19703	-	501(C)(3)	7,254.	0.			OPERATIONS
UTISM DELAWARE							
24 OLD HARMONY ROAD, SUITE 201							
EWARK, DE 19713	20-2110190	501(C)(3)	10,201.	0.			OPERATIONS
AYHEALTH FOUNDATION							
40 SOUTH STATE ROAD							
OVER, DE 19904		501(C)(3)	5,307.	0.			OPERATIONS
EAUTIFUL GATE OUTREACH CENTER							
04 N WALNUT STREET							
ILMINGTON, DE 19801	51-0407231	501(C)(3)	8,202.	0.			OPERATIONS

Schedule I (Form 990)

Schedule I (Form 990)

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(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
BIG BROTHERS BIG SISTERS OF DELAWARE – 413 LARCH CIRCLE – WILMINGTON, DE 19804	51-6018399	501(C)(3)	83,931.	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)	74,527.	0.			OPERATIONS
BOYS & GIRLS CLUB - DE CLARENCE FRAIM - 669 S UNION STREET - WILMINGTON, DE 19805		501(C)(3)	17,303.	0.			OPERATIONS
BOYS & GIRLS CLUB, DELAWARE 669 S UNION STREET WILMINGTON, DE 19805	51-0068712	501(C)(3)	233,402.	0.			OPERATIONS
BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	23-1381030	501(C)(3)	5,555.	0.			OPERATIONS
CATHOLIC CHARITIES APPEAL OF PHILADELPHIA - 222 N 17TH STREET - PHILADELPHIA, PA 19103	23-1530528	501(C)(3)	6,572.	0.			OPERATIONS
CATHOLIC CHARITIES, DIOCESE OF WILMINGTON - 2601 W 4TH STREET - WILMINGTON, DE 19805	51-0065685	501(C)(3)	174,090.	0.			OPERATIONS
CHEER 546 S BEDFORD ST GEORGETOWN, DE 19947	51-0112599	501(C)(3)	9,096.	0.			OPERATIONS
CHILDREN AND FAMILIES FIRST, DELAWARE – 2005 BAYNARD BOULEVARD – WILMINGTON, DE 19802	51-0065731	501(C)(3)	253,018.	0.			OPERATIONS

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

501(C)(3)

- WILMINGTON, DE 19801

(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
CHRISTIANA CARE HEALTH SYSTEM 60 CORPORATE CIRCLE NEW CASTLE, DE 19719	51-0103684	501(C)(3)	63,941.	0.			OPERATIONS
CHRISTIANA CARE VISITING NURSE ASSOC. – ONE READ'S WAY – NEW CASTLE, DE 19720	51-0064334	501(C)(3)	20,026.	0.			OPERATIONS
CHRISTINA CULTURAL ARTS CENTER INC 705 N MARKET STREET - WILMINGTON, DE 19801	51-0064300	501(C)(3)	66,933.	0.			OPERATIONS
CLAYMONT COMMUNITY CENTER 3301 GREEN STREET CLAYMONT, DE 19703	51-0164850	501(C)(3)	15,608.	0.			OPERATIONS
COMMUNITY LEGAL AID SOCIETY, INC. 100 W 10TH STREET, SUITE 801 WILMINGTON, DE 19801	51-6000158	501(C)(3)	56,248.	0.			OPERATIONS
DEAEYC 2004 FOULK ROAD SUITE 6 WILMINGTON, DE 19810	51-0315060	501(C)(3)	79,119.	0.			OPERATIONS
DELAWARE 4-H FOUNDATION 531 S COLLEGE AVE, 113 TOWNSEND HAL NEWARD, DE 19716	51-0236118	501(C)(3)	7,030.	0.			OPERATIONS
DELAWARE ADOLESCENT PROGRAM 2900 N VAN BUREN ST WILMINGTON, DE 19802	51-0108498	501(C)(3)	19,312.	0.			OPERATIONS
DELAWARE ALLIANCE FOR COMMUNITY ADVANCEMENT - 408 EAST 8TH STREET							

OPERATIONS

51-0073399

10,000.

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Page 1

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
DELAWARE BREAST CANCER COALITION 111 W 11TH STREET, SUITE 3							
WILMINGTON, DE 19801	52-2045298	501(C)(3)	8,415.	0.			OPERATIONS
DELAWARE CENTER FOR JUSTICE 100 W 10TH ST, SUITE 905 WILMINGTON, DE 19801	51-0064323	501(C)(3)	51,649.	0.			OPERATIONS
DELAWARE CHILDREN'S MUSEUM 550 JUSTISON STREET WILMINGTON, DE 19801	51-0305812	501(C)(3)	5,000.	0.			OPERATIONS
DELAWARE COMMUNITY FOUNDATION 100 WEST 10TH STREET, SUITE 115 WILMINGTON, DE 19801		501(C)(3)	5,984.	0.			OPERATIONS
DELAWARE EARLY CHILDHOOD CENTER 100 WEST MISPILLION STREET HARRINGTON, DE 19952		501(C)(3)	65,000.	0.			OPERATIONS
DELAWARE GUIDANCE SERVICES FOR CHILDREN & YOUTH - 1213 DELAWARE AVENUE - WILMINGTON, DE 19806	51-0071906	501(C)(3)	123,836.	0.			OPERATIONS
DELAWARE HOSPICE 16 POLLY DRUMMOND CENTER, 2ND FLOOR NEWARK, DE 19711	51-0258883	501(C)(3)	12,548.	0.			OPERATIONS
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	30,347.	0.			OPERATIONS
DELAWARE NATURE SOCIETY 3511 BARLEY MILL ROAD HOCKESSIN, DE 19707		501(C)(3)	7,104.	0.			OPERATIONS

Schedule I (Form 990)

40

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

501(C)(3)

DOVER, DE 19901

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE SYMPHONY ORCHESTRA 100 W. 10TH STREET SUITE 1003 WILMINGTON, DE 19801	51-6017449	501(C)(3)	6,200.	0.			OPERATIONS
DELAWARE TECHNICAL & COMMUNITY COLLEGE - 100 CAMPUS DRIVE - DOVER, DE 19904		501(C)(3)	6,638.	0.			OPERATIONS
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON, DE 19801		501(C)(3)	10,584.	0.			OPERATIONS
DICKINSON COLLEGE 28 NORTH COLLEGE AVE CARLISLE, PA 17013		501(C)(3)	6,000.	0.			OPERATIONS
DRISCOLL CHILDREN'S HOSPITAL 3533 S. ALAMEDA STREET CORPUS CHRISTI, TX 78411	74-2577746		5,402.	0.			OPERATIONS
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE, INC 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720	51-0066728	501(C)(3)	16,466.	0.			OPERATIONS
EMMANUEL DINING ROOM 121 N JACKSON STREET WILMINGTON, DE 19801	51-0209843	501(C)(3)	52,095.	0.			OPERATIONS
FAITHFUL FRIENDS, INC. 12 GERMAY DRIVE WILMINGTON, DE 19804	51-0410508	501(C)(3)	49,338.	0.			OPERATIONS
FIRST STATE COMMUNITY ACTION AGENCY - 655 SOUTH BAY ROAD -							

Schedule I (Form 990)

OPERATIONS

51-0073399 Page 1

32,029.

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

51-0073396 501(C)(3)

WILMINGTON, DE 19801

(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
FOOD BANK OF DELAWARE							
14 GARFIELD WAY							
NEWARK, DE 19713	51-0258984	501(C)(3)	202,041.	0.			OPERATIONS
FORGOTTEN CATS, INC. 4023 KENNETT PIKE, SUITE 422							
GREENVILLE, DE 19807	20-0691180	501(C)(3)	6,784.	0.			OPERATIONS
FOUNDATION FOR APPOQUINIMIK SCHOOLS - PO BOX 301 - ODESSA, DE 19730	27-2041877	501(C)(3)	11,856.	0.			OPERATIONS
FRANKLIN-SOUTHAMPTON AREA UNITED WAY - PO BOX 366 - FRANKLIN, VA							
23851	54-6043915	501(C)(3)	15,949.	0.			OPERATIONS
FRIENDSHIP HOUSE INC 1503 W 13TH STREET							
WILMINGTON, DE 19806	51-0306759	501(C)(3)	24,093.	0.			OPERATIONS
GENERATIONS HOME CARE 2 PENNS WAY, SUITE 303							
NEW CASTLE, DE 19720	51-0109657	501(C)(3)	30,075.	0.			OPERATIONS
GEORGETOWN UNIVERSITY 3700 O ST NW							
WASHINGTON, DC 20057		501(C)(3)	52,500.	0.			OPERATIONS
GIRL SCOUTS - CHESAPEAKE BAY COUNCIL - 225 OLD BALTIMORE PIKE - NEWARK, DE 19702	51-0064337	501(C)(3)	90,741.	0.			OPERATIONS
	JT-0004337	501(0)(3)	50,741.	0.			OLEVELTOND
GIRLS INC - DELAWARE 1501 N WALNUT STREET, SUITE 100							

Schedule I (Form 990)

OPERATIONS

1-0073399 Page 1	- 1	Page	9	9	3	'3	17	0	0		1
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53,929.

UNITED WAY OF DELAWARE

51-0073399 Page 1	-0073399 Pa	ae 1
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Schedule I (Form 990) UNITED WA							51-0073399 Pag
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa I	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COODWILL INDUSTRIES OF DELAWARE							
JILMINGTON, DE 19802		501(C)(3)	103,942.	0.			OPERATIONS
HABITAT FOR HUMANITY OF NEW CASTLE COUNTY, INC 1920 HUTTON STREET							
- WILMINGTON, DE 19802	51-0294138	501(C)(3)	11,977.	0.			OPERATIONS
HAGLEY MUSEUM AND LIBRARY 200 HAGLEY CREEK ROAD							
WILMINGTON, DE 19807		501(C)(3)	25,250.	0.			OPERATIONS
HEART OF FLORIDA UNITED WAY .940 TRAYLOR BLVD.							
DRLANDO, FL 32804	59-0808854	501(C)(3)	11,753.	0.			OPERATIONS
ELEN F. GRAHAM CANCER CENTER, HRISTIANA CARE – 4701 GLETOWN-STANTON ROAD – NEWARK, DE							
19713	52-1479538	501(C)(3)	22,435.	0.			OPERATIONS
IILLTOP LUTHERAN NEIGHBORHOOD ENTER - 1018 W SIXTH STREET -							
VILMINGTON, DE 19805	51-0256896	501(C)(3)	23,567.	0.			OPERATIONS
NINDU TEMPLE ASSOCIATION, INC. 760 YORKLYN ROAD							
HOCKESSIN, DE 19707	51-0312741	501(C)(3)	8,340.	0.			OPERATIONS
NTEFAITH COMMUNITY HOUSING OF DELAWARE - 613 WASHINGTON STREET -							
ILMINGTON, DE 19801		501(C)(3)	67,040.	0.			OPERATIONS
EWISH FAMILY SERVICES OF DELAWARE 9 PASSMORE ROAD							
ILMINGTON, DE 19803	51-0097026	501(C)(3)	40,478.	٥.			OPERATIONS

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF DELAWARE

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

SUITE 700 - BETHESDA, MD 20816

(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
JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD WILMINGTON, DE 19803		501(C)(3)	21,361.	0.			OPERATIONS
KENNETT AREA COMMUNITY SERVICE PO BOX 1025 KENNETT SQUARE, PA 19348	23-2215441	501(C)(3)	10,569.	0.			OPERATIONS
KENT-SUSSEX INDUSTRIES 301 N REHOBOTH BOULEVARD MILFORD, DE 19963	51-0097856	501(C)(3)	98,519.	0.			OPERATIONS
KINGSWOOD COMMUNITY CENTER 2300 BOWERS ST WILMINGTON, DE 19802	51-0064319	501(C)(3)	70,482.	0.			OPERATIONS
L3 INTERNATIONAL PO BOX 695 GRANDVIEW, MO 64030	27-4937267	501(C)(3)	39,168.	0.			OPERATIONS
LATIN AMERICAN COMMUNITY CENTER 403 N VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	258,055.	0.			OPERATIONS
LITTLE SISTERS OF THE POOR INC. 185 SALEM CHURCH ROAD NEWARK, DE 19713	51-0095986	501(C)(3)	6,373.	0.			OPERATIONS
LUTHERAN COMMUNITY SERVICES 2809 BAYNARD BLVD. WILMINGTON, DE 19802	51-0102403	501(C)(3)	5,878.	0.			OPERATIONS
MAKE-A-WISH FOUNDATION OF MID-ATLANTIC - 5272 RIVER ROAD,							

Schedule I (Form 990)

OPERATIONS

5,097.

52-1306075 501(C)(3)

Schedule I (Form 990) UNITED WAY OF DELAWARE

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

51-0065747 501(C)(3)

WILMINGTON, DE 19801

(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)	5,599.	0.			OPERATIONS
MENTAL HEALTH ASSOCIATION IN DELAWARE - 100 W 10TH STREET,							
SUITE 600 - WILMINGTON, DE 19801	51-0069000	501(C)(3)	27,139.	0.			OPERATIONS
METRO UNITED WAY PO BOX 4488							
LOUISVILLE, KY 40204	61-0444680	501(C)(3)	13,060.	0.			OPERATIONS
MOT SENIOR CENTER 300 S SCOTT STREET MIDDLETOWN, DE 19709	51-6021578	501(C)(3)	27,417.	0.			OPERATIONS
MUSEUM OF THE AMERICAN REVOLUTION 101 SOTUH 3RD STREET							
PHILADELPHIA, PA 19106		501(C)(3)	145,000.	0.			OPERATIONS
NATIONAL ALLIANCE ON MENTAL ILLNESS IN DELAWARE – 2400 W 4TH STREET – WILMINGTON, DE 19805	22-2490797	501(C)(3)	6,329.	0.			OPERATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - TWO MILL ROAD, SUITE 106 - WILMINGTON, DE 19806	51-0097777	501(C)(3)	7,575.	0.			OPERATIONS
, NCALL			,				
363 SAULSBURY ROAD DOVER, DE 19904		501(C)(3)	284,467.	0.			OPERATIONS
NEIGHBORHOOD HOUSE, INC 1218 B ST							

Schedule I (Form 990)

OPERATIONS

14,731.

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

51-0113062 501(C)(3)

MILFORD, DE 19963

(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
NEW CASTLE COUNTY HEAD START 256 CHAPMAN RD, SUITE 103 NEWARK, DE 19702	51-0191916	501(C)(3)	80,334.	0.			OPERATIONS
NEW HAMPSIRE SPCA PO BOX 196 STRATHAM, NH 03885	02-6000614	501(C)(3)	7,457.	0.			OPERATIONS
NEWARK CHARTER SCHOOL 2001 PATRIOT WAY NEWARK, DE 19711	51-0396398	501(C)(3)	21,662.	0.			OPERATIONS
NEWARK SENIOR CENTER 200 white chapel drive NEWARK, DE 19713	51-0104695	501(C)(3)	18,503.	0.			OPERATIONS
NJ 211 PARTNERSHIP 616 WING DRIVE SUITE 201 CEDAR KNOLLS, NJ 07927	22-3338917	501(C)(3)	5,000.	0.			OPERATIONS
OLD SWEDES FOUNDATION OF DELAWARE, INC 606 CHURCH STREET - WILMINGTON, DE 19801	51-6022778	501(C)(3)	15,000.	0.			OPERATIONS
OPPORTUNITY CENTER, INC. 3030 BOWERS ST WILMINGTON, DE 19802	51-0079778	501(C)(3)	17,453.	0.			OPERATIONS
PAWS FOR PEOPLE-PET ASSISTED VOLUNTEER – PO BOX 9955 – NEWARK, DE 19714	76-0780197		5,712.	0.			OPERATIONS
PEOPLES PLACE II INC. 1129 AIRPORT ROAD							

Schedule I (Form 990)

OPERATIONS

46

31,642.

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51-0306759 501(C)(3)

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

WILMINGTON, DE 19899

(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
PHILANTHROPY DELAWARE WEST 10TH STREET WILMINGTON, DE 19801		501(C)(3)	5,095.	0.			OPERATIONS
PILOT SCHOOL 208 WOODLAWN ROAD WILMINGTON, DE 19803		501(C)(3)	12,403.	0.			OPERATIONS
PLANNED PARENTHOOD OF DELAWARE 625 N SHIPLEY STREET WILMINGTON, DE 19801	51-0066725	501(C)(3)	36,123.	0.			OPERATIONS
PRINCE OF WALES FOUNDATION 888 17TH STREET NW, #201 WASHINGTON, DC 20006		501(C)(3)	16,000.	0.			OPERATIONS
READ ALOUD DELAWARE 100 W 10TH STREET, SUITE 309 WILMINGTON, DE 19801	51-0280486	501(C)(3)	6,146.	0.			OPERATIONS
READING IS FUNDAMENTAL, INC. 750 FIRST STREET NE WASHINGTON, DC 20002	52-0976257	501(C)(3)	16,000.	0.			OPERATIONS
RONALD MCDONALD HOUSE OF DELAWARE 1901 ROCKLAND ROAD WILMINGTON, DE 19803	51-0295320	501(C)(3)	52,905.	0.			OPERATIONS
SACRED HEART SCHOOLS 150 VALPARASIO AVENUE ATHERTON, CA 94027	94-1170355	501(C)(3)	7,400.	0.			OPERATIONS
SALVATION ARMY, DELAWARE 400 N ORANGE STREET							

OPERATIONS

151,768.

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Schedule I (Form 990) UNITED WAY OF DELAWARE

(a) Name and address of

PO BOX 352

SUNDAY BREAKFAST MISSION

WILMINGTON, DE 19899

(a) Name and address of organization or government		if applicable	(a) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
SEEDS OF GREATNESS MINISTRIES							
828 FRENCHTOWN ROAD EAST							
NEW CASTLE, DE 19720		501(C)(3)	5,000.	٥.			OPERATIONS
SERVIAM GIRLS ACADEMY							
14 HALCYON DRIVE							
NEW CASTLE, DE 19720		501(C)(3)	15,079.	٥.			OPERATIONS
SIEGEL JEWISH COMMUNITY CENTER							
101 GARDEN OF EDEN ROAD							
WILMINGTON, DE 19803		501(C)(3)	16,975.	0.			OPERATIONS
SPANISH WITH A VISION 1255 BOWMAN AVENUE							
WEST CHESTER, PA 19380		501(C)(3)	8,300.	0.			OPERATIONS
WEST CRESTER, FR 19300		501(0)(3)	8,500.	0.			OFERATIONS
SPECIAL OLYMPICS - DELAWARE							
619 SOUTH COLLEGE AVENUE							
NEWARK, DE 19716		501(C)(3)	6,159.	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	CO. 0.04.001.0	F01 (d) ())	0.100				
- MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,129.	0.			OPERATIONS
SUMMER COLLABORATIVE							
1313 N. MARKET STREET							
WILMINGTON, DE 19801	47-5494358	501(C)(3)	66,000.	٥.			OPERATIONS
· ·			· · · ·				

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(b) EIN

51-0073080 501(C)(3)

(c) IRC section

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(h) Purpose of grant

Schedule I (Form 990)

OPERATIONS

21,261.

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

501(C)(3)

NAPLES, FL 34102

TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE -

(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
SUSSEX COUNTY HABITAT FOR HUMANITY 206 ACADEMY STREET							
GEORGETOWN, DE 19947		501(C)(3)	66,324.	0.			OPERATIONS
SUSSEX COUNTY HEALTH PROMOTIONS 21133 STERLING AVENUE GEORGETOWN, DE 19947		501(C)(3)	75,000.	0.			OPERATIONS
TELAMON CORPORATION 25448 PRIMEHOOK ROAD MILTON, DE 14968	56-1022483		105,000.	0.			OPERATIONS
THE ARC OF DELAWARE 1016 CENTRE ROAD WILMINGTON, DE 19805	51-0072149	501(C)(3)	11,966.	0.			OPERATIONS
THE GREATER DOVER FOUNDATION 101 WEST LOOCKERMAN STREET, #1B DOVER, DE 19904		501(C)(3)	18,918.	0.			OPERATIONS
THE MODERN MATURITY CENTER 1121 FORREST AVENUE DOVER, DE 19904	51-0108568	501(C)(3)	5,200.	0.			OPERATIONS
THE MUSIC SCHOOL OF DELAWARE 4101 WASHINGTON STREET WILMINGTON, DE 19802		501(C)(3)	13,396.	0.			OPERATIONS
TOWER HILL SCHOOL 2813 WEST 17TH STREET WILMINGTON, DE 19806		501(C)(3)	16,010.	0.			OPERATIONS

51-0073399

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Schedule I (Form 990)

10,000.

Schedule I (Form 990) UNITED WAY OF DELAWARE

PO BOX 342

CT 06106

PO BOX 1357

ELKTON, MD 21922

UNITED WAY OF CENTRAL & NOREASTERN CT - 30 LAUREL STREET - HARTFORD.

UNITED WAY OF CENTRAL FLORIDA

HIGHLAND CITY, FL 33846

(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
TRINITY EPISCOPAL CHURCH							
1108 N. ADAMS STREET							
WILMINGTON, DE 19801		501(C)(3)	10,000.	0.			OPERATIONS
UNITED CEREBRAL PALSY OF DELAWARE							
700A RIVER RD							
WILMINGTON, DE 19809	51-6016956	501(C)(3)	39,148.	0.			OPERATIONS
	51 0010550	501(0)(0)					
UNITED NEGRO COLLEGE FUND							
211 N 13TH, SUITE 301							
, PHILADELPHIA, PA 19107	13-1624241	501(C)(3)	6,187.	0.			OPERATIONS
UNITED WAY ALLIANCE OF MID-OHIO							
VALLEY - 935 MARKET STREET -							
PARKERSBURG , WV 26101	55-0403123	501(C)(3)	31,317.	0.			OPERATIONS
UNITED WAY OF BENTON COUNTY							
PO BOX 212	CO 1550014	501 (0) (0)	5 040				
WAVERLY, TN 37185	62-1778014	501(C)(3)	5,040.	0.			OPERATIONS
UNITED WAY OF CAROLINE COUNTY							
PO BOX 370							
DENTON, MD 21629	52-1303591	501(C)(3)	8,592.	0.			OPERATIONS
UNITED WAY OF CECIL COUNTY							

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

52-6075348 501(C)(3)

06-0646653 501(C)(3)

59-2116280 501(C)(3)

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Schedule I (Form 990)

OPERATIONS

OPERATIONS

OPERATIONS

75,740.

7,976.

7,552.

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

832241 04-01-18

(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 CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES , IA 50314	42-0680425	501(C)(3)	10,000.	0.			OPERATIONS
UNITED WAY OF CENTRAL WEST VIRGINIA - ONE SQUARE WAY SQUARE - CHARLESTON, WV 25301	55-0402755	501(C)(3)	13,411.	0.			OPERATIONS
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	23-2131877	501(C)(3)	13,411.	0.			OPERATIONS
UNITED WAY OF CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	20,404.	0.			OPERATIONS
UNITED WAY OF CUMBERLAND COUNTY 222 MAIDEN LANE FAYETTEVILLE, NC 28301	56-0564342	501(C)(3)	7,152.	0.			OPERATIONS
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT ROAD THOROFARE, NJ 08086	21-6006822	501(C)(3)	5,407.	0.			OPERATIONS
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET ATLANTA , GA 30303	58-0566194	501(C)(3)	9,377.	0.			OPERATIONS
UNITED WAY OF GREATER HOUSTON PO BOX 3247 HOUSTON, TX 77253	74-1167964	501(C)(3)	11,447.	0.			OPERATIONS
UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NJ - PO BOX 15760 - PHILADELPHIA , PA 19103	23-1556045	501(C)(3)	39,696.	0.			OPERATIONS

Schedule I (Form 990) UNITED WAY OF DELAWARE

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

501(C)(3)

NEWARK, DE 19716

(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 HUMPHREYS COUNTY PO BOX 212							
WAVERLY, TN 37185	62-1777911	501(C)(3)	70,198.	0.			OPERATIONS
UNITED WAY OF SOUTH MISSISSIPPI 11975 SEAWAY RD. SUITE B170 GULFPORT, MS 39503	64-0826356	501(C)(3)	15,308.	0.			OPERATIONS
UNITED WAY OF SOUTHERN CHESTER COUNTY - 106 W. STATE STREET -							
KENNETT SQUARE , PA 19348	23-1260899	501(C)(3)	213,544.	0.			OPERATIONS
UNITED WAY OF THE COASTAL BEND 4659 EVERHART ROAD CORPUS CHRISTI, TX 78411	74-1207552	501(C)(3)	42,362.	0.			OPERATIONS
UNITED WAY OF THE MID-SOUTH							
MEMPHIS, TN 38112	56-1010742	501(C)(3)	7,011.	0.			OPERATIONS
UNITED WAY OF THE TULSA AREA PO BOX 1859	72 0590292	E01(C)(2)	0 011	0			ODEDAMIONO
TULSA, OK 74101	73-0580283	501(C)(3)	8,211.	0.			OPERATIONS
UNITED WAY OF UNION COUNTY 200 N. JEFFERSON SUITE 103							
EL DORADO, AR 71730	71-0338355	501(C)(3)	5,036.	0.			OPERATIONS
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139		5,000.	0.			OPERATIONS
UNIVERSITY OF DELAWARE 210 SOUTH COLLEGE AVE							

Schedule I (Form 990)

OPERATIONS

60,429.

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

WILMINGTON, DE 19805

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA							
220 SOUTH 34TH STREET							
PHILADELPHIA, PA 19104		501(C)(3)	12,000.	0.			OPERATIONS
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD -							
		E01(0)(2)	10 500	0			OPERATIONS
CHARLOTTESVILLE, VA 22903		501(C)(3)	10,500.	0.			OPERATIONS
URBAN INSTITUTE							
2100 M ST. NW							
WASHINGTON, DC 20037	52-0880375	501(C)(3)	199,572.	0.			OPERATIONS
·····							
URBAN PROMISE							
2401 THATCHER STREET							
WILMINGTON, DE 19801	20-8156160	501(C)(3)	21,516.	0.			OPERATIONS
			,				
VALLEY POINT CHURCH							
209 BETHEL ROAD							
GLEN MILLS, PA 19342		501(C)(3)	77,700.	0.			OPERATIONS
,			,				
VANGUARD CHARITABLE ENDOWMENT							
PROGRAM - 2670 WARWICK AVENUE -							
WARWICK, RI 02889		501(C)(3)	11,200.	0.			OPERATIONS
			,				
WASHINGTON & LEE UNIVERSITY							
204 WEST WASHINGTON STREET							
LEXINGTON, VA 24450		501(C)(3)	5,000.	0.			OPERATIONS
WESLEY COLLEGE							
120 NORTH STATE STREET							
DOVER, DE 19901		501(C)(3)	6,700.	0.			OPERATIONS
WEST END NEIGHBORHOOD HOUSE							
710 N LINCOLN STREET							

Schedule I (Form 990)

OPERATIONS

467,881.

Ο.

51-0064301 501(C)(3)

51-0073399 Page 1

(a) Name and address of

100 W 10TH STREET, SUITE 1100

WILMINGTON, DE 19801

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WEST VIRGINIA WESLEYAN COLLEGE							
59 COLLEGE AVE							
BUCKHANNON, WV 26201		501(C)(3)	5,000.	0.			OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH							
1502 WEST 13TH STREET							
WILMINGTON, DE 19806		501(C)(3)	26,216.	Ο.			OPERATIONS
WILLOWDALE CHAPEL							
685 UNIONVILLE ROAD, #3		F01 (G) (2)	15 000	0			
KENNETT SQUARE, PA 19348		501(C)(3)	15,000.	0.			OPERATIONS
WILMINGTON FRIENDS SCHOOL							
101 SCHOOL ROAD							
WILMINGTON, DE 19803		501(C)(3)	49,948.	0.			OPERATIONS
WILMINGTON SENIOR CENTER							
1901 N MARKET ST							
WILMINGTON, DE 19802	51-0078398	501(C)(3)	129,646.	0.			OPERATIONS
WILMINGTON UNIVERSITY SCHOLARSHIP							
FUND - 1 BROOKINGS DRIVE - ST							
LOUIS, MO 63130		501(C)(3)	6,192.	0.			OPERATIONS
WINTERTHUR							
ROUTE 52	54 0000000		10.400				
WINTERTHUR, DE 19735	51-0066038	501(C)(3)	10,190.	0.			OPERATIONS
XAVIER SOCIETY FOR THE BLIND							
248 WEST 45TH STREET, #1502							
NEW YORK, NY 10001		501(C)(3)	5,000.	0.			OPERATIONS
MEN TORK, NI TOUUT		501(0)(3)	5,000.	0.			OF BIAT TONS
YMCA OF DELAWARE							
	1	1	1		1		

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(c) IRC section

(b) EIN

51-0065748 501(C)(3)

Schedule I (Form 990)

OPERATIONS

51-0073399 Page 1

(h) Purpose of grant

54

14,930.

(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
WCA DELAWARE 00 W 10TH STREET, SUITE 515							
ILMINGTON, DE 19800	51-0064344	501(C)(3)	67,611.	0.			OPERATIONS

Schedule I (Form 990)

UNITED WAY OF DELAWARE

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Page 2

Schedule I (Form 990) (2018) Part III

(Form 990) For cortain Officers, Dreaters, Tructees, Key Employees, and Highest Composed Employees 2018 Determine of the organization Activity of the form 900. Bot ownwick ago/Form900 for instructions and the latest information. Dent De babic Impaction Name of the organization Name of the organization Employee identification number 51-0073399 Part I Questions Regarding Compensation Employee identification number 51-0073399 Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a parson listed on Form 900. Yes No Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a parson listed on Form 900. Yes No Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a parson listed on Form 900. Yes No Part VII. Section A, line 1a ace checked, did the organization regarding these tomains Parsonal services (such as maid, chauffeur, chef) Image and frame, including the CEO/Executive Director, negarding the set method such as maid, chauffeur, chef) Image and frame, including the CEO/Executive Director, negarding the set based on file 1a? 2 2 3 Indicate which, if any, of the lolowing the filing organization used to establish the compensation committee Xiiii Write employment contract Xiiii Approval by the board or compensation committee 4 Du	SCHEDULE J	CHEDULE J Compensation Information							
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UNITED WAY OF DELAWARE 51-0073399 Part I Questions Regarding Compensation ************************************									
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. Image: Complete Part III to provide any relevant information regarding these items. Image: Im	Name of the organization						nber		
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Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the comparison of						Yes	No		
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establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or commensation 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: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, an supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X d For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X ft "Yes" on line 5a or 5b, describe in Part									
X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X 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: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X df "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X d Any related organization? 5a X 5b X ft "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X d Any related organization? 6a X 6b X ft "Yes" on line 6a or 6b, describe in Part III. </th <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> </td>									
Independent compensation consultant Image: Compensation survey or study Form 990 of other organizations Image: 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: Image: Compensation committee a Receive a severance payment or change-of-control payment? Image: Compensation arrangement? Image: Compensation committee b Participate in, or receive payment from, an equity-based compensation arrangement? Image: Compensation committee Image: Compensation committee 0 Prescine 501(c)(2), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Son presons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Son X a The organization? Sa X b Any related organization? Sa X b Any related on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Son X a The organization? Sa X Sb X fit "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on F									
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a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 5a X a The organization? 6a X b Any related organization? 6a X c 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: 6b X a The organization? 6a X X b Any related organizatio	4 During the year, did	any person listed on Form 990, Part VII, Section	on A, line 1a, with respect to the filing						
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 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: 6b X 1 The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X	organization or a re	ated organization:							
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. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X ff "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X ff "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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	a Receive a severance	e payment or change-of-control payment?			4a				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Control of Co	b Participate in, or re-	ceive payment from, a supplemental nonqualifie	ed retirement plan?		4b				
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? ff "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:	c Participate in, or re-	ceive payment from, an equity-based compensa	ation arrangement?		4c		X		
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X 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 8 X 9 If "Yes" on line 8, did the orga	If "Yes" to any of lir	es 4a-c, list the persons and provide the applic	able amounts for each item in Part III.						
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X 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 8 X 9 If "Yes" on line 8, did the orga									
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a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			e organization pay or accrue any compensatio	n					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-				_		v		
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. 7 For persons listed 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. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?									
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 9					<u>5b</u>				
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-								
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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9									
 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									
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			organization provide any ponfixed navments						
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 					7		х		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-				8		Х		
Regulations section 53.4958-6(c)?									
					9				
						n 990)	2018		

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51-0073399

Page **2**

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	reported as deferred on prior Form 990
(1) MICHELLE A. TAYLOR	(i)	241,505.	0.	0.	0.	20,143.	261,648.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA KINZEL	(i)	162,180.	0.	0.	0.	4,442.	166,622.	0.
EXECUTIVE VP FINANCE AND OP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

UNITED WAY OF DELAWARE

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) (2018)

 832211
 10-10-18

UNITED WAY OF DELAWARE

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 O (Form 990 or 990-EZ) (2018)

832212 10-10-18

832161 10-02-18 LHA

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.

(Form 990)

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 51-0073399

Name of the organization

UNITED WAY OF DELAWARE

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
DELAWARE HELPLINE INC - 51-0376406	CRISIS ALLEVIATION AND						
625 NORTH ORANGE STREET, FL 3	INFORMATION AND REFERRAL			170(B)(1)			
WILMINGTON, DE 19801	SERVICE	DELAWARE	501(C)(3)	(A)(VI)		X	

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

Schedule R (Form 990) 2018

OMB No. 1545-0047

2018 Open to Public Inspection

Schedule R (Form 990) 2018 UNITED WAY OF DELAWARE

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

		-					<u> </u>				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under			ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		or tructy				Yes	No
	1								
	1								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this sch	edule.					Yes	s No
During the tax year, did the organization engage in any of the follow	ing transactions	with one or more re	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a	controlled entity				1a		Σ
b Gift, grant, or capital contribution to related organization(s)						X	
c Gift, grant, or capital contribution from related organization(s)							2
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							2
f Dividends from related organization(s)					1f		2
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organizatio							-
k Lease of facilities, equipment, or other assets from related organiza	tion(s)				1k		
I Performance of services or membership or fundraising solicitations		/ \					
m Performance of services or membership or fundraising solicitations	by related organ	ization(s)			1m		
n Sharing of facilities, equipment, mailing lists, or other assets with re	elated organizatio	on(s)			1n		
o Sharing of paid employees with related organization(s)					10	X	+
p Reimbursement paid to related organization(s) for expenses					1p		
q Reimbursement paid by related organization(s) for expenses					1q	X	
r Other transfer of cash or property to related organization(s)					1r		
s Other transfer of cash or property from related organization(s)					1s		
If the answer to any of the above is "Yes," see the instructions for in							
(a)		(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELAWARE HELPLINE, INC.	В	105,430.	ACTUAL AMOUNT PAID
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

		()	())		•	(0)	()		•	(1)	(1)		
(a)	(b)	(c)	(d)	(€ Are	all	(f)	(g)	(ř	1)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(i org	rs sec.	Share of	Share of	Dispr tior allocat	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percent	age
of entity		(state or foreign	excluded from tax under	org	s.?	total			ions?	of Schedule K-1	partne	r? owners	ship
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	ю	
												_	
				1				1					

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Part VII Supplemental Information.

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

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