

# 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](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF DELAWARE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>THE LINDEN BLDG, 3RD FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>WILMINGTON, DE 19801-2247</b> <b>F</b> Name and address of principal officer: <b>MICHELLE A. TAYLOR</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>51-0073399</b> <b>E</b> Telephone number <b>3025733700</b> <b>G</b> Gross receipts \$ <b>14,506,581.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UWDE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1946</b>
		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION PARTNERS WITH SOCIAL SERVICE AGENCIES, BUSINESSES, GOVERNMENTS, OTHER NONPROFIT</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	51
	6	Total number of volunteers (estimate if necessary)	6	4120
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	14,550,420.
9		Program service revenue (Part VIII, line 2g)	723,278.	492,373.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,802.	127,097.
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.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,419,234.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,099,797.	2,776,894.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,355,051.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,153,706.	4,601,655.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,672,737.	14,639,589.
	19	Revenue less expenses. Subtract line 18 from line 12	-166,459.	-156,506.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	13,604,320.	12,869,034.
	21	Total liabilities (Part X, line 26)	3,982,597.	3,219,614.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,621,723.	9,649,420.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>WIL TORRES, VP, FINANCE AND OPERATIONS</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY A KOWALCZYK CPA</b>	Preparer's signature <b>JEFFREY A KOWALCZYK</b>	Date <b>02/10/20</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01563311</b>
	Firm's name ▶ <b>BARBACANE THORNTON &amp; COMPANY LLP</b> Firm's address ▶ <b>200 SPRINGER BLDG, 3411 SILVERSIDE RD WILMINGTON, DE 19810-4866</b>	Firm's EIN ▶ <b>51-0229493</b> Phone no. <b>302-478-8940</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 6,438,644. including grants of \$ 2,231,820. ) (Revenue \$ 492,373. ) UNITED WAY OF DELAWARE WORKS IN COLLABORATION WITH THE COMMUNITY TO ENSURE THAT CHILDREN ARE READING ON GRADE LEVEL BY THIRD GRADE, TO HELP YOUNG PEOPLE DEVELOP A PATH TO COLLEGE AND CAREER READINESS, AND TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO ACHIEVE ECONOMIC STABILITY AND FINANCIAL EMPOWERMENT.

4b (Code: ) (Expenses \$ 5,029,220. including grants of \$ 5,029,220. ) (Revenue \$ ) MONEY DESIGNATED TO AGENCIES

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

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

4e Total program service expenses 11,467,864.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records WIL TORRES - 302-573-3745
625 NORTH ORANGE STREET, LINDEN BUILDING 3RD FLR, WILMINGTON, DE 19801

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN D'AGOSTINO CHAIR OF THE BOARD	2.00 0.20	X		X				0.	0.	0.
(2) GARY R. STOCKBRIDGE PAST CHAIR	2.00 0.20	X		X				0.	0.	0.
(3) LYNN MILLER SECRETARY	2.00 0.20	X						0.	0.	0.
(4) PAT TROY-BROOKS HUMAN RESOURCE CHAIR	2.00 0.20	X						0.	0.	0.
(5) DR. KEVIN FITZGERALD KENT AND SUSSEX COUNTY CHA	2.00 0.20	X						0.	0.	0.
(6) ALVENIA SCARBOROUGH MARKETING AND COMMUNICATIO	1.00 0.20	X						0.	0.	0.
(7) EDMUND GREEN AUDIT COMMITTEE CHAIR	2.00 0.20	X		X				0.	0.	0.
(8) BRIAN NOURIE BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(9) DORRELL GREEN BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(10) VINCENT FARRELL BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(11) JEANMARIE DESMOND BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(12) ROBERT CLARK BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(13) GREG BALLANCE BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(14) LAVERNE HARMON BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(15) JOHN PANICHELLA BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(16) ROY PROUJANSKY BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(17) WAYNE SMITH BOARD MEMBER	1.00 0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAVI SUBBARAYA BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(19) MARK BRAINARD BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(20) MARY HICKOK BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(21) CHERYLE RUSSO BOARD MEMBER	1.00 0.20	X						0.	0.	0.
(22) TERRY HARTWELL BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(23) RICK DEADWYLER JR BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(24) DAVID BROND BOARD MEMBER	2.00 0.20	X						0.	0.	0.
(25) MICHELLE A. TAYLOR PRESIDENT AND CEO	60.00 10.00	X		X				241,505.	0.	20,143.
(26) DONNA KINZEL EXECUTIVE VP FINANCE AND OP	38.00 12.00			X				162,180.	0.	4,442.
<b>1b Sub-total</b>								403,685.	0.	24,585.
<b>c Total from continuation sheets to Part VII, Section A</b>								118,849.	0.	6,960.
<b>d Total (add lines 1b and 1c)</b>								522,534.	0.	31,545.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMEE BOONE VP - ADMIN AND INNOVATION	45.00				X			118,849.	0.	6,960.
Total to Part VII, Section A, line 1c .....								118,849.		6,960.

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,772,445.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....			13,772,445.				
<b>Program Service Revenue</b>	<b>2 a</b> DONOR CHOICE ADMIN FEES .....	<b>Business Code</b>	561000	477,830.	477,830.			
	<b>b</b> MEMBER AGENCY UNEMPLOYMENT FEES .....		561000	14,543.	14,543.			
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			492,373.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			127,097.			127,097.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	68,791.					
		<b>b</b> Less: direct expenses .....	<b>b</b>	23,498.				
		<b>c</b> Net income or (loss) from fundraising events .....			45,293.			45,293.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....		900099	45,875.				45,875.	
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			45,875.					
<b>12 Total revenue.</b> See instructions .....			14,483,083.	492,373.	0.		218,265.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,261,040.	7,261,040.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	428,270.	99,881.	177,613.	150,776.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,904,149.	444,089.	789,692.	670,368.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	278,404.	20,277.	163,072.	95,055.
10 Payroll taxes .....	166,071.	33,928.	73,025.	59,118.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	34,250.	30,511.	2,660.	1,079.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	25,524.	22,738.	1,982.	804.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	265,872.	236,845.	20,648.	8,379.
12 Advertising and promotion .....				
13 Office expenses .....	90,690.	36,730.	46,646.	7,314.
14 Information technology .....	124,650.	70,162.	25,746.	28,742.
15 Royalties .....				
16 Occupancy .....	210,222.		97,073.	113,149.
17 Travel .....	203,818.	103,705.	53,593.	46,520.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	126,191.		73,191.	53,000.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COMMUNITY BASED SUPPORT</b>	2,387,269.	2,387,269.		
b <b>UNITED WAY AMERICA DUES</b>	128,364.	128,364.		
c <b>UNEMPLOYMENT EXPENSES</b>	121,704.	121,704.		
d _____				
e All other expenses _____	883,101.	470,621.	291,733.	120,747.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>14,639,589.</b>	<b>11,467,864.</b>	<b>1,816,674.</b>	<b>1,355,051.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,483,083.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,639,589.
3	Revenue less expenses. Subtract line 2 from line 1	3	-156,506.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,621,723.
5	Net unrealized gains (losses) on investments	5	184,203.
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	9,649,420.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17176627.	15394686.	14632045.	14550420.	13772445.	75526223.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17176627.	15394686.	14632045.	14550420.	13772445.	75526223.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4.						74263790.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	17176627.	15394686.	14632045.	14550420.	13772445.	75526223.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	156,952.	144,655.	132,177.	138,802.	127,097.	699,683.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> 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.	45,875.	668,952.
<b>11 Total support.</b> Add lines 7 through 10						76894858.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,924,206.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.58 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	94.73 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Multiple horizontal lines for supplemental information.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

Name of organization  <b>UNITED WAY OF DELAWARE</b>	Employer identification number  <b>51-0073399</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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



Name of organization  <b>UNITED WAY OF DELAWARE</b>	Employer identification number  <b>51-0073399</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY OF DELAWARE</b>	Employer identification number  <b>51-0073399</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

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

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

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

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

Form with sections 1a-1b and 2. 1a: Reporting works of art, historical treasures, etc. 1b: Reporting amounts for works of art, etc. 2: Reporting amounts for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,792,876.	1,781,434.	1,677,999.	1,829,003.	1,927,210.
b Contributions	4,020.				
c Net investment earnings, gains, and losses	75,950.	114,735.	207,931.	-44,252.	7,927.
d Grants or scholarships					
e Other expenditures for facilities and programs	92,599.	89,152.	91,292.	92,510.	90,220.
f Administrative expenses	14,379.	14,141.	13,204.	14,242.	15,914.
g End of year balance	1,765,868.	1,792,876.	1,781,434.	1,677,999.	1,829,003.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,548,917.	2,668,550.	880,367.
c Leasehold improvements				
d Equipment		720,766.	664,903.	55,863.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				936,230.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) DELAWARE COMMUNITY		
(B) FOUNDATION COMMON TRUST		
(C) FUNDS	1,765,868.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,765,868.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,636,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	184,203.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	23,498.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,525.	
b	Other (Describe in Part XIII.)	4b	5,029,220.	
c	Add lines 4a and 4b	4c		5,054,745.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,483,083.

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

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

1	Total expenses and losses per audited financial statements		1	9,608,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	23,498.	
e	Add lines 2a through 2d	2e		23,498.
3	Subtract line 2e from line 1		3	9,584,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,525.	
b	Other (Describe in Part XIII.)	4b	5,029,220.	
c	Add lines 4a and 4b	4c		5,054,745.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,639,589.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

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

**Part XIII** Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED NET ON FORM 990 23,498.

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.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS 5,029,220.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY OF DELAWARE**

Employer identification number

**51-0073399**

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GIVING ON THE GREEN GO (event type)	LABOR GOLF OUTING (event type)	NONE (total number)	
Revenue	1	Gross receipts	39,842.	28,949.	68,791.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	39,842.	28,949.	68,791.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,327.	13,171.	23,498.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			23,498.
11	Net income summary. Subtract line 10 from line 3, column (d)			45,293.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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.

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, PA CHESTER COUNTY - 480 NORRISTOWN ROAD, SUITE 150 - BLUE BELL, PA 19422	13-1788491	501(C)(3)	5,474.	0.			OPERATIONS
AMERICAN HEART ASSOCIATION, DE DELAWARE/PA AFFILIATE - 200 CONTINENTAL DRIVE, SUITE 101 - NEWARK, DE 19713		501(C)(3)	17,126.	0.			OPERATIONS
AMERICAN LUNG ASSOCIATION, DE 630 CHURCHMANS ROAD, SUITE 202 NEWARK, DE 19702	51-0072406	501(C)(3)	5,729.	0.			OPERATIONS
AMERICAN RED CROSS, DELMARVA PENINSULA - 100 W 10TH STREET, SUITE 501 - WILMINGTON, DE 19801	51-6018234	501(C)(3)	118,228.	0.			OPERATIONS
ANDREW MCDONOUGH B+ FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON, DE 19803	42-1741037	501(C)(3)	9,590.	0.			OPERATIONS
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703		501(C)(3)	7,254.	0.			OPERATIONS
AUTISM DELAWARE 924 OLD HARMONY ROAD, SUITE 201 NEWARK, DE 19713	20-2110190	501(C)(3)	10,201.	0.			OPERATIONS
BAYHEALTH FOUNDATION 640 SOUTH STATE ROAD DOVER, DE 19904		501(C)(3)	5,307.	0.			OPERATIONS
BEAUTIFUL GATE OUTREACH CENTER 604 N WALNUT STREET WILMINGTON, DE 19801	51-0407231	501(C)(3)	8,202.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 - WILMINGTON, DE 19801		501(C)(3)	10,000.	0.			OPERATIONS

Schedule I (Form 990)

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

(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 MISPELLION 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)



**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 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 - DOVER, DE 19901		501(C)(3)	32,029.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
GIRLS INC - DELAWARE 1501 N WALNUT STREET, SUITE 100 WILMINGTON, DE 19801	51-0073396	501(C)(3)	53,929.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF DELAWARE 300 LEA BOULEVARD WILMINGTON, 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 1940 TRAYLOR BLVD. ORLANDO, FL 32804	59-0808854	501(C)(3)	11,753.	0.			OPERATIONS
HELEN F. GRAHAM CANCER CENTER, CHRISTIANA CARE - 4701 OGLETOWN-STANTON ROAD - NEWARK, DE 19713	52-1479538	501(C)(3)	22,435.	0.			OPERATIONS
HILLTOP LUTHERAN NEIGHBORHOOD CENTER - 1018 W SIXTH STREET - WILMINGTON, DE 19805	51-0256896	501(C)(3)	23,567.	0.			OPERATIONS
HINDU TEMPLE ASSOCIATION, INC. 760 YORKLYN ROAD HOCKESSIN, DE 19707	51-0312741	501(C)(3)	8,340.	0.			OPERATIONS
INTEFAITH COMMUNITY HOUSING OF DELAWARE - 613 WASHINGTON STREET - WILMINGTON, DE 19801		501(C)(3)	67,040.	0.			OPERATIONS
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	40,478.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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, SUITE 700 - BETHESDA, MD 20816	52-1306075	501(C)(3)	5,097.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF PHILADELPHIA - 5 VALLEY SQUARE, #210 - BLUE BELL, PA 19422		501(C)(3)	5,599.	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 WILMINGTON, DE 19801	51-0065747	501(C)(3)	14,731.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	501(C)(3)	5,712.	0.			OPERATIONS
PEOPLES PLACE II INC. 1129 AIRPORT ROAD MILFORD, DE 19963	51-0113062	501(C)(3)	31,642.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 WILMINGTON, DE 19899	51-0306759	501(C)(3)	151,768.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEEDS OF GREATNESS MINISTRIES 828 FRENCHTOWN ROAD EAST NEW CASTLE, DE 19720		501(C)(3)	5,000.	0.			OPERATIONS
SERVIAM GIRLS ACADEMY 14 HALCYON DRIVE NEW CASTLE, DE 19720		501(C)(3)	15,079.	0.			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
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 - 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.	0.			OPERATIONS
SUNDAY BREAKFAST MISSION PO BOX 352 WILMINGTON, DE 19899	51-0073080	501(C)(3)	21,261.	0.			OPERATIONS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102		501(C)(3)	10,000.	0.			OPERATIONS

Schedule I (Form 990)

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

(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
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 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 PO BOX 342 ELKTON, MD 21922	52-6075348	501(C)(3)	75,740.	0.			OPERATIONS
UNITED WAY OF CENTRAL & NORTHEASTERN CT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501(C)(3)	7,976.	0.			OPERATIONS
UNITED WAY OF CENTRAL FLORIDA PO BOX 1357 HIGHLAND CITY, FL 33846	59-2116280	501(C)(3)	7,552.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF 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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF 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 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)(3)	7,011.	0.			OPERATIONS
UNITED WAY OF THE TULSA AREA PO BOX 1859 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 NEWARK, DE 19716		501(C)(3)	60,429.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 - 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 WILMINGTON, DE 19805	51-0064301	501(C)(3)	467,881.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	0.			OPERATIONS
WILLOWDALE CHAPEL 685 UNIONVILLE ROAD, #3 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 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
YMCA OF DELAWARE 100 W 10TH STREET, SUITE 1100 WILMINGTON, DE 19801	51-0065748	501(C)(3)	14,930.	0.			OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA DELAWARE 100 W 10TH STREET, SUITE 515 WILMINGTON, DE 19800	51-0064344	501(C)(3)	67,611.	0.			OPERATIONS

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

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

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- 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**

**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**

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

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

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

Schedule J (Form 990) 2018

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

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

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

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF DELAWARE

Employer identification number

51-0073399

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

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

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

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

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

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

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

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

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

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

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

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

832211 10-10-18

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

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

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

FORM 990, PART XI, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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





**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.