**Part I**  
**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.  

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.

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

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.

   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

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

Schedule G (Form 990 or 990-EZ) 2017
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BREAKFAST</td>
<td></td>
<td>NONE</td>
<td>add col. (a)</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>121,175</td>
<td></td>
<td></td>
<td>121,175</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>121,175</td>
<td></td>
<td></td>
<td>121,175</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>5,395</td>
<td></td>
<td></td>
<td>5,395</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td>8,609</td>
<td></td>
<td>8,609</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Expenses**

**Revenue**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Gaming**

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 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HOME BOUND OR TRANSITIONAL (E.G. DIVORCE, WIDOW, DOMESTIC VIOLENCE SURVIVOR, LONG-TERM CAREGIVERS, VETERANS). ACCOMPLISHMENTS: THE YWCA REACHED MORE THAN 600 INDIVIDUALS AND THEIR FAMILIES IN 2017. 87% OF PARTICIPANTS DEMONSTRATED INCREASED FINANCIAL STABILITY AND 96% OF FAMILIES EXPERIENCING A FORECLOSURE CRISIS ACHIEVED STABILITY AFTER A HOUSING CRISIS. IN THE WAND PROGRAM, 70% OF PARTICIPANTS DEVELOPED VIABLE STRATEGIES TO INCREASE HOUSEHOLD INCOME THROUGH SELF-EMPLOYMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RACIAL JUSTICE - INDIVIDUALS GAIN A GREATER UNDERSTANDING OF THE HISTORY, NATURE AND EXTENT OF RACISM IN THE UNITED STATES, HOW THAT HAS AFFECTED THEIR ATTITUDES AND BEHAVIORS TOWARD OTHERS, AND ARE MOTIVATED TO TAKE ACTION AGAINST RACISM. ACCOMPLISHMENTS: OF MORE THAN 200 ACTIVE PARTICIPANTS IN WORKSHOPS AND SMALL-GROUP DIALOGUE SESSIONS, OVER HALF COMMITTED TO DELIBERATE EFFORTS TO EFFECT SOCIAL CHANGE. OVER 90% DEVELOPED SKILLS THAT ENABLED THEM TO BETTER COMMUNICATE WITH PEOPLE FROM DIVERSE BACKGROUNDS.

SEXUAL ASSAULT RESPONSE CENTER (SARC) - THE SEXUAL ASSAULT RESPONSE CENTER (SARC) PROVIDES COMPREHENSIVE, FREE AND CONFIDENTIAL RAPE CRISIS SERVICES TO SEXUAL ASSAULT SURVIVORS AGED 12 AND OLDER AND THEIR NON-OFFENDING FAMILY MEMBERS, FRIENDS AND PARTNERS THROUGHOUT THE STATE OF DELAWARE. THROUGH OUR 24-HOUR CRISIS HOTLINE, AFTERCARE AND COUNSELING SERVICES, SARC IS COMMITTED TO PROVIDING HEALING, HOPE AND...
EMPOWERMENT TO INDIVIDUALS WHOSE LIVES HAVE BEEN IMPACTED BY SEXUAL VIOLENCE WHETHER THE ASSAULT HAPPENED YESTERDAY OR MANY YEARS AGO.

ACCOMPLISHMENTS: MORE THAN 280 INDIVIDUALS WERE SERVED THROUGH SARC'S HELPLINE, AFTERCARE AND COUNSELING SERVICES. 100% OF VICTIMS IN CRISIS RECEIVED EMERGENCY ADVOCATE INTERVENTION TO FACILITATE TRAUMA RECOVERY AND 71% OF CALLERS TO THE HELPLINE FELT SUPPORTED AND EMPOWERED TO MAKE DECISIONS DURING RECOVERY.

EXPENSES $107,736. INCLUDING GRANTS OF $0. REVENUE $0.

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION'S BY-LAWS STATE THAT THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERSHIP IS OPEN TO INDIVIDUALS FROM THE PUBLIC WHO HAVE AN INTEREST IN FURTHERING THE GOALS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE 990 IN DETAIL, AND THE 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO THEIR JUNE BOARD MEETING. THE BOARD THEN REVIEWS AND APPROVES THE 990 BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REQUIRES EACH MEMBER TO ANNUALLY SIGN A CERTIFICATION FORM THAT CONFIRMS THAT THE MEMBER IS AWARE OF THE POLICY AND WILL MAKE THE BOARD AWARE OF ANY SITUATIONS THAT OCCUR OR MAY OCCUR THAT WOULD BE A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
The Board annually reviews the compensation of the organization's CEO and
compares it to benchmarks and ensures the compensation is in line with the
organization and their mission. The Board must come to a majority decision
to modify the CEO's compensation.

FORM 990, PART VI, SECTION C, LINE 18:
FORM 990 and 1023 are available upon request. Additionally, FORM 990 is

FORM 990, PART VI, SECTION C, LINE 19:
The governing documents, conflict of interest policy, and financial
statements are all kept in the administration office and available to the
public upon request.

FORM 990, PART XII, LINE 2C
The organization has not changed its policies for the oversight and
selection of an independent auditor.
Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

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

Enter filer's identifying number

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YWCA DELAWARE INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-0064344</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no, if a P.O. box, see instructions.

100 WEST 10TH STREET, SUITE 515

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

WILMINGTON, DE 19801

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

THE ORGANIZATION

- The books are in the care of 100 WEST 10TH STREET, SUITE 515 - WILMINGTON, DE 19801
  Telephone No. 302-655-0039  Fax No.  
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ______, If this is for the whole group, check this box  
- I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
  - calendar year 2017 or
  - tax year beginning ______, and ending ______
- If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0

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

3c $ 0

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

10040706 758924 31625 2017.03030 YWCA DELAWARE INC. 31625__1