

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))	
		BREAKFAST (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	121,175.		121,175.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	121,175.		121,175.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,395.		5,395.	
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,609.		8,609.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				14,004.
	11	Net income summary. Subtract line 10 from line 3, column (d)				107,171.

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"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

YWCA DELAWARE INC.

Employer identification number

51-0064344

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

YWCA DELAWARE INC.

Employer identification number

51-0064344

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.

Name of the organization YWCA DELAWARE INC.	Employer identification number 51-0064344
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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 AVAILABLE AT WWW.GUIDESTAR.COM.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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
Type or print	Name of exempt organization or other filer, see instructions. YWCA DELAWARE INC.	Employer identification number (EIN) or 51-0064344
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 WEST 10TH STREET, SUITE 515	Social security number (SSN)
	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) 0 1

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

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 . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 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 _____

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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