

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

Return of Organization Exempt From Income Tax

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

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

MB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Doing business as CHILDREN AND FAMILIES FIRST, INC

Number and street (or P.O. box if mail is not delivered to street address)

809 N WASHINGTON ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WILMINGTON, DE 19801

F Name and address of principal officer: JOHN WOOD

SAME AS C ABOVE

D Employer identification number

51-0065731

E Telephone number

302-658-5177

G Gross receipts \$ 17,263,608.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CFFDE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1919 **M** State of legal domicile: DE**Part I Summary**

| | | |
|------------------------------------|---|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: CHILDREN & FAMILIES FIRST HAS HELPED NEEDY CHILDREN AND FAMILIES IN DELAWARE FOR MORE THAN 125 |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 39 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 39 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) 289 |
| | 6 | Total number of volunteers (estimate if necessary) 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 15,044,791. 16,474,439. |
| | 9 | Program service revenue (Part VIII, line 2g) 477,703. 367,674. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 179,387. 179,573. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 123,029. 195,297. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,824,910. 17,216,983. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,548,758. 2,382,567. |
| | 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) 10,168,601. 11,080,240. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 301,412. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,746,398. 3,974,249. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,463,757. 17,437,056. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 -638,847. -220,073. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 7,362,406. 7,782,183. |
| | 21 | Total liabilities (Part X, line 26) 3,886,907. 3,738,768. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 3,475,499. 4,043,415. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|--------------------------|------|---|-------------------|
| Sign Here | Signature of officer | Date | | | |
| | JOHN WOOD, CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name KATHERINE L. SILICATO | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00543107 |
| | Firm's name GUNNIP & COMPANY LLP | Firm's EIN 51-0076769 | | | |
| | Firm's address 2751 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808 | Phone no. 302-225-5000 | | | |

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

COPY**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

CHILDREN & FAMILIES FIRST HELPS CHILDREN FACING ADVERSITY ON THEIR JOURNEY TO ADULthood. WE USE PROVEN METHODS TO HELP FAMILIES RAISE THEIR CHILDREN SO THEY CAN FLOURISH.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,642,308. including grants of \$ 521,449.) (Revenue \$ 30,264.)

POSITIVE PARENTING - FAMILY FOSTER CARE (FC) AT CFF PROVIDES STABILITY AND SUPPORTIVE ENVIRONMENTS TO DELAWARE INFANTS, CHILDREN, AND TEENS - INCLUDING THOSE REQUIRING THERAPEUTIC AND SPECIALIZED CARE - WHO CANNOT REMAIN AT HOME FOR A VARIETY OF REASONS, INCLUDING CHILD ABUSE AND NEGLECT RELATING TO CAREGIVER SUBSTANCE ABUSE. FOSTER FAMILIES RECEIVE EXTENSIVE TRAINING AND SUPPORT, AND BIRTH FAMILIES RECEIVE FAMILY-CENTERED COUNSELING, VISITATION, AND SUPPORT SERVICES TOWARD REUNITING THE CHILD WITH THE BIRTH FAMILY, AS APPROPRIATE. IN 2019, 88% OF CHILDREN REMAINED WITH ONE FOSTER FAMILY THROUGHOUT THEIR TIME IN CARE. OF CHILDREN DISCHARGED FROM FOSTER CARE, 95% ACHIEVED PERMANENCY (REUNIFICATION WITH BIRTH FAMILIES, GUARDIANSHIP, OR ADOPTION).

4b (Code:) (Expenses \$ 2,356,730. including grants of \$ 1,329,459.) (Revenue \$ 200,907.)

EARLY CHILDHOOD - DELAWARE STARS FOR EARLY SUCCESS (DE STARS) IS THE STATE'S QUALITY RATING SYSTEM FOR CHILD CARE, DESIGNED TO IMPROVE HOME- AND CENTER- BASED PROGRAMS. THIS VOLUNTARY PARTICIPATION SYSTEM HELPS PROGRAMS -OFTEN LOCATED IN UNDERSERVED COMMUNITIES - IMPROVE QUALITY BY ENGAGING THEM THROUGH TECHNICAL ASSISTANCE IMPROVEMENT EFFORTS. THROUGHOUT 2019, 48 PROGRAMS DEMONSTRATED IMPROVED QUALITY BY MOVING UP AT LEAST ONE STAR LEVEL, INCLUDING 5 THAT IMPROVED TO REACH THE HIGHEST RATING, STAR LEVEL 5.

THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ASSURES THAT CHILDREN CARED FOR BY LICENSED CHILD CARE PROVIDERS AND CENTERS, OFTEN LOCATED IN UNDERSERVED COMMUNITIES, RECEIVE NUTRITIONALLY BALANCED MEALS. CFF

4c (Code:) (Expenses \$ 4,134,234. including grants of \$ 9,456.) (Revenue \$)

SUPPORTING TEENS - ARC (ADOLESCENT RESOURCE CENTER) PROVIDES COMPREHENSIVE SCHOOL-BASED GROUP HUMAN SEXUALITY EDUCATION AND CLINIC-BASED INDIVIDUAL COUNSELING AND MEDICAL SERVICE FOR TEENS IN ORDER TO DECREASE RISK-TAKING AND PROMOTE HEALTHY CHOICES. CLINIC SERVICES INCLUDE CONTRACEPTION; TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES; PREGNANCY CONFIRMATION; AND REFERRALS TO MEDICAL SERVICES OR ONGOING INDIVIDUAL/FAMILY COUNSELING NOT AVAILABLE AT THE CLINIC. IN 2019, YOUTH PARTICIPATING IN SCHOOL-BASED ARC EDUCATION KNEW 77% OF INFORMATION AT POST-TEST COMPARED WITH 43% AT PRE-TEST; AND 96% OF YOUTH DIAGNOSED WITH AND STD IN ARC CLINICS WERE TREATED IN A TIMELY MANNER.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 5,453,952. including grants of \$ 522,203.) (Revenue \$ 136,503.)

4e Total program service expenses ► 14,587,224.

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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> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 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> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 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> | 5 | 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> | 6 | 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> | 7 | 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> | 8 | 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> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 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> | 11a 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> | 11b | 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> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d 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> | 11e 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> | 11f 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> | 12a | 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> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 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> | 14b | 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> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

| | | Yes | No |
|--|---------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 289 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country ▶ | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

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

☒**Section A. Governing Body and Management**

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 39 | | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 39 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | 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 on Schedule O | 9 | | | X |

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

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b 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 | |
| b 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 | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c 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 |
| b 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 **PA**

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.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOHN WOOD, CFO - 302-658-5177
809 N WASHINGTON ST, WILMINGTON, DE 19801

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JULIA ASHWORTH MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) SANDY AUTMAN MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) JESSICA C. BAIN MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (4) MARY BORGER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) BILL BOWLSBEY MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ANDY BRANDENBERGER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) SHERRY BRILLIANT MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (8) DON BROWN MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (9) JOSHUA A. BUSHWELLER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) WILLAIM COLLUCK MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JOHN COLLINS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) CLARK COLLINS MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (13) TOM COLLINS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) KATY CONNOLLY MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (15) TAMARA DEFER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) GAYLE DILLMAN MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) RANIE GOOD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

COPY

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) N. CHRISTOPHER GRIFFITHS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) PETE HAZEN MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) NANCY KARIBJANIAN MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) CARRIE KEHNER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JOSH KELSO MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) MICHELE KENNEDY MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) ELLEN LEVIN MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (25) TONY LEWIS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) NICOLE MAGNUSSON MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 621,368. | 0. | 77,758. |
| d Total (add lines 1b and 1c) | | | | | | | | 621,368. | 0. | 77,758. |

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | 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 |
|---|--------------------------------|---------------------|
| HIGHMARK DELAWARE PO BOX 382162, PITTSBURGH, PA 15251 | | 1,385,690. |
| DELTA DENTAL ONE DELTA DRIVE, MECHANISBURG, PA 17055 | | 128,781. |
| AMTRUST NORTH AMERICA 90 BOX 6939, CLEVELAND, OH 44101 | | 122,542. |
| SPENDING ACCOUNT PROCESSING PO BOX 535048, PITTSBURGH, PA 15253 | | 122,306. |
| CHILD TRENDS, INC., 7315 WISCONSIN AVE, SUITE 1200 W, BETHESDA, MD 20814 | | 110,590. |

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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) CASEY MCCABE MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (28) SHAUNA MCINTOSH MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) JIM MCMACKIN MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (30) JOHN PIERSON, III MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) BARBARA RIDGELY MEMBER | 1.75 | X | | | | | | 0. | 0. | 0. |
| (32) KIM ROBBINS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) GINA SCHOENBERG MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) JEFFREY SILLS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) DAVE SWEENEY MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (36) JANICE ROWE TIGANI MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (37) WILLIAM BRITTON ASSISTANT TREASURER | 1.50 | | | X | | | | 0. | 0. | 0. |
| (38) JAMES G. KLABE CHAIR | 1.50 | | | X | | | | 0. | 0. | 0. |
| (39) PAUL MCCOMMONS TREASURER | 1.75 | | | X | | | | 0. | 0. | 0. |
| (40) HEATHER O'CONNELL VICE CHAIR | 1.50 | | | X | | | | 0. | 0. | 0. |
| (41) LESLIE J. NEWMAN CHIEF EXECUTIVE OFFICER | 30.00 7.50 | | | X | | | | 182,070. | 0. | 12,380. |
| (42) JOHN WOOD CHIEF FINANCIAL OFFICER | 30.00 7.50 | | | X | | | | 92,568. | 0. | 11,791. |
| (43) KIRSTEN OLSON CHIEF STRATEGY OFFICER | 37.50 | | | X | | | | 109,294. | 0. | 12,720. |
| (44) JULIUS MULLEN CHIEF CLINICAL OFFICER | 37.50 | | | X | | | | 98,758. | 0. | 17,779. |
| (45) ZAKIYA BAKARI-GRIFFIN CHIEF PROGRAM OFFICER | 37.50 | | | X | | | | 100,403. | 0. | 17,929. |
| (46) ROBERT ROGERS CHIEF FINANCIAL & ADMINISTRATIVE OFF | 30.00 7.50 | | | X | | | | 38,275. | 0. | 5,159. |
| Total to Part VII, Section A, line 1c | | | | | | | | 621,368. | | 77,758. |

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) | (B) | (C) | (D) |
|--|---|---|--|---------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a 242,682. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 1,350. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e 14,466,272. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f 1,764,135. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2 a | PROGRAM SERVICE FEES | Business Code 624100 | 231,171. | 231,171. | | |
| | b | REFERRAL FEES | 624100 | 136,503. | 136,503. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 367,674. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 179,573. | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6 a | | Gross rents | (i) Real (ii) Personal | | | | |
| b | | Less: rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7 a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| b | | Less: cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | | | | | |
| d | | Net gain or (loss) | | | | | |
| 8 a | | Gross income from fundraising events (not including \$ 1,350. of contributions reported on line 1c). See Part IV, line 18 | | 156,226. | | | |
| b | | Less: direct expenses | | 46,625. | | | |
| c | | Net income or (loss) from fundraising events | | 109,601. | | | 109,601. |
| 9 a | | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| b | Less: cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS | Business Code 900099 | 85,696. | | | 85,696. |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 85,696. | | | |
| | 12 | Total revenue. See instructions | | 17,216,983. | 367,674. | 0. | 374,870. |

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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 | 1,601,759. | 1,601,759. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 780,808. | 780,808. | | |
| 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 | 621,369. | 526,155. | 81,936. | 13,278. |
| 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 | 8,141,749. | 6,894,161. | 1,073,601. | 173,987. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 200,941. | 166,556. | 30,995. | 3,390. |
| 9 Other employee benefits | 1,349,241. | 1,118,362. | 208,118. | 22,761. |
| 10 Payroll taxes | 766,940. | 655,601. | 94,951. | 16,388. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 4,275. | 3,690. | 520. | 65. |
| c Accounting | 76,098. | 65,685. | 9,259. | 1,154. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 1,123,191. | 969,501. | 136,654. | 17,036. |
| 12 Advertising and promotion | 782,191. | 582,794. | 165,373. | 34,024. |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 604,934. | 504,166. | 92,337. | 8,431. |
| 17 Travel | 471,328. | 389,477. | 79,738. | 2,113. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 213,902. | 174,608. | 38,941. | 353. |
| 20 Interest | 84,230. | | 84,230. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,433. | | 1,433. | |
| 23 Insurance | 97,158. | 45,747. | 50,448. | 963. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BAD DEBT | 271,318. | | 271,318. | |
| b PURCHASED EQUIPMENT | 125,450. | 45,786. | 75,422. | 4,242. |
| c MAINTENANCE OF FACILITIES | 65,045. | 61,810. | 3,235. | |
| d PROFESSIONAL DUES | 34,629. | 1,834. | 31,570. | 1,225. |
| e All other expenses | 19,067. | -1,276. | 18,341. | 2,002. |
| 25 Total functional expenses. Add lines 1 through 24e | 17,437,056. | 14,587,224. | 2,548,420. | 301,412. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

COPY**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|---------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 95,456. | 1 | 49,241. |
| | 2 Savings and temporary cash investments | 277,833. | 2 | 220,914. |
| | 3 Pledges and grants receivable, net | 2,572,306. | 3 | 2,432,182. |
| | 4 Accounts receivable, net | 16,919. | 4 | 37,370. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 130,342. | 9 | 165,463. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 649,960. | | |
| | b Less: accumulated depreciation | 10b 619,206. | 10c 0. | 30,754. |
| | 11 Investments - publicly traded securities | 298,982. | 11 | 326,392. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 3,970,568. | 15 | 4,519,867. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 7,362,406. | 16 | 7,782,183. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,195,132. | 17 | 1,511,444. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 306,804. | 19 | 196,260. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,696,152. | 23 | 1,430,025. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 688,819. | 25 | 601,039. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,886,907. | 26 | 3,738,768. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -1,764,439. | 27 | -1,784,916. |
| | 28 Net assets with donor restrictions | 5,239,938. | 28 | 5,828,331. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 3,475,499. | 32 | 4,043,415. |
| | 33 Total liabilities and net assets/fund balances | 7,362,406. | 33 | 7,782,183. |

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 17,216,983. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,437,056. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -220,073. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,475,499. |
| 5 | Net unrealized gains (losses) on investments | 5 | 21,407. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 766,582. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,043,415. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | <input checked="" type="checkbox"/> |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | <input checked="" type="checkbox"/> |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | <input checked="" type="checkbox"/> |
| 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? _____ | 3a | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | <input checked="" type="checkbox"/> |

Form 990 (2019)

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 for instructions and the latest information.



Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

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 | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17315001. | 16050835. | 15627448. | 15044791. | 16474439. | 80512514. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 17315001. | 16050835. | 15627448. | 15044791. | 16474439. | 80512514. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 80512514. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 17315001. | 16050835. | 15627448. | 15044791. | 16474439. | 80512514. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 205,303. | 193,227. | 197,639. | 179,387. | 179,573. | 955,129. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 29,458. | -1,797. | -10,606. | 115,578. | 110,951. | 243,584. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 18,217. | 16,242. | 39,055. | 16,075. | 85,696. | 175,285. |
| 11 Total support. Add lines 7 through 10 | | | | | | 81886512. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.32 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 98.13 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

COPY**Part IV Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | | | |
| 2a | | | |
| 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? 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. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

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

Schedule A (Form 990 or 990-EZ) 2019

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

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

Schedule A (Form 990 or 990-EZ) 2019

COPY

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2015 AMOUNT: \$ 18,217.

2016 AMOUNT: \$ 16,242.

2017 AMOUNT: \$ 39,055.

2018 AMOUNT: \$ 16,075.

2019 AMOUNT: \$ 85,696.

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

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

COPY

OMB No. 1545-0047

2019

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

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

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

CHILDREN AND FAMILIES FIRST DELAWARE INC

51-0065731

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 | DIVISION OF FAMILY SERVICES 1825 FAULKLAND RD WILMINGTON, DE 19805 | \$ 1,833,992. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | STATE OF DELAWARE DEPARTMENT OF HEALTH & HUMAN SERVICES 417 FEDERAL ST DOVER, DE 19901 | \$ 5,434,733. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CHILD MENTAL HEALTH 1825 FAULKLAND RD WILMINGTON, DE 19805 | \$ 2,865,541. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | STATE OF DELAWARE DEPARTMENT OF EDUCATION 401 FEDERAL ST DOVER, DE 19901 | \$ 1,689,761. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | UNIVERSITY OF DELAWARE 240 ACADEMY ST NEWARK, DE 19716 | \$ 722,930. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | STATE OF DELAWARE GRANT IN AID 411 LEGISLATIVE AVE DOVER, DE 19901 | \$ 580,475. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

CHILDREN AND FAMILIES FIRST DELAWARE INC

51-0065731

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 |
|------------|--|----------------------------|---|
| 7 | US DEPARTMENT OF EDUCATION 500 12TH ST SW, ROOM 6087 WASHINGTON, DC 20202 | \$ 520,708. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | CHRISTIANA SCHOOL DISTRICT 600 N LOMBARD ST WILMINGTON, DE 19801 | \$ 487,864. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | DELAWARE DEPARTMENT OF HEALTH-DIVISION OF FAMILY SERVICES 511 W. 8TH STREET WILMINGTON, DE 19801 | \$ 433,825. | 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.) |

Employer identification number

51-0065731

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|--------------------------|
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> <div style="border-bottom: 1px solid black; height: 18px;"></div> | \$ _____ | _____ |

Name of organization

Employer identification number

CHILDREN AND FAMILIES FIRST DELAWARE INC**51-0065731**

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

- For Organizations Exempt From Income Tax Under section 501(c) and section 527
- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

COPY
OMB No. 1545-0047

2019

Open to Public
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

COPY**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|--|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 17,437,056. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 17,437,056. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|----------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 990,542. | 973,188. | 1,000,000. | 3,963,730. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,945,595. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 250,000. | 247,636. | 243,297. | 250,000. | 990,933. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,486,400. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

Part II-B

| (a) | | (b) |
|-----|----|--------|
| Yes | No | Amount |

- [illegible]

Part III-A

- | | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Part III-B

- | | |
|----|--|
| 1 | |
| | |
| 2a | |
| 2b | |
| 2c | |
| 3 | |
| | |
| 4 | |
| 5 | |

Part IV

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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.**

COPY

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 | 6,511,048. | 7,344,717. | 6,671,230. | 6,485,264. | 6,847,020. |
| b Contributions | -51,564. | -84,685. | -22,616. | -15,227. | -34,857. |
| c Net investment earnings, gains, and losses | 1,052,312. | -765,653. | 708,131. | 213,350. | -304,083. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 18,355. | 16,669. | 12,028. | 12,157. | 22,816. |
| g End of year balance | 7,493,441. | 6,511,048. | 7,344,717. | 6,671,230. | 6,485,264. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 31.00 %

b Permanent endowment ☒ 69.00 %

c Term endowment ☒ .00 %

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:

(i) Unrelated organizations

(ii) Related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | X | |
| 3b | X | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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 | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 649,960. | 619,206. | 30,754. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 30,754. |

Schedule D (Form 990) 2019

COPY

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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS | 4,519,867. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 4,519,867. |

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) ACCRUED PENSION EXPENSE | 601,039. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 601,039. |

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

Schedule D (Form 990) 2019

COPY

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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 | |
| 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 | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

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:

EXPLANATION: ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE A LONG TERM

SOURCE OF INCOME TO SUPPORT SUSTAINABILITY OF THE ORGANIZATION'S

OPERATIONS. INTEREST AND DIVIDEND INCOME IS UNRESTRICTED, AND CAN BE USED

BY THE ORGANIZATION FOR CURRENT OPERATIONS.

PART X, LINE 2:

EXPLANATION: CHILDREN & FAMILIES FIRST DELAWARE INC. IS EXEMPT FROM

FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). HOWEVER,

INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S

TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS

INCOME.

Part XIII Supplemental Information *(continued)*

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL 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 CONSOLIDATED 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. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR 2016, 2017, AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

COPY**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 TASTE FOR ART | (b) Event #2 CFF 135TH ANNIVERSERY | (c) Other events 4 | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|-------------------------------|---------------------------------------|-----------------------|---|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 500. | 108,019. | 47,707. | 156,226. |
| | 2 Less: Contributions | | 1,350. | | 1,350. |
| | 3 Gross income (line 1 minus line 2) | 500. | 106,669. | 47,707. | 154,876. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | 6,635. | 575. | 7,210. |
| | 8 Entertainment | | | 11,764. | 11,764. |
| | 9 Other direct expenses | 264. | 23,614. | 1,773. | 25,651. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 44,625. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 110,251. |

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 | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 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: _____

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- 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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **CHILDREN AND FAMILIES FIRST DELAWARE INC** Employer identification number **51-0065731**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| PASSION CARE II 1206 DELWARE ST NEW CASTLE, DE 19720 | 51-0399500 | | 0. | 5,180. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| BRIGHT BEGINNINGS LEARNING 111 N CLEVELAND AVE WILMINGTON, DE 19805 | 47-5287243 | | 0. | 5,094. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| HAPPY PLACE DAY 4638 OGLETOWN-STANTON RD NEWARK, DE 19713 | 80-0622513 | | 0. | 4,207. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| PASSION CARE SERVICES INC. 3727 WRANGLE HILL ROAD BEAR, DE 19701 | 51-0399500 | | 0. | 4,182. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| JJ'S LEARNING EXPERIENCE 17001 S DUPONT ST HARRINGTON, DE 19952 | 82-2840302 | | 0. | 3,994. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| LITTLE HEARTS CHILDCARE 111 W. 22ND ST. WILMINGTON, DE 19802 | 82-4210540 | | 0. | 3,988. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |

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) (2019)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| RAINBOW DAYCARE & PRE-SCHOOL 26630 SUSSEX HWY SEAFORD, DE 19973 | 22-2606066 | | 0. | 3,764. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| LITTLE SCHOLARS CENTER 1LLC 2050 SOUTH COLLEGE AVENUE NEWARK, DE 19702 | 26-0796362 | | 0. | 3,752. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| HAPPY PLACE-2 4922 SUMMIT BRIDGE RD MIDDLETOWN, DE 19709 | 82-4665336 | | 0. | 3,407. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| CHILDREN'S PLACE CDC 32362 LONG NECK ROAD MILLSBORO, DE 19966 | 47-4397287 | | 0. | 3,302. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| ALL BEAUTIFUL CHILDREN 822 S STATE ST DOVER, DE 19901 | 82-4632734 | | 0. | 3,119. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| SEEDS OF JESUS 12 MARY ELLA DR WILMINGTON, DE 19805 | 45-5038394 | | 0. | 3,066. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| KIDZ AKADEMY 33442 ROYAL BLVD. DAGSBORO, DE 19939 | 47-2263183 | | 0. | 3,066. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| MINISTRY OF CARING/GUARDIAN ANGEL CHILD - 1000 WILSON STREET - WILMINGTON, DE 19801 | 38-3822811 | | 0. | 2,877. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| SISTER SISTER CARE-MACHEKO CARTER 939 NORTH PINE ST WILMINGTON, DE 19801 | 30-0535700 | | 0. | 2,720. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| OUR FUTURE CHRISTIAN CHILD CARE CENTER - 800 E 7TH STREET - WILMINGTON, DE 19801 | 46-5447137 | | 0. | 2,483. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| LITTLE FACES LEARNING CENTER 15 LANTERN LANE GEORGETOWN, DE 19947 | 83-1129853 | | 0. | 2,432. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| JUDY'S LARGE FAMILY 102 NE 4TH ST MILFORD, DE 19963 | 46-3622562 | | 0. | 2,420. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| VILLAGE SQUARE LEARNING CENTER 30792 WHITE NECK RD OCEAN VIEW, DE 19970 | 47-2892314 | | 0. | 2,318. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| RHONDA'S LITTLE ANGELS RHONDALIN CANNON SEAFORD, DE 19973 | 22-1665310 | | 0. | 1,589. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| OLIVETTE JACKSON-ALSTON 36 TEAL CIRCLE NEWARK, DE 19702 | 82-3834642 | | 0. | 1,223. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| ABC KIDS ACADEMY 1098 ELKTON RD NEWARK, DE 19711 | 81-4303029 | | 0. | 653. | | GRANTS/ASSISTA GIVEN TO PROVIDERS THROUGH THE | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM |
| ALMOST HOME DAYCARE LLC 201 CAIN RUE NEWARK, DE 19711 | 81-2801854 | | 10,173. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| BEAR EARLY EDUCATION CENTER 2884 SUMMIT BRIDGE ROAD BEAR, DE 19701 | 80-0212219 | | 23,534. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FIRST STEPS PRESCHOOL - LINCOLN 10037 DUPONT BLVD LINCOLN, DE 19960 | 01-0871708 | | 24,889. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| FIRST STEPS PRESCHOOL - MILFORD 104 MCCOY STREET MILFORD, DE 19963 | 45-2905584 | | 19,276. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| KIDS KASTLE LLC 2 STALLION DR NEWARK, DE 19713 | 47-1815587 | | 14,277. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| LITTLE DESTINY II 2516 WEST 4TH ST WILMINGTON, DE 19805 | 90-0602323 | | 33,243. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| NEWARK CHRISTIAN CHILD CARE 680 S. CHAPEL STREET NEWARK, DE 19713 | 38-3676078 | | 27,989. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| ONE STEP AHEAD CHILDCARE & PRESCHOOL - 432 SALEM CHURCH ROAD - NEWARK, DE 19702 | 51-0401848 | | 48,632. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| PIRULO'S CHILDCARE & LEARNING CENTER, LL - C/O LIDIA VELA - NEWARK, DE 19702 | 20-5940780 | | 38,353. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| RIVERVIEW PLACE 1312 RIVERVIEW AVE WILMINGTON, DE 19806 | 77-0689156 | | 8,026. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| SUNSHINE KIDS ACADEMY 924 OLD HARMONY RD NEWARK, DE 19713 | 81-0724156 | | 31,088. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE CHILDREN'S PLACE, INC 776 TULLAMORE CT MAGNOLIA, DE 19962 | 51-0369178 | | 52,230. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| THE LITTLE PEOPLE CDC 2, LLC 122 E MAIN ST CHRISTIANA, DE 19720 | 47-2163743 | | 9,468. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| THE LITTLE PEOPLE CDC 3, LLC 1169 S DUPONT HWY NEW CASTLE, DE 19720 | 81-3217023 | | 5,329. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| THE LITTLE PEOPLE CHILD DEVELOPMENT CENT - 3843 WRANGLE HILL ROAD - BEAR, DE 19701 | 26-0293781 | | 13,906. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
| TINY TOTS CHILD CARE & LEARNING CTR - 1014 WEST 24TH STREET - WILMINGTON, DE 19802 | 22-3980690 | | 67,947. | 0. | | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & | GRANTS/ASST. TO PROVIDERS OF MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM |
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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 |
|---|--------------------------|--------------------------|-----------------------------------|---|---|
| GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM | 145 | 753,846. | 26,962. | | GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE INFRASTRUCTURE/CAPACITY PROGRAMS |
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: PASSION CARE II

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHT BEGINNINGS LEARNING

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

COPY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HAPPY PLACE DAY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PASSION CARE SERVICES INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: JJ'S LEARNING EXPERIENCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE HEARTS CHILDCARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW DAYCARE & PRE-SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE SCHOLARS CENTER 1LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HAPPY PLACE-2

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

COPY**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S PLACE CDC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ALL BEAUTIFUL CHILDREN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SEEDS OF JESUS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: KIDZ AKADEMY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

MINISTRY OF CARING/GUARDIAN ANGEL CHILD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SISTER SISTER CARE-MACHEKO CARTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

OUR FUTURE CHRISTIAN CHILD CARE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO

COPY**Part IV Supplemental Information**

PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE FACES LEARNING CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: JUDY'S LARGE FAMILY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE SQUARE LEARNING CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RHONDA'S LITTLE ANGELS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: OLIVETTE JACKSON-ALSTON

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ABC KIDS ACADEMY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASSISTANCE GIVEN TO
PROVIDERS THROUGH THE CAPACITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ALMOST HOME DAYCARE LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF

COPY**Part IV Supplemental Information**

MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BEAR EARLY EDUCATION CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FIRST STEPS PRESCHOOL - LINCOLN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FIRST STEPS PRESCHOOL - MILFORD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: KIDS KASTLE LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE DESTINY II

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NEWARK CHRISTIAN CHILD CARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ONE STEP AHEAD CHILDCARE & PRESCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF

COPY

Part IV Supplemental Information

MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

PIRULO'S CHILDCARE & LEARNING CENTER, LL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RIVERVIEW PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SUNSHINE KIDS ACADEMY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S PLACE, INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE PEOPLE CDC 2, LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE PEOPLE CDC 3, LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

COPY

Part IV Supplemental Information

THE LITTLE PEOPLE CHILD DEVELOPMENT CENT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TINY TOTS CHILD CARE & LEARNING CTR

(G) DESCRIPTION OF NON-CASH ASSISTANCE: GRANTS/ASST. TO PROVIDERS OF
MEALS THRU THE CHILD & ADULT CARE FOOD PROGRAM

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION PROVIDES GRANTS THROUGH A VARIETY OF
PROGRAMS AND FOLLOWS THE PROCEDURES REQUIRED BY THE ORIGINAL GRANTORS
(FOR PASS-THROUGH FUNDING). IN EVERY PROGRAM, THE ORGANIZATION REQUIRES
PROOF OF EXPENDITURES (RECEIPTS AND OTHER RELATED DOCUMENTATION) AND
PERIODICALLY AUDITS THE GRANTEE'S USE OF FUNDS TO ENSURE PROPER
UTILIZATION.

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

2019

Open to Public Inspection

| |
|--------------------------------|
| Employer identification number |
| 51-0065731 |

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LESLIE J. NEWMAN CHIEF EXECUTIVE OFFICER | (i) | 182,070. | 0. | 0. | 0. | 12,380. | 194,450. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JOHN WOOD CHIEF FINANCIAL OFFICER | (i) | 92,568. | 0. | 0. | 0. | 11,791. | 104,359. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
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| | (ii) | | | | | | | |

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

SCHEDULE 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.

COPY

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

FORM 990, PART I, DOING BUSINESS AS:

CHILDREN AND FAMILIES FIRST, INC.

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

YEARS. ANNUALLY, THE ORGANIZATION SERVES MORE THAN 30,000 INDIVIDUALS

STATEWIDE THROUGH 30+ PROGRAMS THAT OFFER ASSISTANCE AND SUPPORT

THROUGHOUT THE LIFESPAN. THE ORGANIZATION'S SERVICES ARE CHILD-CENTERED

AND FAMILY-FOCUSED, FORMING A COMPREHENSIVE CONTINUUM OF QUALITY

SOCIAL, EDUCATIONAL, AND MENTAL HEALTH SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIAL NEEDS ADOPTION FROM FOSTER CARE PROVIDES A PERMANENT HOME FOR

OLDER DELAWARE YOUTH; SIBLING GROUPS; AND CHILDREN WITH EMOTIONAL,

DEVELOPMENTAL, OR MEDICAL NEEDS WHOSE BIRTH PARENTS HAVE HAD PARENTAL

RIGHTS TERMINATED. THROUGH THE CHILD-SPECIFIC RECRUITMENT (CSR)

PROGRAM, POTENTIAL ADOPTIVE FAMILIES ARE VETTED, RECRUITED, TRAINED,

SELECTED, AND SUPPORTED TO FACILITATE SUCCESSFUL ADOPTIONS OF KIDS WITH

SPECIAL NEEDS. IN 2019, 100% OF ADOPTIONS WERE FINALIZED WITHIN 12

MONTHS OF THE CHILD JOINING THEIR FOREVER FAMILY.

FAMILY SEARCH & ENGAGEMENT (FSE) WORKS WITH DELAWARE YOUTH AGES 10 TO

17 WHO ARE AT RISK OF AGING OUT OF FOSTER CARE, EITHER TO CONNECT THEM

TO A SUPPORT SYSTEM OF EXTENDED FAMILY MEMBERS OR OTHER CARING ADULTS,

FOR PERMANENT PLACEMENT, OR FOR SUPPORT DURING TRANSITION TO

INDEPENDENCE. IN 2019, 68% OF PARTICIPATING YOUTH MADE CONNECTIONS WITH

CARING ADULTS AND FAMILY.

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STRENGTHENING FAMILIES PROGRAM (SFP) AND NURTURING PARENTING PROGRAM (NPP) ARE EVIDENCE-BASED FAMILY SKILLS PROGRAMS DESIGNED TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT BY TEACHING FAMILIES POSITIVE AND CARING NURTURING SKILLS. THE 14-WEEK SMALL GROUP CLASSES ARE 2.5 HOURS EACH. SESSIONS INCLUDE DEDICATED TIME FOR PARENTS TO LEARN SKILLS ON THEIR OWN AND THEN PRACTICE THEM WITH THEIR CHILDREN. TO REDUCE BARRIERS TO PARTICIPATION, WE PROVIDE TRANSPORTATION AS NEEDED, AND CHILD CARE FOR SIBLINGS OF THE IDENTIFIED CHILD. ALL GROUPS START WITH A FAMILY MEAL, WHICH IS AN OPPORTUNITY FOR PARENTS AND CHILDREN TO BOND AND PRACTICE SKILLS THEY ARE LEARNING. THE PROGRAMS ARE DELIVERED IN COMMUNITY SETTINGS BY TRAINED EDUCATORS, AND CUSTOMIZED BY THE CHILD'S AGE GROUP (NPP: BIRTH TO 3; SFP: 4-5, 6-11, AND 12-17 YEARS OF AGE). IN 2019, 79% OF CAREGIVERS SUCCESSFULLY COMPLETED SFP AND 85% COMPLETED NPP. OF PARENTS WHO SUCCESSFULLY COMPLETED SFP, 94% DEMONSTRATED IMPROVED KNOWLEDGE ACROSS AT LEAST TWO PARENTING DOMAINS AND 100% OF AT-RISK PARENTS REDUCED BELIEF IN CORPORAL PUNISHMENT. OF THOSE WHO COMPLETED NPP, 77% DEMONSTRATED IMPROVED KNOWLEDGE ACROSS AT LEAST TWO PARENTING DOMAINS AND 100% OF AT-RISK PARENTS REDUCED BELIEF IN CORPORAL PUNISHMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STAFF MONITORS PROVIDE NUTRITION, FOOD PREPARATION, SAFETY, AND OTHER TRAINING AND EDUCATION, AND VISIT EACH FACILITY AT LEAST THREE TIMES PER YEAR. IN ADDITION, THE CACFP REIMBURSES CHILD CARE PROVIDERS FOR MEALS THAT FOLLOW STRINGENT U.S. DEPARTMENT OF AGRICULTURE NUTRITION GUIDELINES. IN 2019, 861,223 NUTRITIOUS MEALS WERE SERVED TO CHILDREN BY PARTICIPATING PROVIDERS.

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THE CAPACITY PROGRAM SUPPORTS CHILD CARE PROGRAMS STATEWIDE WITH TECHNICAL ASSISTANCE AND SMALL GRANTS TO PREPARE THEM TO PARTICIPATE SUCCESSFULLY IN DE STARS. IN 2019, CFF SUPPORTED 41 PROGRAMS, WHICH MADE ENHANCEMENTS THAT IMPROVED A COMBINED 917 EXISTING CHILDCARE SLOTS IN FOUR CRITICAL AREAS: INFANT/TODDLER CARE, NON-TRADITIONAL HOURS OF OPERATION, SERVICES FOR SPECIAL NEEDS CHILDREN, AND ENGLISH LANGUAGE LEARNERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNCTIONAL FAMILY THERAPY (FFT) IS A MULTIDISCIPLINARY, EVIDENCE-BASED INTERVENTION TO HELP YOUTH (AGES 10-18) AND THEIR FAMILIES STRUGGLING WITH BEHAVIORAL PROBLEMS AND FAMILY CONFLICT, IMPROVE COMMUNICATION, RELATIONSHIPS, AND FAMILY FUNCTIONING. THE THREE PHASES OF FFT (ENGAGEMENT AND MOTIVATION, TARGETED BEHAVIOR CHANGE, AND RELAPSE PREVENTION) ARE DELIVERED BY COUNSELORS TRAINED IN THE MODEL, GENERALLY IN THE FAMILY HOME FOR 3-6 MONTHS. IN 2019, 63% OF FAMILIES SUCCESSFULLY COMPLETED THE HOME-BASED THERAPY AND 88% OF FAMILIES REPORTED RELATIONSHIP IMPROVEMENT.

MOBILE OUTPATIENT SERVICES (MOPS) IS AN INTENSIVE INTERVENTION PROGRAM THAT PROVIDES BOTH INDIVIDUAL THERAPY AND FFT BY TRAINED COUNSELORS FOR YOUTH WITH A PRIMARY MENTAL HEALTH DIAGNOSES, IN CONJUNCTION WITH CASE MANAGEMENT AND PSYCHIATRIC CARE FOR YOUTH AND THEIR FAMILIES. IN 2019, 100% OF MOPS YOUTH WERE DISCHARGED TO A LOWER LEVEL OF CARE AND 100% OF PARENTS PARTICIPATING IN FAMILY THERAPY REPORTED IMPROVED RELATIONSHIPS.

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

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FAMILY ASSESSMENT AND INTERVENTION RESPONSE (FAIR) IS PART OF THE STATE DIVISION OF FAMILY SERVICES' DIFFERENTIAL RESPONSE SYSTEM, DESIGNED TO PREVENT TEENS FROM ENTERING FOSTER CARE THROUGH THE USE OF EVIDENCE-BASED PROGRAMMING, INCLUDING FFT AND FAMILY KEYS FAMILY CRISIS INTERVENTION PROGRAM. FAIR IS DELIVERED BY CFF COUNSELORS TRAINED IN THESE EVIDENCE-BASED MODELS. OF THE 478 FAMILIES ASSESSED BY FAIR IN 2019, 433 ENROLLED, AND 100% SUCCESSFULLY COMPLETED THE PROGRAM.

SEAFORD HOUSE THERAPEUTIC RESIDENCE (SHTR) IS A 16-BED GROUP RESIDENCE FOR YOUTH AGES 12 TO 17 WHO ARE IN THE CUSTODY OF THE DIVISION OF FAMILY SERVICES AND ARE UNABLE TO BE SERVED IN HOME-BASED FOSTER CARE. THE PROGRAM OFFERS STRENGTH-BASED THERAPEUTIC SUPPORTS BY TRAINED CLINICIANS; BEHAVIORAL MANAGEMENT; AND SKILLS TRAINING IN A SUPPORTIVE ENVIRONMENT. IN 2019, 75% OF YOUTH PARTICIPATED IN PRE-SOCIAL ACTIVITIES LIKE SCHOOL CLUBS, JOBS, OR VOLUNTEER ACTIVITIES. OF YOUTH WHOSE DISCHARGES WERE PLANNED, 86% WERE SUCCESSFUL, WITH YOUTH TRANSITIONING TO INDEPENDENT LIVING PROGRAMS OR REUNIFYING WITH THEIR FAMILIES.

GRIEF SUPPORTS (HEALING PATHWAYS AND GUIDING PATHWAYS) INCLUDE DEVELOPMENTALLY-APPROPRIATE 6-WEEK BEREAVEMENT SUPPORT GROUP FOR DELAWARE CHILDREN AGES 5-18 GRIEVING THE LOSS OF A PARENT, CAREGIVER, OR SIBLING, AS WELL AS INDIVIDUAL CONSULTATIONS AND GRIEF THERAPY FOR CHILDREN. IN 2019, WE OFFERED SPECIAL SESSIONS THAT INCLUDED COPING WITH THE HOLIDAYS, FAMILY FUN NIGHT, AND BACK TO SCHOOL NIGHT. YOUTH AND PARENTS WHO PARTICIPATED RATED THE SERVICES HIGHLY.

BEHAVIORAL HEALTH CONSULTANTS PROVIDE CASE MANAGEMENT AND THERAPEUTIC

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SUPPORTS TO CHILDREN IN 30 MIDDLE SCHOOLS ACROSS DELAWARE. OUR CONTRACT FOR SERVICES BEGAN IN OCTOBER 2019, WITH A HIRING PROCESS THAT CONTINUED INTO 2020. CLIENT-LEVEL SERVICE DATA WILL BE AVAILABLE IN 2020.

COGNITIVE BEHAVIORAL THERAPY IN SCHOOLS (CBITS) AND BOUNCE BACK (BB) ARE EVIDENCE-BASED, DEVELOPMENTALLY APPROPRIATE COGNITIVE BEHAVIORAL THERAPY INTERVENTIONS FOR ELEMENTARY (BB), MIDDLE AND HIGH SCHOOL STUDENTS (CBITS) TRAUMATIZED BY VIOLENCE, TO REDUCE SYMPTOMS OF PTSD, DEPRESSION, AND ANXIETY, AND TO ENHANCE SKILLS TO HANDLE FUTURE STRESSES. CBITS AND BB PROVIDE MENTAL HEALTH SCREENING AND A STANDARDIZED TRAUMA CURRICULUM, DELIVERED AT SCHOOLS BY MENTAL HEALTH CLINICIANS AND/OR LICENSED THERAPISTS IN 10 WEEKLY SMALL GROUP SESSIONS. IN 2019, 74% OF YOUTH ENROLLED SUCCESSFULLY COMPLETED CBITS/BOUNCE BACK, WITH 73% IMPROVING THEIR TRAUMA SYMPTOMS.

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

HEALTHY BABIES - THE NURSE-FAMILY PARTNERSHIP (NFP) IS A STATEWIDE, EVIDENCE-BASED HOME VISITING PROGRAM THAT TARGETS FIRST-TIME, LOW-INCOME, AT-RISK PREGNANT WOMEN WHO ARE NO MORE THAN 28 WEEKS PREGNANT, AND FOLLOWS THEM THROUGH THE CHILD'S SECOND BIRTHDAY. THROUGH HANDS-ON, DEVELOPMENTALLY-APPROPRIATE EDUCATION, SUPPORT, AND FREQUENT CONTACT, SPECIALLY TRAINED PROFESSIONAL NURSES HELP MOMS HAVE HEALTHY PREGNANCIES AND HELP THEIR CHILDREN REACH DEVELOPMENTALLY APPROPRIATE MILESTONES. IN 2019, 89% OF BABIES BORN IN THE PROGRAM HAD A HEALTHY BIRTH WEIGHT AND 86% WERE NOT PRE-TERM. IN ADDITION, 96% OF ONE-YEAR OLDS AND 93% OF TWO-YEAR OLDS HAD RECEIVED APPROPRIATE IMMUNIZATIONS, AND 89-98% SCORED WITHIN NORMAL RANGE FOR LANGUAGE AND SOCIAL

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

MILESTONES.

HEALTHY FAMILIES DELAWARE USES NURSES AND SOCIAL WORKERS AS HOME VISITORS TO PROVIDE EXPECTANT AND NEW MOTHERS STATEWIDE AN OPPORTUNITY TO GET THE EDUCATION AND SUPPORT THEY NEED UNTIL THEIR CHILD TURNS THREE. THIS EVIDENCE-BASED PROGRAM SERVES FIRST TIME AND SUBSEQUENT PREGNANCY MOMS WHO ARE MORE THAN 28-WEEKS PREGNANT OR HAVE A NEWBORN YOUNGER THAN THREE MONTHS. IN 2018, 86% OF BABIES BORN HAD A HEALTHY WEIGHT AND 88% WERE NOT PRE-TERM. IN ADDITION, ON AVERAGE, 91% OF CHILDREN SCORED WITHIN NORMAL RANGE FOR LANGUAGE AND SOCIAL MILESTONES AT VARIOUS POINTS THROUGHOUT ENROLLMENT.

DELAWARE HOPE PROGRAM TARGETS MOMS WITH SUBSTANCE USE CONDITIONS WHO ARE PARTICIPATING IN MEDICATION ASSISTED TREATMENT. WE PAIR AN HFD FAMILY SUPPORT SPECIALIST WITH A PEER RECOVERY COACH WHO SUPPORT THE MOM AND HER CHILD UNTIL THE CHILD TURNS THREE. IN 2019, 71% OF BABIES WERE BORN AT A HEALTHY WEIGHT AND GESTATIONAL AGE. BETWEEN 88-100% OF CHILDREN MET THEIR DEVELOPMENTAL MILESTONES.

EXPENSES \$ 3,513,553. INCLUDING GRANTS OF \$ 62,895. REVENUE \$ 0.

WORKPLACE SUPPORTS - JUST-IN-TIME CARE (JITC) IS A BACK-UP DEPENDENT CARE PROGRAM OFFERED TO CORPORATIONS ACROSS THE U.S. AS AN EMPLOYEE BENEFIT. OPTIONS CAN INCLUDE CHILD CARE CENTERS, FAMILY CHILD CARE HOMES, SCHOOL-AGE PROGRAMS, AND CENTERS FOR MILDLY ILL CHILDREN, ADULT DAY CARE CENTERS, AND IN-HOME CARE. INDIVIDUALS CAN ALSO CHOOSE THEIR OWN BACKUP CARE PROVIDERS, INCLUDING FRIENDS AND FAMILY MEMBERS. AN EMPLOYEE SUBSIDY HELPS OFFSET THE BACKUP CARE COSTS. THE 717 EMPLOYEES WHO USED CFF JITC IN 2019 SAVED 7,421 WORK DAYS. 100% OF JITC

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

PARTICIPANTS REPORTED THAT THEY WERE ABLE TO GET TO WORK BECAUSE OF THE PROGRAM AND 99% OF THOSE WHO RESPONDED TO A SATISFACTION SURVEY SAID THEY WOULD USE THE SERVICE AGAIN.

EXPENSES \$ 500,475. INCLUDING GRANTS OF \$ 451,698. REVENUE \$ 136,503.

FAMILY RESOURCES - CHILD, ELDER, AND RESPITE CARE REFERRAL SERVICES HELP FAMILIES ACCESS CARE FOR FAMILY MEMBERS. IN 2019, THESE ONLINE AND TELEPHONE RESOURCE HELPLINES RECEIVED A COMBINED 8,956 REQUESTS FOR INFORMATION.

EASTSIDE AND RED CLAY COMMUNITY SCHOOLS (ECS AND RCCS) COMBINE THE BEST EDUCATIONAL PRACTICES OF A QUALITY SCHOOL WITH A WIDE RANGE OF VITAL IN-HOUSE SERVICES TO ENSURE THAT VULNERABLE CHILDREN IN THE CITY OF WILMINGTON ARE PHYSICALLY, EMOTIONALLY, AND SOCIALLY PREPARED TO LEARN. THE PROGRAMS, DEVELOPED THROUGH PARTNERSHIPS WITH THE CHRISTINA AND RED CLAY SCHOOL DISTRICTS, RESPECTIVELY, TARGET ELEMENTARY AND MIDDLE SCHOOLS WITH HIGH RATES OF LOW-INCOME STUDENTS, AND THEIR COMMUNITIES. COMMUNITY SCHOOLS STAFF MEMBERS COORDINATE AND PROVIDE HEALTH AND SOCIAL SERVICES, PARENT ENGAGEMENT ACTIVITIES, AND CULTURAL ENRICHMENT OPPORTUNITIES. IN 2019, OUR STAFF HAD ALMOST 40,000 CONTACTS WITH STUDENTS, FAMILIES, AND COMMUNITY MEMBERS, ENSURING THAT STUDENTS WERE CONNECTED TO RESOURCES LIKE AFTERSCHOOL PROGRAMMING, MENTORING, ENRICHMENT EVENTS, FOOD BANK OF DE BACKPACKS, AND MORE, AND THAT PARENTS HAD ACCESS TO FOOD PANTRIES, REFERRALS, ENRICHMENT EVENTS AND ADULT EDUCATIONAL OPPORTUNITIES.

EXPENSES \$ 1,389,120. INCLUDING GRANTS OF \$ 7,610. REVENUE \$ 0.

PROGRAM QUALITY AND HELPLINE

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

EXPENSES \$ 50,804. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: THOMAS COLLINS AND P. CLARKSON COLLINS, BROTHERS, SERVE ON THE BOARD OF DIRECTORS. CASEY MCCABE IS A BOARD MEMBER AND THE SON-IN-LAW OF P. CLARKSON COLLINS.

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

EXPLANATION: A COPY OF FORM 990 HAS BEEN PROVIDED TO THE ORGANIZATION'S FULL GOVERNING BOARD FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

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

EXPLANATION: THE ORGANIZATION HAS AN EFFECTIVE, WRITTEN CONFLICT OF INTEREST POLICY. THIS POLICY DEFINES CONFLICTS OF INTERESTS, IDENTIFIES ALL CLASSES OF INDIVIDUALS WITHIN THE ORGANIZATION COVERED BY THE POLICY, AND SPECIFIES PROCEDURES TO BE FOLLOWED IN MANAGING THOSE CONFLICTS. OFFICERS AND BOARD MEMBERS HAVE BEEN REQUIRED TO AND WILL CONTINUE TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. MANAGEMENT CONTINUOUSLY MONITORS AND ENFORCES THIS POLICY. THE EXECUTIVE DIRECTOR, OR CEO, IS CHARGED WITH PROVIDING WRITTEN APPROVAL SHOULD ANY PERSON COVERED BY THE POLICY SEEK OR RECEIVE REGULAR SERVICES FROM THE ORGANIZATION. ALL OTHER CONTRACTS OR TRANSACTIONS BETWEEN COVERED PERSONS AND THE ORGANIZATION REQUIRE PRIOR BOARD APPROVAL.

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

EXPLANATION: THE EXECUTIVE DIRECTOR'S, OR CEO'S, SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE. THIS APPROVAL TAKES INTO CONSIDERATION SIMILARLY SITUATED ORGANIZATIONS' COMPENSATION RANGES. THE BOARD OF DIRECTORS ALSO

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

PRE-DETERMINES SALARY RANGES FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION
 BASED ON COMPARABILITY DATA. ALL COMPENSATION DECISIONS ARE DOCUMENTED IN
 THE APPLICABLE PERSONNEL FILES.

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

EXPLANATION: FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST.

ADDITIONALLY, FORM 990 IS AVAILABLE ON GUIDESTAR.ORG.

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

EXPLANATION: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE
 UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN B

EXPLANATION: (22) LESLIE J. NEWMAN

B2W2 INC. - 2.5 HOURS

CHILDREN AND FAMILIES FIRST ENDOWMENT INC. - 5.0 HOURS

(28) JOHN WOOD

B2W2 INC. - 2.5 HOURS

CHILDREN AND FAMILIES FIRST ENDOWMENT INC. - 5.0 HOURS

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|----------------------------|---------|
| GAIN(LOSS) ON PENSION PLAN | 93,123. |
|----------------------------|---------|

| | |
|---|----------|
| TRANSFERS FROM SUPPORTING ORGANIZATIONS | 116,161. |
|---|----------|

| | |
|------------------------------|--------|
| GAIN ON SALE OF FIXED ASSETS | 8,000. |
|------------------------------|--------|

| | |
|---|----------|
| GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 549,298. |
|---|----------|

| | |
|------------------------------------|----------|
| TOTAL TO FORM 990, PART XI, LINE 9 | 766,582. |
|------------------------------------|----------|

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS GOVERNING OVERSIGHT OF THE AUDIT AND SELECTION
OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number
51-0065731

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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.

[illegible]

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

Schedule R (Form 990) 2019

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 | |
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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.

[illegible]

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.

| | Yes | No |
|---|-----------|----|
| 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | 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) B2W2 INC. CHILDREN AND FAMILIES FIRST ENDOWMENT, | K | 572,311. | ESTIMATED FAIR VALUE |
| (2) INC. | S | 116,161. | FMV |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Provide additional information for responses to questions on Schedule R. See instructions.

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