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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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) | Room/suite
2005 BAYNARD BOULEVARD

City or town, state or country, and ZIP + 4
WILMINGTON, DE 19802

D Employer identification number
51-0065731

E Telephone number
(302) 658-5177

G Gross receipts $ 13,642,420

F Name and address of principal officer
LESLIE J NEWMAN
2005 BAYNARD BOULEVARD
WILMINGTON, DE 19802

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates 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

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 YEARS IN 2010, THE ORGANIZATION SERVED 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	276
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,835,245	12,625,219
9	Program service revenue (Part VIII, line 2g)	712,685	781,460
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,175	154,598
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,557	32,584
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,711,662	13,593,861

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,772,486	3,516,996
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)	6,679,578	7,459,740
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶357,416		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,826,386	3,214,101
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,278,450	14,190,837
19	Revenue less expenses Subtract line 18 from line 12	433,212	-596,976

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,308,214	6,554,625
21	Total liabilities (Part X, line 26)	945,242	1,359,959
22	Net assets or fund balances Subtract line 21 from line 20	5,362,972	5,194,666

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

****** | 2012-06-07
Signature of officer | Date

LESLIE J NEWMAN CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ FRANK T DEFRODA CPA	Date 2012-06-07	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01541069
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BARBACANE THORNTON & COMPANY LLP 200 SPRINGER BLDG 3411 SILVERSIDE R WILMINGTON, DE 198104866			EIN ▶ 51-0229493 Phone no ▶ (302) 478-8940

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

CHILDREN & FAMILIES FIRST HELPS FAMILIES DEVELOP SOLUTIONS TO MEET CHALLENGES AND EMBRACE OPPORTUNITIES

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 and section 4947(a)(1) trusts 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 $ 2,806,292 including grants of $ 968,702) (Revenue $)

PROMOTING POSITIVE PARENTING - FAMILY FOSTER CARE IS PROVIDED TO CHILDREN AND TEENS WHO CANNOT REMAIN AT HOME, INCLUDING THOSE REQUIRING THERAPEUTIC AND SPECIALIZED CARE THE PLACEMENT IS MONITORED BY A TEAM INCLUDING A SOCIAL WORKER, NURSE, AND FOSTER PARENT FAMILY-CENTERED COUNSELING, VISITATION, AND SUPPORT SERVICES FOR THE BIRTH FAMILY ARE PROVIDED TO REUNITE THE CHILD WITH THE FAMILY FOSTER FAMILIES RECEIVE EXTENSIVE TRAINING AND SUPPORT IN 2011, 92% OF CHILDREN IN FOSTER CARE REMAINED PLACED IN ONE HOME ADOPTION FROM FOSTER CARE PROVIDES A PERMANENT HOME FOR OLDER YOUTH, SIBLINGS, OR CHILDREN WITH SPECIAL EMOTIONAL, DEVELOPMENTAL, OR MEDICAL NEEDS POTENTIAL ADOPTIVE FAMILIES ARE RECRUITED, TRAINED, SELECTED, AND SUPPORTED TO FACILITATE SUCCESSFUL ADOPTIONS IN 2011, 100% OF CHILDREN PLACED FOR ADOPTION REMAINED IN ONE HOME AND 100% OF ADOPTIONS WERE FINALIZED WITHIN 12 MONTHS THE STRENGTHENING FAMILIES PROGRAM OFFERS FAMILY SKILLS TRAINING, ADDRESSING THE NEEDS OF VULNERABLE FAMILIES, INCLUDING THOSE REUNITING AFTER FOSTER CARE SFP IS A RESEARCH-BASED FAMILY SKILLS TRAINING PROGRAM FOR PARENTS AND THEIR CHILDREN IN 2011, IN 84% OF FAMILIES PARENTS REPORT IMPROVED INTERACTIONS AND BEHAVIORS AS MEASURED BY THE 40 QUESTION RETROSPECITVE ASSESSMENT TOOL WORKSHOPS FOR DIVORCING PARENTS AND THEIR CHILDREN ARE OFFERED TO MEET REQUIREMENTS MANDATED BY FAMILY COURT FOR THOSE DIVORCING, SEPARATING, OR HAVING CUSTODY OR VISITATION ISSUES PARALLEL PROGRAMS ARE OFFERED FOR YOUTH, AGES 8-16 IN 2011, PARENTS INCREASED THEIR KNOWLEDGE OF INFORMATION SHARED FROM 48% ON PRE-TESTS TO 87% ON POST-TESTS

4b (Code) (Expenses $ 2,411,381 including grants of $ 1,706,484) (Revenue $ 117,432)

EARLY CHILDHOOD - DELAWARE STARS IS THE STATE'S QUALITY-RATING SYSTEM FOR CHILD CARE, DESIGNED TO IMPROVE EARLY CARE AND EDUCATION OF THE 176 PROGRAMS ENROLLED, 74 (42%) HAVE MOVED UP ONE STAR LEVEL AND, TO DATE, 3 (2%) HAVE REACHED THE 5 STAR LEVEL WHICH IS THE HIGHEST LEVEL RELATIVE CAREGIVER TRAINING PROVIDES FREE TRAINING, USING THE DELAWARE FIRST CURRICULUM, TO RELATIVE CAREGIVERS WHO HAVE CONTRACTS WITH THE DELAWARE DIVISION OF SOCIAL SERVICES IN 2011, 86 TRAINING SESSIONS WERE PROVIDED TO 202 RELATIVE CAREGIVERS THIS PROGRAM ENDED IN 2011 THE CHILD AND ADULT CARE FOOD PROGRAM ASSURES THAT CHILDREN IN LICENSED CHILD CARE RECEIVE NUTRITIONALLY BALANCED MEALS IN 2011, 1,296,880 NUTRITIOUS MEALS WERE SERVED TO CHILDREN IN THE CARE OF PARTICIPATING PROVIDERS

4c (Code) (Expenses $ 2,325,572 including grants of $ 52,517) (Revenue $)

SUPPORTING TEENS - ARC (ADOLESCENT RESOURCE CENTER) IS A COMPREHENSIVE EDUCATION AND MEDICAL SERVICE FOR TEENS, DESIGNED TO DECREASE THEIR RISK-TAKING AND PROMOTE HEALTHY CHOICES ARC EDUCATION PROVIDES EDUCATIONAL SESSIONS IN SCHOOLS ARC CLINICS PROVIDE COMPREHENSIVE COUNSELING AND MEDICAL SERVICES FOR TEENS, INCLUDING CONTRACEPTION, TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES, AND PREGNANCY CONFIRMATION IN 2011, YOUTH PARTICIPATING IN ARC EDUCATION SERVICES KNEW 78% OF INFORMATION AT POST-TEST, AS COMPARED TO 53% AT PRE-TEST 100% OF YOUTH WHO WERE TESTED IN ARC CLINICS AND DIAGNOSED WITH AN STD WERE TREATED IN A TIMELY MANNER FFT (FUNCTIONAL FAMILY THERAPY) IS AN EVIDENCE-BASED FAMILY COUNSELING AND CASE MANAGEMENT PROGRAM FOR YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM, OR WHO ARE TRUANT IN 2011, 76% OF ADOLESCENTS AND PARENTS REPORTED IMPROVED RELATIONSHIPS SEAFORD HOUSE IS A RESIDENTIAL AND DAY TREATMENT PROGRAM FOR YOUTH WITH EMOTIONAL PROBLEMS UP TO 10 STUDENTS MAY RESIDE THERE AT A TIME AND AN ADDITIONAL 8 ATTEND DAY TREATMENT IN 2011, 100% OF YOUTH WERE DISCHARGED TO LEVEL OR LESS RESTRICTIVE ENVIRONMENT AND 61% ACHIEVED 75% OR MORE OF THEIR TREATMENT GOALS

(Code) (Expenses $ 1,353,057 including grants of $ 26,291) (Revenue $)

HELPING MOMS HAVE HEALTHY BABIES - MOTHERS RESOURCE ENSURES THAT AT-RISK PREGNANT WOMEN ACCESS PRENATAL CARE AND COMMUNITY RESOURCES SO THAT BABIES ARE BORN HEALTHY IN 2011, 89% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 91% WERE FULL-TERM NURSE FAMILY PARTNERSHIP IS AN INITIATIVE FUNDED THROUGH A FEDERAL GRANT TO PLAN AND IMPLEMENT AN EVIDENCE-BASED HOME VISITING PROGRAM THE PROGRAM USES PROFESSIONAL NURSES AND TARGETS FIRST-TIME, LOW-INCOME PREGNANT WOMEN WHO ARE NO MORE THAN 28 WEEKS PREGNANT THE NURSE FOLLOWS THE MOTHER AND CHILD THROUGH THE CHILD'S SECOND BIRTHDAY IN 2011, 88% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 90% WERE FULL-TERM,

(Code) (Expenses $ 1,315,200 including grants of $ 695,895) (Revenue $ 664,028)

SUPPORTING THOSE IN THE WORKPLACE - RISE UP HELPS THOSE MOVING FROM WELFARE TO WORK IN KENT AND SUSSEX COUNTIES SUCCEED IN EMPLOYMENT IN 2011, 73% OF INDIVIDUALS IN THE PROGRAM REMAINED EMPLOYED FOR THE REQUIRED NUMBER OF CONSECUTIVE WEEKS JUST IN TIME CARE (JITC) IS A COMPREHENSIVE BACK-UP DEPENDENT CARE PROGRAM OFFERED BY CORPORATIONS ACROSS THE US AS AN EMPLOYEE BENEFIT IN 2011, 9,023 WORK DAYS WERE SAVED BY PARENTS WHO USED JITC, AND 99% INDICATED THAT THEY WERE ABLE TO GET TO WORK BECAUSE OF THE PROGRAM

(Code) (Expenses $ 1,624,172 including grants of $ 34,415) (Revenue $)

HELPING FAMILIES GET NEEDED RESOURCES - PROMOTING SAFE AND STABLE FAMILIES HELPS FAMILIES IN SUSSEX COUNTY GET RESOURCES TO BE MORE SELF-SUFFICIENT IN 2011, 247 PEOPLE WERE REFERRED AND RECEIVED THE SERVICES THEY NEEDED CHILD, ELDER, AND RESPITE CARE REFERRAL SERVICES HELP FAMILIES ACCESS CARE IN 2011, THE HELPLINE RECEIVED OVER 6,100 REQUESTS FOR INFORMATION 82% REPORTED THAT THEY WOULD USE THE SERVICE AGAIN EASTSIDE COMMUNITY SCHOOL IS A PARTNERSHIP BETWEEN CHILDREN & FAMILIES FIRST AND THREE WILMINGTON ELEMENTARY SCHOOLS WITH HIGH RATES OF LOW-INCOME STUDENTS A COMMUNITY SCHOOL IS AN EDUCATIONAL INSTITUTION THAT COMBINES THE BEST EDUCATIONAL PRACTICES OF A QUALITY SCHOOL WITH A WIDE RANGE OF VITAL IN-HOUSE HEALTH AND SOCIAL SERVICES TO ENSURE THAT CHILDREN ARE PHYSICALLY, EMOTIONALLY, AND SOCIALLY PREPARED TO LEARN IN 2011, 231 CHILDREN WERE ENROLLED IN AFTER SCHOOL AND SUMMER CAMP PROGRAMS

(Code) (Expenses $ 143,094 including grants of $ 32,692) (Revenue $)

SUPPORTING OLDER ADULTS - GRAND TIME OFF PROVIDES RESPITE FOR OLDER RELATIVES RAISING FAMILY MEMBERS' CHILDREN IN 2011, 100% OF USERS REPORTED THAT THE SERVICE MET THEIR NEEDS ELDERBUDDY PROVIDES VISITORS TO LOW-INCOME, OLDER ADULTS LIVING IN SENIOR HOUSING IN 2011, 70 ELDERS PARTICIPATED IN 821 VISIT HOURS THIS PROGRAM ENDED IN 2011

(Code) (Expenses $ 125,463 including grants of $) (Revenue $)

PROGRAM QUALITY IMPROVEMENT - THE QUALITY IMPROVEMENT PROCESS IS DESIGNED TO ASSESS THE QUALITY OF CUSTOMER SERVICES, ASSURE UTILIZATION AND CONTRACT GOAL ATTAINMENT, AND TO REFINE PROGRAMS BASED UPON WHAT HAS BEEN LEARNED INDIVIDUAL-LEVEL DATA IS ENTERED INTO THE EVOLV DATA SYSTEM, WHICH IS USED FOR INDIVIDUAL DATA TRACKING AS WELL AS AGGREGATED OUTPUT FOR OUTCOMES MANAGEMENT THE ORGANIZATION HAS A STATEWIDE OUTCOMES COMMITTEE THAT MEETS QUARTERLY TO REVIEW DATA FROM ALL AGENCY PROGRAMS EACH DEPARTMENT/UNIT AND THE OUTCOMES COMMITTEE REPORT TO THE AGENCY-WIDE PQI COMMITTEE, COMPOSED OF REPRESENTATIVES OF PROGRAM AND OPERATIONAL DEPARTMENTS, ON A QUARTERLY BASIS BOTH COMMITTEES PROVIDE REGULAR REPORTS TO THE CHILDREN & FAMILIES FIRST LEADERSHIP TEAM AND THE BOARD OF DIRECTORS

4d Other program services (Describe in Schedule O)

(Expenses $ 4,560,986 including grants of $ 789,293) (Revenue $ 664,028)

4e Total program service expenses ▶ $ 12,104,231

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	355		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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**	276			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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?			**6a**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the 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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEVIN NOEL
2005 BAYNARD BOULEVARD
WILMINGTON, DE 19802
(302) 658-5177

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								547,347	0	60,689

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**		No
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*	**5**		No

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 808,884				
	b	Membership dues	1b				
	c	Fundraising events	1c 86,794				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 10,672,872				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,056,669				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		12,625,219			
Program Service Revenue			Business Code				
	2a	REFERRAL FEES	624100	664,028	664,028		
	b	PROGRAM SERVICE FEES	624100	117,432	117,432		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		781,460			
	3	Investment income (including dividends, interest and other similar amounts)		153,185			153,185
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	11,766 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	11,766 /				
	d	Net rental income or (loss)		11,766			11,766
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	/ 1,413				
	b	Less cost or other basis and sales expenses	/				
	c	Gain or (loss)	/ 1,413				
	d	Net gain or (loss)		1,413			1,413
Other Revenue	8a	Gross income from fundraising events (not including $ 86,794 of contributions reported on line 1c) See Part IV, line 18 a 62,615					
	b	Less direct expenses b 48,559					
	c	Net income or (loss) from fundraising events		14,056			14,056
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	6,762			6,762
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		6,762			
	12	**Total revenue.** See Instructions		13,593,861	781,460	0	187,182

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	423,543	423,543		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,093,453	3,093,453		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	608,036	498,573	89,169	20,294
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	5,398,327	4,436,969	778,675	182,683
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,930	129,140	27,094	4,696
9	Other employee benefits	695,637	558,221	117,114	20,302
10	Payroll taxes	596,810	497,624	79,073	20,113
11	Fees for services (non-employees)				
a	Management				
b	Legal	10,545	8,182	2,165	198
c	Accounting	79,165	61,426	16,251	1,488
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	810,059	628,541	166,288	15,230
12	Advertising and promotion				
13	Office expenses	802,923	663,571	102,941	36,411
14	Information technology				
15	Royalties . .				
16	Occupancy	153,372	125,910	19,779	7,683
17	Travel	284,393	255,379	25,378	3,636
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,295	50,001	35,382	2,912
20	Interest	29,027	22,915	4,772	1,340
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	351,908	289,983	44,601	17,324
23	Insurance	73,303	52,293	18,547	2,463
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAINTENANCE OF FACILITI	196,924	156,695	28,555	11,674
b	PURCHASED EQUIPMENT	102,074	36,548	64,183	1,343
c	SERVICE CONTRACTS	101,114	74,460	22,708	3,946
d	PROFESSIONAL DUES	35,808	16,864	17,249	1,695
e					
f	All other expenses	95,191	23,940	69,266	1,985
25	**Total functional expenses.** Add lines 1 through 24f	14,190,837	12,104,231	1,729,190	357,416
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,747	1	3,520
	2	Savings and temporary cash investments		895,084	2	424,513
	3	Pledges and grants receivable, net		1,216,017	3	1,161,138
	4	Accounts receivable, net		316,788	4	371,106
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		46,965	9	76,428
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 909,077			
	b	Less accumulated depreciation	10b 734,195	284,043	10c	174,882
	11	Investments—publicly traded securities		383,145	11	395,495
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,162,425	15	3,947,543
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,308,214	16	6,554,625
Liabilities	17	Accounts payable and accrued expenses		449,835	17	867,450
	18	Grants payable			18	
	19	Deferred revenue		488,259	19	489,061
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,148	23	3,448
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		945,242	26	1,359,959
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,747,515	27	3,880,286
	28	Temporarily restricted net assets		1,615,457	28	1,314,380
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,362,972	33	5,194,666
	34	Total liabilities and net assets/fund balances		6,308,214	34	6,554,625

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	13,593,861
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,190,837
3	Revenue less expenses Subtract line 2 from line 1	3	-596,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,362,972
5	Other changes in net assets or fund balances (explain in Schedule O)	5	428,670
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,194,666

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,476,729	12,624,917	12,376,873	12,791,245	12,538,425	58,808,189
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	8,476,729	12,624,917	12,376,873	12,791,245	12,538,425	58,808,189
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						58,808,189

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,476,729	12,624,917	12,376,873	12,791,245	12,538,425	58,808,189
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,182,830	585,539	141,790	96,420	164,951	2,171,530
9 Net income from unrelated business activities, whether or not the business is regularly carried on			14,639	87,012	100,850	202,501
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	30,986	56,783	51,755	18,040	6,762	164,326
11 **Total support** (Add lines 7 through 10)						61,346,546

12	Gross receipts from related activities, etc (See instructions)	12	5,126,074

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95 860 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95 300 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 51-0065731
Name: CHILDREN AND FAMILIES FIRST DELAWARE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,353,057 including grants of $ 26,291) (Revenue $)

HELPING MOMS HAVE HEALTHY BABIES - MOTHERS RESOURCE ENSURES THAT AT-RISK PREGNANT WOMEN ACCESS PRENATAL CARE AND COMMUNITY RESOURCES SO THAT BABIES ARE BORN HEALTHY IN 2011, 89% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 91% WERE FULL-TERM NURSE FAMILY PARTNERSHIP IS AN INITIATIVE FUNDED THROUGH A FEDERAL GRANT TO PLAN AND IMPLEMENT AN EVIDENCE-BASED HOME VISITING PROGRAM THE PROGRAM USES PROFESSIONAL NURSES AND TARGETS FIRST-TIME, LOW-INCOME PREGNANT WOMEN WHO ARE NO MORE THAN 28 WEEKS PREGNANT THE NURSE FOLLOWS THE MOTHER AND CHILD THROUGH THE CHILD'S SECOND BIRTHDAY IN 2011, 88% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 90% WERE FULL-TERM,

(Code) (Expenses $ 1,315,200 including grants of $ 695,895) (Revenue $ 664,028)

SUPPORTING THOSE IN THE WORKPLACE - RISE UP HELPS THOSE MOVING FROM WELFARE TO WORK IN KENT AND SUSSEX COUNTIES SUCCEED IN EMPLOYMENT IN 2011, 73% OF INDIVIDUALS IN THE PROGRAM REMAINED EMPLOYED FOR THE REQUIRED NUMBER OF CONSECUTIVE WEEKS JUST IN TIME CARE (JITC) IS A COMPREHENSIVE BACK-UP DEPENDENT CARE PROGRAM OFFERED BY CORPORATIONS ACROSS THE US AS AN EMPLOYEE BENEFIT IN 2011, 9,023 WORK DAYS WERE SAVED BY PARENTS WHO USED JITC, AND 99% INDICATED THAT THEY WERE ABLE TO GET TO WORK BECAUSE OF THE PROGRAM

(Code) (Expenses $ 1,624,172 including grants of $ 34,415) (Revenue $)

HELPING FAMILIES GET NEEDED RESOURCES - PROMOTING SAFE AND STABLE FAMILIES HELPS FAMILIES IN SUSSEX COUNTY GET RESOURCES TO BE MORE SELF-SUFFICIENT IN 2011, 247 PEOPLE WERE REFERRED AND RECEIVED THE SERVICES THEY NEEDED CHILD, ELDER, AND RESPITE CARE REFERRAL SERVICES HELP FAMILIES ACCESS CARE IN 2011, THE HELPLINE RECEIVED OVER 6,100 REQUESTS FOR INFORMATION 82% REPORTED THAT THEY WOULD USE THE SERVICE AGAIN EASTSIDE COMMUNITY SCHOOL IS A PARTNERSHIP BETWEEN CHILDREN & FAMILIES FIRST AND THREE WILMINGTON ELEMENTARY SCHOOLS WITH HIGH RATES OF LOW-INCOME STUDENTS A COMMUNITY SCHOOL IS AN EDUCATIONAL INSTITUTION THAT COMBINES THE BEST EDUCATIONAL PRACTICES OF A QUALITY SCHOOL WITH A WIDE RANGE OF VITAL IN-HOUSE HEALTH AND SOCIAL SERVICES TO ENSURE THAT CHILDREN ARE PHYSICALLY, EMOTIONALLY, AND SOCIALLY PREPARED TO LEARN IN 2011, 231 CHILDREN WERE ENROLLED IN AFTER SCHOOL AND SUMMER CAMP PROGRAMS

(Code) (Expenses $ 143,094 including grants of $ 32,692) (Revenue $)

SUPPORTING OLDER ADULTS - GRAND TIME OFF PROVIDES RESPITE FOR OLDER RELATIVES RAISING FAMILY MEMBERS' CHILDREN IN 2011, 100% OF USERS REPORTED THAT THE SERVICE MET THEIR NEEDS ELDERBUDDY PROVIDES VISITORS TO LOW-INCOME, OLDER ADULTS LIVING IN SENIOR HOUSING IN 2011, 70 ELDERS PARTICIPATED IN 821 VISIT HOURS THIS PROGRAM ENDED IN 2011

(Code) (Expenses $ 125,463 including grants of $) (Revenue $)

PROGRAM QUALITY IMPROVEMENT - THE QUALITY IMPROVEMENT PROCESS IS DESIGNED TO ASSESS THE QUALITY OF CUSTOMER SERVICES, ASSURE UTILIZATION AND CONTRACT GOAL ATTAINMENT, AND TO REFINE PROGRAMS BASED UPON WHAT HAS BEEN LEARNED INDIVIDUAL-LEVEL DATA IS ENTERED INTO THE EVOLV DATA SYSTEM, WHICH IS USED FOR INDIVIDUAL DATA TRACKING AS WELL AS AGGREGATED OUTPUT FOR OUTCOMES MANAGEMENT THE ORGANIZATION HAS A STATEWIDE OUTCOMES COMMITTEE THAT MEETS QUARTERLY TO REVIEW DATA FROM ALL AGENCY PROGRAMS EACH DEPARTMENT/UNIT AND THE OUTCOMES COMMITTEE REPORT TO THE AGENCY-WIDE PQI COMMITTEE, COMPOSED OF REPRESENTATIVES OF PROGRAM AND OPERATIONAL DEPARTMENTS, ON A QUARTERLY BASIS BOTH COMMITTEES PROVIDE REGULAR REPORTS TO THE CHILDREN & FAMILIES FIRST LEADERSHIP TEAM AND THE BOARD OF DIRECTORS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
THOMAS P COLLINS CHAIR	1 80	X		X				0	0	0
DOUGLAS M STEPHENSON VICE CHAIR	1 30	X		X				0	0	0
JENNIFER B JONACH SECRETARY	1 00	X		X				0	0	0
PETER A HAZEN TREASURER	1 50	X		X				0	0	0
PAUL L MCCOMMONS III ASSISTANT TREASURER	1 50	X		X				0	0	0
AGUIDA ATKINSON BOARD MEMBER	50	X						0	0	0
SANDRA H AUTMAN BOARD MEMBER	50	X						0	0	0
DON C BROWN BOARD MEMBER	50	X						0	0	0
P CLARKSON COLLINS JR BOARD MEMBER	1 00	X						0	0	0
KATY CONNOLLY BOARD MEMBER	1 50	X						0	0	0
SALLY A DEWEES BOARD MEMBER	80	X						0	0	0
GAYLE DILLMAN BOARD MEMBER	80	X						0	0	0
VERONICA E ONEY BOARD MEMBER	50	X						0	0	0
GEORGE W FORBES III BOARD MEMBER	1 00	X						0	0	0
CAROL A GAUSZ BOARD MEMBER	1 30	X						0	0	0
GARY M GOLDEN BOARD MEMBER	50	X						0	0	0
PATRICIA W GRIFFIN BOARD MEMBER	80	X						0	0	0
PAMELA HARPER BOARD MEMBER	50	X						0	0	0
NANCY KARIBJANIAN BOARD MEMBER	50	X						0	0	0
TED KAUFMAN BOARD MEMBER	50	X						0	0	0
JAMES G KLABE JR BOARD MEMBER	50	X						0	0	0
JOHN W LAND BOARD MEMBER	80	X						0	0	0
CATHERINE LAPENTA BOARD MEMBER	50	X						0	0	0
ELLEN K LEVIN BOARD MEMBER	1 00	X						0	0	0
ANTHONY J LEWIS BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
SHAUNA B MCINTOSH BOARD MEMBER	50	X						0	0	0
CARL F MCMILLAN BOARD MEMBER	50	X						0	0	0
DR WILMA MISHOE BOARD MEMBER	50	X						0	0	0
ANDREA MOSELLE BOARD MEMBER	50	X						0	0	0
HEATHER A O'CONNELL BOARD MEMBER	50	X						0	0	0
BRIAN PETTYJOHN BOARD MEMBER	50	X						0	0	0
BARBARA S RIDGELY BOARD MEMBER	50	X						0	0	0
KIM ZEITLER ROBBINS BOARD MEMBER	50	X						0	0	0
JOHN F SCHMUTZ BOARD MEMBER	1 00	X						0	0	0
JANICE ROWE TIGANI BOARD MEMBER	50	X						0	0	0
LEE A WHEELER BOARD MEMBER	1 00	X						0	0	0
LESLIE J NEWMAN CHIEF EXECUTIVE OFFICER	30 00			X				148,392	0	5,088
ZAKIYA BAKARI-GRIFFIN CHIEF PROGRAM OFFICER	40 00			X				79,589	0	11,590
KEVIN NOEL CHIEF FINANCIAL OFFICER	30 00			X				91,559	0	7,602
VIRGINIA LOCKMAN CHIEF OPERATIONS OFFICER	40 00			X				87,133	0	7,054
KIRSTEN OLSON CHIEF DEVELOPMENT OFFICER	40 00			X				73,944	0	15,094
JULIUS MULLEN CHIEF CLINICAL OFFICER	40 00			X				66,730	0	14,261

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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. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
CHILDREN AND FAMILIES FIRST DELAWARE INC	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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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-

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 (grass roots 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		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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? ☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	884,393	729,131			1,613,524
b Lobbying ceiling amount (150% of line 2a, column(e))					2,420,286
c Total lobbying expenditures	39,697	12,599			52,296
d Grassroots non-taxable amount	221,098	182,283			403,381
e Grassroots ceiling amount (150% of line 2d, column (e))					605,072
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	1,940,983	1,000,594	820,855	1,073,257	
b	Contributions	40,240	776,704	38,909	48,304	
c	Investment earnings or losses	-51,402	162,862	150,674	-275,008	
d	Grants or scholarships					
e	Other expenditures for facilities and programs			3,237	25,698	
f	Administrative expenses	19,394	8,023	6,607		
g	End of year balance	1,910,427	1,940,983	1,000,594	820,855	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 67 350 %
- b Permanent endowment ▶ 32 650 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b | | No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		909,077	734,195	174,882
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				174,882

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	200
(2) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	3,947,343
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,947,543

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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 PERMANENTLY RESTRICTED ENDOWMENT FUNDS WERE TRANSFERRED DURING THE YEAR TO A SUPPORTING ORGANIZATION ESTABLISHED TO ADMINISTER THE FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE CHILDREN & FAMILIES FIRST DELAWARE INC QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3) IN ACCORDANCE WITH THE FASB ASC SECTION REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION IS REQUIRED TO RECOGNIZE THE FINANCIAL STATEMENT EFFECT OF A TAX POSITION IF IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION THE ORGANIZATION CURRENTLY HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION IN THE FINANCIAL STATEMENTS THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR 2008, 2009 AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number
51-0065731

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 TASTE FOR ART (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	149,409			149,409
	2 Less Charitable contributions	86,794			86,794
	3 Gross income (line 1 minus line 2)	62,615			62,615
Direct Expenses	4 Cash prizes	0			
	5 Non-cash prizes	1,000			1,000
	6 Rent/facility costs	4,155			4,155
	7 Food and beverages	13,927			13,927
	8 Entertainment	600			600
	9 Other direct expenses	28,877			28,877
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(48,559)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				14,056

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate 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 operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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 . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
(1) ASSISTANCE WITH CHILD AND ADULT DAY-CARE COSTS FOR WORKING INDIVIDUALS	6640	1,809,482			
(2) ASSISTANCE WITH COSTS OF FOOD, RENT, UTILITIES, TRANSPORTATION, HEALTH CARE, AND OTHER NECESSARY ITEMS FOR INDIVIDUALS	1902	339,417			
(3) SUBSIDIZED FOSTER CARE FOR INDIVIDUALS	43	944,554			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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 GRANTEES' USE OF FUNDS TO ENSURE PROPER UTILIZATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 51-0065731
Name: CHILDREN AND FAMILIES FIRST DELAWARE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALPHA KIDS EARLY LEARNING CENTER 1098 ELKTON ROAD NEWARK,DE 19711	33-1147976		31,311				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
BEAR EARLY EDUCATION CENTER2884 SUMMIT BRIDGE ROAD BEAR,DE 19701	80-0212219		24,299				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
PRECIOUS YEARS LARGE FAMILY200 ROBINSON DRIVE NEW CASTLE,DE 19720	20-3452477		11,071				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
THE CHILDREN'S PLACE INC3377 S DUPONT HIGHWAY CAMDEN,DE 19934	51-0369178		44,400				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
EARLY FOUNDATIONS PRESCHOOL2511 WEST 4TH STREET WILMINGTON,DE 19805	26-4383579		10,800				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
ENCHANTED FOREST PRESCHOOL528 EAST HANNA DRIVE NEWARK,DE 19702	20-4017386		5,469				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
FUTURE DEVELOPMENT LEARNING ACADEMY500 MARYLAND AVENUE WILMINGTON,DE 19805	26-1209241		8,016				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
LINDA'S ANGELS6 PARKWAY COURT NEW CASTLE,DE 19720	51-0340467		76,454				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
THE LITTLE PEOPLE CHILD DEVELOPMENT 3843 WRANGLE HILL ROAD BEAR,DE 19701	26-0293781		25,144				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
MANNA ACADEMY 1299 NORTHEAST BOULEVARD WILMINGTON,DE 19801	94-3457266		7,063				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
ONE STEP AHEAD CHILDCARE AND PRESCHOOL INC 432 SALEM CHURCH ROAD NEWARK,DE 19702	51-0401848		45,408				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
OWENS CHILDCARE33 WELLSPRING DRIVE BEAR,DE 19701	41-2273258		5,476				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
PIRULO'S CHILDCARE & LEARNING CENTER 799 SALEM CHURCH ROAD NEWARK,DE 19702	20-5940780		20,578				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
RIVERVIEW PLACE 1312 RIVERVIEW AVE WILMINGTON,DE 19806	77-0689156		8,609				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
SUNSHINE KIDS ACADEMY4 BIRCHGROVE ROAD NEWARK,DE 19702	30-0429083		22,978				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
THE YOUNG AND RESTLESS THERAPUTIC DAY CARE110 SCHAFER BOULEVARD NEW CASTLE,DE 19720	01-0872023		10,135				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
TINY TOTS CHILD CARE & LEARNING CENTER1014 WEST 24TH STREET WILMINGTON,DE 19802	22-3980690		46,327				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
TINY TUCK CHILDCARE2400 WASHINGTON STREET WILMINGTON,DE 19802	01-0836788		11,356				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
UNION CHILD CARE YOUTH & SENIOR CENTER 345 SCHOOL BELL ROAD BEAR,DE 19701	59-3764296		5,810				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number
51-0065731

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THOMAS COLLINS AND P CLARKSON COLLINS, BROTHERS, SERVE ON THE BOARD OF DIRECTORS THOMAS COLLINS IS VICE PRESIDENT AND BOARD MEMBER, AND P CLARKSON COLLINS SERVES AS A BOARD MEMBER
	FORM 990, PART VI, SECTION B, LINE 11	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	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	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 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	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	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,210 GAIN (LOSS) ON PENSION PLAN -416,082 UNREALIZED GAIN (LOSS) ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 785,118 ROUNDING 2 TRANSFERS FROM SUPPORTING ORGANIZATIONS 48,422 TOTAL TO FORM 990, PART XI, LINE 5 428,670
	FORM 990, PART XII, LINE 2C	THE PROCESS GOVERNING OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHILDREN & FAMILIES FIRST ENDOWMENT INC 2005 BAYNARD BOULEVARD WILMINGTON, DE 19802 27-1705610	SUPPORTING ORGANIZATION TO FILING ENTITY	DE	501(C)(3)	LINE 11A, I		Yes	
(2) B2W2 INC 2005 BAYNARD BOULEVARD WILMINGTON, DE 19802 27-1705781	SUPPORTING ORGANIZATION TO FILING ENTITY	DE	501(C)(3)	LINE 11A, I		Yes	

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) B2W2 INC	J	920,320	ESTIMATED FAIR VALUE
(2)			
(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) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	