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Part III

Statement of Program Service Accomplishments

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

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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 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 \$ 2,724,166 including grants of \$ 819,566) (Revenue \$ 84,965)

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 AS APPROPRIATE FOSTER FAMILIES RECEIVE EXTENSIVE TRAINING AND SUPPORT IN 2012, 93% 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 WHOSE PARENTS HAVE HAD THEIR RIGHTS TERMINATED POTENTIAL ADOPTIVE FAMILIES ARE RECRUITED, TRAINED, SELECTED, AND SUPPORTED TO POSITIVE PARENTING CONT'D FACILITATE SUCCESSFUL ADOPTIONS IN 2012, 96% 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 2012, IN 87% OF FAMILIES PARENTS REPORT IMPROVED INTERACTIONS AND BEHAVIORS AS MEASURED BY THE 40 QUESTION RETROSPECTIVE 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 IN 2012, PARENTS INCREASED THEIR KNOWLEDGE OF INFORMATION SHARED FROM 39% ON PRE-TESTS TO 84% ON POST-TESTS

4b

(Code) (Expenses \$ 2,182,761 including grants of \$ 1,911,388) (Revenue \$ 19,379)

EARLY CHILDHOOD - DELAWARE STARS IS THE STATE'S QUALITY-RATING SYSTEM FOR CHILD CARE, DESIGNED TO IMPROVE EARLY CARE AND EDUCATION OF THE 141 PROGRAMS ENROLLED IN DELAWARE STARS 62% (88/141) OF THE PROGRAMS HAVE MOVED UP ONE OR TWO STAR LEVELS TO DATE, 12% (17/141) HAVE REACHED THE 5 STAR LEVEL THE CHILD AND ADULT CARE FOOD PROGRAM ASSURES THAT CHILDREN IN LICENSED CHILD CARE RECEIVE NUTRITIONALLY BALANCED MEALS IN 2012, 1,240,752 NUTRITIOUS MEALS WERE SERVED TO CHILDREN IN THE CARE OF PARTICIPATING PROVIDERS

4c

(Code) (Expenses \$ 2,385,840 including grants of \$) (Revenue \$ 13,654)

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 2012, YOUTH PARTICIPATING IN ARC EDUCATION SERVICES KNEW 84% OF INFORMATION AT POST-TEST, AS COMPARED TO 58% AT PRE-TEST 95% OF YOUTH WHO WERE TESTED IN ARC CLINICS AND DIAGNOSED WITH AN STD RETURNED FOR TREATMENT IN A TIMELY MANNER FFT (FUNCTIONAL FAMILY THERAPY) IS AN EVIDENCE-BASED PROGRAM SERVING YOUTH BETWEEN THE AGES OF 11 AND 19 AND THEIR FAMILIES WHO ARE SUPPORTING TEENS CONTD STRUGGLING WITH BEHAVIORAL PROBLEMS AND FAMILY CONFLICT IN 2012, 73% OF THE FAMILIES COMPLETED THE THERAPY AND 67% OF ADOLESCENTS AND PARENTS REPORTED IMPROVED RELATIONSHIPS WE USE THE FFT MODEL IN OUR INTENSIVE OUTPATIENT (IOP) PROGRAM WHICH OFFERS A UNIQUE COMBINATION OF INDIVIDUAL AND FAMILY THERAPY IN CONJUNCTION WITH CASE MANAGEMENT AND PSYCHIATRIC CARE FOR YOUTH AND THEIR FAMILIES IN KENT AND SUSSEX COUNTIES 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 12 MAY ATTEND DAY TREATMENT IN 2012, 100% OF YOUTH WERE DISCHARGED TO LEVEL OR LESS RESTRICTIVE ENVIRONMENT AND 64% INCREASED THEIR LEVEL OF FUNCTIONING BY 5 OR MORE POINTS THREE MONTHS AFTER ADMISSION YHP IM40 IS AN INITIATIVE OF ASTRAZENECA AND THE UNITED WAY DESIGNED TO BUILD ASSETS IN YOUTH AGES 9 TO 14 TO HELP THEM BE SUCCESSFUL CFF IS SERVING AS THE COMMUNITY MOBILIZING ORGANIZATION ON THE EASTSIDE OF WILMINGTON

(Code) (Expenses \$ 1,662,307 including grants of \$) (Revenue \$ 8,557)

HEALTHY BABIES - 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 2012, 90% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 87% WERE FULL-TERM, RESOURCE MOTHERS ENSURES THAT AT-RISK PREGNANT WOMEN ACCESS PRENATAL HEALTHY BABIES CONTD CARE AND COMMUNITY RESOURCES SO THAT BABIES ARE BORN HEALTHY IN 2012, 78% OF BABIES BORN UNDER THE PROGRAM HAD A HEALTHY BIRTH WEIGHT, AND 81% WERE FULL-TERM THIS PROGRAM ENDED IN 2012 SMART START/HEALTHY FAMILIES AMERICA (HFA) HELPS EXPECTANT AND NEW PARENTS GET THEIR CHILDREN OFF TO A HEALTHY START HFA USES NURSES AND SOCIAL WORKERS AS HOME VISITORS TO PROVIDE PARENTS AN OPPORTUNITY TO GET THE EDUCATION AND SUPPORT THEY NEED AT THE TIME THEIR BABY IS BORN, UNTIL THEIR CHILD TURNS THREE SMART START/HFA CAN SERVE FIRST TIME MOMS WHO ARE MORE THAN 28-WEEKS PREGNANT OR HAVE A NEWBORN YOUNGER THAN THREE MONTHS, AS WELL AS SECOND-TIME MOMS

(Code) (Expenses \$ 1,044,774 including grants of \$) (Revenue \$ 570,654)

WORKPLACE - RISE UP HELPS THOSE MOVING FROM WELFARE TO WORK IN KENT AND SUSSEX COUNTIES SUCCEED IN EMPLOYMENT IN 2012, 79% 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 2012, 7,483 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 \$ 1,653,495 including grants of \$ 323,799) (Revenue \$ 5,033)

HELPING FAMILIES GET NEEDED RESOURCES - CHILD, ELDER, AND RESPITE CARE REFERRAL SERVICES HELP FAMILIES ACCESS CARE IN 2012, THE HELPLINE RECEIVED OVER 9,300 REQUESTS FOR INFORMATION 86% REPORTED THAT THEY WOULD USE THE SERVICE AGAIN EASTSIDE COMMUNITY SCHOOL IS A PARTNERSHIP BETWEEN CHILDREN & FAMILIES HELPING FAMILIES GET NEEDED RESOURCES CONTD 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 2012, 137 CHILDREN WERE ENROLLED IN AFTER SCHOOL AND SUMMER CAMP PROGRAMS, AND 2,318 ADULTS ENGAGED IN ACTIVITIES AND EVENTS AT THE SCHOOL PROMOTING SAFE AND STABLE FAMILIES HELPS FAMILIES IN SUSSEX COUNTY GET RESOURCES TO BE MORE SELF-SUFFICIENT IN 2012, 280 PEOPLE WERE REFERRED AND RECEIVED THE SERVICES THEY NEEDED THIS PROGRAM ENDED IN 2012

(Code) (Expenses \$ 54,008 including grants of \$) (Revenue \$ 12,977)

SUPPORTING OLDER ADULTS - GRAND TIME OFF PROVIDES RESPITE FOR OLDER RELATIVES RAISING FAMILY MEMBERS' CHILDREN IN 2012, 100% OF USERS REPORTED THAT THE SERVICE MET THEIR NEEDS

(Code) (Expenses \$ 112,800 including grants of \$) (Revenue \$ 4,590)

PROGRAM QUALITY IMPROVEMENT (PQI) - THE QUALITY IMPROVEMENT PROCESS IS DESIGNED TO ASSESS THE QUALITY OF CUSTOMER SERVICES, ASSURE UTILIZATION AND CONTRACT GOAL ATTAINMENT, AND TO REFINЕ 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 QUALITY IMPROVEMENT CONTD 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 \$ 4,527,384 including grants of \$ 323,799) (Revenue \$ 601,811)

4e

Total program service expenses ▶

11,820,151

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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, line 10? 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 Yes	
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 and XII 	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i> .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	326	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	268	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
7d	If "Yes," indicate the number of Forms 8822 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	37	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	37	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	KEVIN NOEL 2005 BAYNARD BOULEVARD WILMINGTON, DE (302) 658-5177

Check if Schedule O contains a response to any question in this Part VII ☐

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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							595,660	0	71,188	

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: 2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	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

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

			(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 . . .	1a844,241				
	b	Membership dues	1b				
	c	Fundraising events	1c73,680				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e10,569,450				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,198,887				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		12,686,258			
Program Service Revenue			Business Code				
	2a	REFERRAL FEES	624100	570,654	570,654		
	b	PROGRAM SERVICE FEES	624100	149,155	149,155		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		719,809			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		157,830		157,830	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				9,436			
				4,996			
				4,440			
	d	Net gain or (loss)		4,440		4,440	
	8a	Gross income from fundraising events (not including \$ 73,680 of contributions reported on line 1c) See Part IV, line 18					
	a	74,390					
	b	Less direct expenses	b65,248				
	c	Net income or (loss) from fundraising events . .		9,142		9,142	
	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	29,628			29,628	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		29,628				
12	Total revenue. See Instructions		13,607,107	719,809	0	201,040	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response 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.	588,403	588,403		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	2,466,350	2,466,350		
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.	659,899	536,535	101,492	21,872
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.	5,621,233	4,600,158	831,055	190,020
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	244,860	187,058	51,185	6,617
9	Other employee benefits.	731,183	558,575	152,847	19,761
10	Payroll taxes.	582,126	519,782	41,736	20,608
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	10,766	8,738	1,914	114
c	Accounting.	81,603	66,229	14,511	863
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	911,146	739,481	162,027	9,638
12	Advertising and promotion.				
13	Office expenses.	722,361	558,481	105,943	57,937
14	Information technology.				
15	Royalties.				
16	Occupancy.	137,420	115,230	15,633	6,557
17	Travel.	270,688	234,227	32,742	3,719
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	92,327	55,389	33,387	3,551
20	Interest.	24,020	16,031	6,858	1,131
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	309,999	253,866	38,497	17,636
23	Insurance.	71,238	48,360	20,836	2,042
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MAINTENANCE OF FACILITIES	141,952	127,345	5,847	8,760
b	PURCHASED EQUIPMENT	123,403	59,002	55,850	8,551
c	SERVICE CONTRACTS	95,372	79,128	11,444	4,800
d	PROFESSIONAL DUES	12,966	1,783	10,693	490
e	All other expenses	3,166		3,166	
25	Total functional expenses. Add lines 1 through 24e.	13,902,481	11,820,151	1,697,663	384,667
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing				3,520	1	3,164
	2	Savings and temporary cash investments				424,513	2	188,077
	3	Pledges and grants receivable, net				1,161,138	3	1,186,211
	4	Accounts receivable, net				371,106	4	347,363
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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				76,428	9	115,651
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	801,200				
	b	Less accumulated depreciation	10b	695,953	174,882	10c	105,247	
	11	Investments—publicly traded securities			395,495	11	226,736	
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			3,947,543	15	4,118,796	
16	Total assets. Add lines 1 through 15 (must equal line 34)			6,554,625	16	6,291,245		
Liabilities	17	Accounts payable and accrued expenses			867,450	17	253,545	
	18	Grants payable				18		
	19	Deferred revenue			489,061	19	332,236	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21		
	22	Loans and other payables to 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			3,448	23	0	
	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			0	25	728,573	
	26	Total liabilities. Add lines 17 through 25			1,359,959	26	1,314,354	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			3,880,286	27	-584,738	
	28	Temporarily restricted net assets			1,314,380	28	1,442,833	
	29	Permanently restricted net assets				29	4,118,796	
	Organizations that do not follow SFAS 117 (ASC 958), 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			5,194,666	33	4,976,891	
	34	Total liabilities and net assets/fund balances			6,554,625	34	6,291,245	

Part XI Reconciliation 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	13,607,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,902,481
3	Revenue less expenses Subtract line 2 from line 1	3	-295,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,194,666
5	Net unrealized gains (losses) on investments	5	18,402
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	59,197
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,976,891

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

2012

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 described in **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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,624,917	12,376,873	12,791,245	12,538,425	12,686,272	63,017,732
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	12,624,917	12,376,873	12,791,245	12,538,425	12,686,272	63,017,732
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						63,017,732

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	12,624,917	12,376,873	12,791,245	12,538,425	12,686,272	63,017,732
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	585,539	141,790	96,420	164,951	157,830	1,146,530
9	Net income from unrelated business activities, whether or not the business is regularly carried on		14,639	87,012	100,850	82,824	285,325
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	56,783	51,755	18,040	6,762	29,614	162,954
11	Total support (Add lines 7 through 10)						64,612,541
12	Gross receipts from related activities, etc (see instructions)					12	5,419,150
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 2012 (line 6, column (f) divided by line 11, column (f))	14	97 530 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	95 860 %
16a	33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization CHILDREN AND FAMILIES FIRST DELAWARE INC	Employer identification number 51-0065731
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	729,131				729,131
b Lobbying ceiling amount (150% of line 2a, column(e))					1,093,697
c Total lobbying expenditures	12,599				12,599
d Grassroots nontaxable amount	182,283				182,283
e Grassroots ceiling amount (150% of line 2d, column (e))					273,425
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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?			
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,857,770	1,940,983	1,000,594	820,855	1,073,257
b Contributions	-95,878	40,240	776,704	38,909	48,304
c Net investment earnings, gains, and losses	551,468	-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	20,492	19,394	8,023	6,607	
g End of year balance	6,292,868	1,910,427	1,940,983	1,000,594	820,855

2

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

a

Board designated or quasi-endowment

24 630 %

b

Permanent endowment

75 370 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

Describe in Part XIII 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		801,200	695,953	105,247
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				105,247

Part XI

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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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. PART V, COLUMN (A) THE ORGANIZATION REVISED ITS FINANCIAL REPORTING EFFECTIVE FOR 2012 TO REFLECT THE BENEFICIAL INTEREST IN ITS ENDOWMENT AND THE OPENING 2012 BALANCE HAS BEEN REVISED TO REFLECT THIS CHANGE.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	CHILDREN & FAMILIES FIRST DELAWARE INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE CONSOLIDATED FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR 2009, 2010 AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TASTE FOR ART (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	148,070		148,070
	2	Less Contributions . . .	73,680		73,680
	3	Gross income (line 1 minus line 2)	74,390		74,390
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	1,000		1,000
	6	Rent/facility costs . . .	2,475		2,475
	7	Food and beverages .	15,114		15,114
	8	Entertainment			
	9	Other direct expenses .	46,659		46,659
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor			
	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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____

c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 

Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN AND FAMILIES FIRST DELAWARE INC

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

2012

Open to Public
Inspection

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. Part II can be duplicated 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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE WITH CHILD AND ADULT DAY-CARE COSTS FOR WORKING INDIVIDUALS	4088	1,322,355			
(2) ASSISTANCE WITH COSTS OF FOOD, RENT, UTILITIES, TRANSPORTATION, HEALTH CARE, AND OTHER NECESSARY ITEMS FOR INDIVIDUALS	1948	324,429			
(3) SUBSIDIZED FOSTER CARE FOR INDIVIDUALS	285	819,566			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 GRANTEE'S USE OF FUNDS TO ENSURE PROPER UTILIZATION

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 CENTER1098 ELKTON ROAD NEWARK,DE 19711	33-1147976		34,817				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		32,085				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		11,346				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		41,216				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		11,599				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
PEOPLE'S PLACE COUNSELING CENTER1131 AIRPORT ROAD MILFORD,DE 19963	51-0113062		16,080				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
NEWARK CHRISTIAN CHILD CARE680 S CHAPEL STREET NEWARK,DE 19713	38-3676078		34,293				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		101,394				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
THE LITTLE PEOPLE CHILD DEVELOPMENT3843 WRANGLE HILL ROAD BEAR,DE 19701	26-0293781		22,072				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
LITTLE FUTURES EARLY LEARNING ACADEMY800 WEST 4TH STREET WILMINGTON,DE 19801	01-0775407		12,586				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
ONE STEP AHEAD CHILDCARE AND PRESCHOOL INC432 SALEM CHURCH ROAD NEWARK,DE 19702	51-0401848		47,388				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
KIDZ KOTTAGE1 EAST STREET HARRINGTON,DE 19952	51-0405726		28,472				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
PIRULO'S CHILDCARE & LEARNING CENTER799 SALEM CHURCH ROAD NEWARK,DE 19702	20-5940780		22,343				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
RIVERVIEW PLACE1312 RIVERVIEWAVE WILMINGTON,DE 19806	77-0689156		8,412				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
SUNSHINE KIDS ACADEMY 4 BIRCHGROVE ROAD NEWARK,DE 19702	30-0429083		35,134				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		9,520				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		47,897				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
BRIGHT HORIZONS-ROCKLAND1920 ROCKLAND ROAD WILMINGTON,DE 19803	04-2949680		21,713				JUST IN TIME CARE
DADDY'S CHILDCARE CENTER LLC120 STROUD STREET WILMINGTON,DE 19805	45-2554294		11,605				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
HANDS OF OUR FUTURE 868 SOUTH STATE STREET DOVER,DE 19904	27-3583830		38,431				GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number
51-0065731

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations	☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LESLIE J NEWMAN CHIEF EXECUTIVE OFFICER	(i)	152,136	0	0	4,650	9,889	166,675	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493157005413	
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
					2012
					Open to Public Inspection
Name of the organization				Employer identification number	
CHILDREN AND FAMILIES FIRST DELAWARE INC				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 PRESIDENT AND BOARD MEMBER, AND P. CLARKSON COLLINS SERVES AS A BOARD MEMBER. CASEY MCCABE IS A BOARD MEMBER AND THE SON-IN-LAW OF P. CLARKSON COLLINS.
	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 9	GAIN (LOSS) ON PENSION PLAN -106,098. UNREALIZED GAIN (LOSS) ON BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 171,453. ROUNDING TRANSFERS TO SUPPORTING ORGANIZATIONS -6,158.
	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.

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

2012

Open to Public Inspection

Name of the organization
CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number
51-0065731

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

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

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

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) B2W2 INC	K	845,662	ESTIMATED FAIR VALUE

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 51-0065731

Name: CHILDREN AND FAMILIES FIRST DELAWARE INC

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS P COLLINS CHAIR	1 80	X		X				0	0	0
JENNIFER B JONACH VICE CHAIR	1 30	X		X				0	0	0
KATY CONNOLLY 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
JESSICA C BAIN BOARD MEMBER	50	X						0	0	0
DON C BROWN BOARD MEMBER	50	X						0	0	0
P CLARKSON COLLINS JR BOARD MEMBER	50	X						0	0	0
SALLY A DEWEES BOARD MEMBER	80	X						0	0	0
GAYLE DILLMAN BOARD MEMBER	80	X						0	0	0
JOSE F ECHEVERRI BOARD MEMBER	50	X						0	0	0
VERONICA O FAUST ESQ BOARD MEMBER	50	X						0	0	0
GEORGE W FORBES III BOARD MEMBER	1 00	X						0	0	0
GARY M GOLDEN BOARD MEMBER	50	X						0	0	0
PATRICIA W GRIFFIN BOARD MEMBER	80	X						0	0	0
N CHRISTOPHER GRIFFITHS ESQ BOARD MEMBER	50	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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY J LEWIS BOARD MEMBER	1 00	X						0	0	0
CASEY MCCABE BOARD MEMBER	50	X						0	0	0
SHAUNA B MCINTOSH MD BOARD MEMBER	50	X						0	0	0
JAMES H MCMACKIN III ESQ BOARD MEMBER	50	X						0	0	0
DR WILMA MISHOE 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
DR 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				152,136	0	14,539
ZAKIYA BAKARI-GRIFFIN CHIEF PROGRAM OFFICER	40 00			X				81,277	0	12,439
KEVIN NOEL CHIEF FINANCIAL OFFICER	30 00			X				111,299	0	12,104
VIRGINIA LOCKMAN CHIEF OPERATIONS OFFICER	40 00			X				97,339	0	7,285
KIRSTEN OLSON CHIEF DEVELOPMENT OFFICER	40 00			X				83,298	0	10,249
JULIUS MULLEN CHIEF CLINICAL OFFICER	40 00			X				70,311	0	14,572

Software ID:

Software Version:

EIN: 51-0065731

Name: CHILDREN AND FAMILIES FIRST DELAWARE INC