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Department of the Treasury

Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

Inspection

Charme of organization Demployer identification number	Α	For the	e 2012 calendar year, or tax year beginning SEP 1, 2012 and end	ding J	UN 30, 2013	
State Stat		Check if applicable	C Name of organization		D Employer identifi	cation number
Dong Busness As S1 - 6.02 40 95		Addre	DELAWARE COUNCIL ON ECONOMIC EDUCATION			
Summer of voting members of the governing body (Part VI, line 1a) Summer of voting members of the governing body (Part VI, line 1a) Summer of undurbated business taxable income (Part VIII, line 1b) Porgram service revenue (Part VIII, line 1b) Porgram		Name chang			51-6	024095
Cry, town, or post office, state, and 2IP code Representations REWARK, DE 19715 H(a) is the a group return for affinates? Yes X No NEWARK, DE 19715 H(a) is the a group return for affinates? Yes X No A A A A A A A A A		return	•	om/suite		
NEWARK, DE 19715 SAME AS C ABOVE Ves New Association New	Ļ	ated	10 BOX 005		302-	
Name and actives of principal officer-JAMES B. O NEILL SAME AS C ABOVE New Association Yes Yes Yes New Association Yes Yes Yes Yes New Association Yes Yes Yes New Association Yes Y	Ļ	lretum	City, town, or post office, state, and ZIP code			
SAME AS C ABOVE Hopkare status: More South South More South Hopkare Hopk	L	l tiòn	NEWARK, DE 19/13			
Teneverment status:			F Name and address of principal officer: JAMES B. O'NETLL			
New Internation Note Not	_			1507		
Part Summary				527		
Part Summary				I Voor		
1				L Teal C	minimation 1909 N	a state of legal doffliche DL
ENTREPRENEURSHIP IN KINDERGARTEN TO THE 12TH GRADE CURRICULA TO Check this box				OR-AT	E ECONOMIC	AND
Number of independent voling fremhences of the governing GOOly rath, line 2a) 5 5 0	့ ဦ		ENTREPRENEURSHIP IN KINDERGARTEN TO THE 12	TH G	RADE CURRIC	ULA TO
Number of indepletions of the general map Goody and T, line 19 5 5 0 0	Ę.	1				·
Number of indepletions of the general map Goody and T, line 19 5 5 0 0) Ve		· · · · · · · · · · · · · · · · · · ·		l I	
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	Ğ				4	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 365, 837 . 315, 978 . 315, 978 . 365, 837 . 315, 978 . 365, 837 . 315, 978 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	ss S	1			5	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 365, 837 . 315, 978 . 315, 978 . 365, 837 . 315, 978 . 365, 837 . 315, 978 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	<u>vi</u>	6	Total number of volunteers (estimate if necessary)		6	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 365, 837 . 315, 978 . 315, 978 . 365, 837 . 315, 978 . 365, 837 . 315, 978 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
8	_	b	Net unrelated business taxable income from Form 990-T, line 34.		7b	0.
9 Program service revenue (Part VIII, Ine 2g) 10 Investment income (Part VIII, Column (A), Ines 3, 4, ang. (d) 11 Other revenue (Part VIII, Column (A), Ines 3, 4, ang. (d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, Column (A), Ines 2g) 13 Grants and similar amounts paid (Part IX, column (A), Ines 2g) 14 Benefits paid to or for members (Part IX, column (A), Ines 2g) 15 Salaines, other compensation, employee benefits (Part IX, column (A), Ines 2g) 16a Professional fundraising expenses (Part IX, column (A), Ines 2g) 17 Other expenses (Part IX, column (A), Ines 2g) 18 Total fundraising expenses (Part IX, column (A), Ines 2g) 19 Revenue less expenses (Part IX, column (A), Ines 2g) 10 Total fundraising expenses (Part IX, column (A), Ines 2g) 17 Other expenses (Part IX, column (A), Ines 2g) 18 Total expenses (Part IX, column (A), Ines 2g) 19 Revenue less expenses Subtract line 18 from line 12 10 Total fundraising expenses Subtract line 18 from line 12 10 Total liabilities (Part X, Ine 2g) 10 Total liabilities (Part X, Ine 2g) 11 Total liabilities (Part X, Ine 2g) 12 Total liabilities (Part X, Ine 2g) 13 Grants and total expenses (Part IX, Ine 2g) 14 Jay 15 Jay 16 Ja				<u> </u>		
10 Investment income (Part VIII, column (A), lines 3, 4, and (d) 1 2013 3 4, 386 2, 275 3 1 2 2 2 2 2 2 2 3 3 3	ē	8	Contributions and grants (Part VIII, line 1h)	-		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 90c, 4g/c, 116) 1 2013 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 12) 18 Total expenses (Part IX, column (A), line 12) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Signature of officer 27 JAMES B. O'NEILL, PRESIDENT 28 JAMES B. O'NEILL, PRESIDENT 29 Proparer 20 Professional fundraising expenses (Part IX, column (A), lines 5-10) 39 ,850. 35,050. 39 ,850.	len/		Program service revenue (Part VIII, line 29)	ا اد		
13 Grants and similar amounts paid (Part IX, column (A), line 4) 150,000. 225,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	୪ ⊢		
13 Grants and similar amounts paid (Part IX, column (A), line 4 0			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96,10c, and 11e) 1 2013	윘		
Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eese (Part IX, column (A), line 11e) b Total fundraising eese (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decignation of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type preparer's name KATHLEEN CORCORAN, CPA Pring's address WHEELER, WOLFENDEN & DWARES, P.A. Firm's address 4550 NEW LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808 Phone no (302) 254-8240				<u>دائة</u>		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Formula (A)			I OGDEN DI	7-		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,597. 15,291. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 214,447. 275,341. 19 Revenue less expenses Subtract line 18 from line 12 155,776. 43,087. 20 Total assets (Part X, line 16) 958,155. 1,001,242. 21 Total liabilities (Part X, line 26) 958,155. 1,001,242. Part II Signature Block 958,155. 1,001,242. Part II		1		-		
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19 Revenue less expenses Subtract line 18 from line 12 155,776		•				
Beginning of Current Year End of Year Space Spac		19			155,776.	43,087.
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here JAMES B. O'NEILL, PRESIDENT					958,155.	1,001,242.
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer			· <u>···············</u> ····················			
Sign Here JAMES B. O'NEILL, PRESIDENT Type or print name and title Print/Type preparer's name KATHLEEN CORCORAN, CPA Preparer Firm's name WHEELER, WOLFENDEN & DWARES, P.A. Firm's address 4550 NEW LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808 Pale Date Print/Type preparer's signature Preparer's signature Print/Type preparer's name Firm's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Firm's name WHEELER, WOLFENDEN & DWARES, P.A. Firm's EIN Phone no (302) 254-8240						y knowledge and belief, it is
Sign Signature of officer Date Here JAMES B. O'NEILL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer Preparer Firm's name WHEELER, WOLFENDEN & DWARES, P.A. Firm's EIN 51-0380493 Firm's address 4550 NEW LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808 Phone no (302) 254-8240	true	, correc		preparer	has any knowledge	10.2
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WILMINGTON, DE 19808 Phone no (302) 254-8240					7 1111 3 2114	
				-	Phone no (302) 254-8240
	Ma	y the IF				

Forn		<u>age 2</u>
Ра	art'III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	TO INCORPORATE ECONOMICS AND ENTREPRENEURSHIP IN KINDERGARTEN TO 12TH	
	GRADE CURRICULA IN AN EFFORT TO PROVIDE FOR AN ECONOMICALLY LITERATE	
	SOCIETY.	
2	Did the organization undertake any significant program services during the year which were not listed on	7
	the prior Form 990 or 990-EZ? \square Yes \square	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?	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 \$251,549 . including grants of \$225,000 .) (Revenue \$)
	TO INCORPORATE ECONOMICS AND ENTREPRENEURSHIP IN KINDERGARTEN TO 12TH	
	GRADE CURRICULA IN AN EFFORT TO PROVIDE FOR AN ECONOMICALLY LITERATE	
	SOCIETY.	
4b	(Code) (Expenses \$) (Revenue \$)	— '
		
4c	(Code) (Expenses \$)
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 251,549.	
232002	Form 990 (2	2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u></u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		İ	١
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			١.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
•	Schedule D, Part III	8		
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?	9		Х
10	If "Yes, "-complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	"		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	•		
	Part VI	11a		Х
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		Х
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		Х
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			37
	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	1	Х
	Schedule D, Parts XI and XII	12a		Λ
D	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			w
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>d</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 /	0040

Х Form 990 (2012)

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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

Pai	Check if Schedule O contains a response to any question in this Part V				[]
	Officers in Octreating Octricains a response to any question in this hart v			Vac	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	l 6		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report.	able gaming			ĺ
·	(gambling) winnings to prize winners?	2010 901111119	1c	Х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			
	filed for the calendar year ending with or within the year covered by this return 2a	l o			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3а		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	<u>.</u>			ĺ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ınts.			Ė
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ļ	5a_		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?		5с		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	janization solicit			v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			1
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	provided to the payor?	70		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services If "Yes," did the organization notify the donor of the value of the goods or services provided?	provided to the payor?	7a 7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	guired	70		
·	to file Form 8282?	4011.00	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ict?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the	supporting		1	Ė
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time	me during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				Ė
а	Did the organization make any taxable distributions under section 4966?	ļ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	ļ	9b		
10	Section 501(c)(7) organizations. Enter:	1		-	É
а	Initiation fees and capital contributions included on Part VIII, line 12				Ė
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	L			ĺ
11	Section 501(c)(12) organizations. Enter:	ı			Ė
a	Gross income from members or shareholders 11a	-			Ė
b	Gross income from other sources (Do not net amounts due or paid to other sources against				É
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	É
а	Is the organization licensed to issue qualified health plans in more than one state?	ļ	13a	<u> </u>	<u> </u>
•	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	į			ĺ
-	organization is licensed to issue qualified health plans				Ė
С	Enter the amount of reserves on hand				Ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Form	990	_ (2012)

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

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	If there are material differences in voting rights among members of the governing body, or if the governing	l					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	ļ					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		30		;	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				
	officer, director, trustee, or key employee?				2	X	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or				
-	persons other than the governing body?			- -	7b	_	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			-	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			_ [1	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u> 1</u>	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the forn	12 1	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	<u> 1</u>	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	in Schedule O how this was done		-		12c		
13	Did the organization have a written whistleblower policy?			Ŀ	13		X
14	Did the organization have a written document retention and destruction policy?			Ŀ	14		_X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a		X
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ŀ	I		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	nth a				
	taxable entity during the year?			_1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's				
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s o	nly) ava	aılabl	е	
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website X Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy	, and f	fınan	cıal	
	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 at	nd rec	ords of the orga	nızatıo	n: 🕨		
	GREG LAVELLE - 302-738-6680						
232006	850 LIBRARY AVENUE, SUITE 204, NEWARK, DE 19711						
12-10-	2			1	Form	990	(2012)

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)		organization compensat					(D)	(E)	(F)	
Name and Title	Average	/40		Posi			one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week	<u> </u>	cer an	d a di	recto	r/trus	tee)	from	from related -	other -	
	(list any	trustee or director	1			_		the	organizations (W-2/1099-MISC)	compensation	
	hours for related	eord	鹫			satec		organization (W-2/1099-MISC)	(88-2/1099-181130)	from the organization	
	organizations	ruste	Institutional trustee		좛	mper		(11 2 1033 111100)		and related	
	below	qna	rigon	<u>.</u>	old m	St Co	હ			organizations	
	line)	Individual	Instit	Officer	Key employee	Highest compensated employee	Former				
(1) BO BACKERMAN	1.00										
BOARD MEMBER		Х			_			0.	0.	0 .	
(2) FRANCIS O. BIONDI, ESQ	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(3) JOHN R. COCHRAN	1.00			.					1		
BOARD MEMBER		Х				_		0.	0.	0 .	
(4) J. BRINTON DETWILER	1.00										
BOARD MEMBER		Х	L					0.	0.	0	
(5) FRANK T. DOUGHERTY	1.00								_		
BOARD MEMBER		X	_					0.	0.	0	
(6) JIM GODFREY	1.00										
BOARD MEMBER		X						0.	0.	0.	
(7) DONNA H. GRIER	1.00										
BOARD MEMBER		X						0.	0.	0.	
(8) TERRI HASSON	1.00									_	
BOARD MEMBER		X	ļ			<u> </u>		0.	0.	0	
(9) SALLY HAWKINS	1.00									_	
BOARD MEMBER	1 00	X		_				0.	0.	0	
(10) JOHN HIMES	1.00										
BOARD MEMBER		Х				<u> </u>		0.	0.	0	
(11) GREGORY F. LAVELLE	1.00									0	
BOARD MEMBER	1 00	Х	<u> </u>			ļ		0.	0.	0	
(12) HUGH D. LEAHY, JR.	1.00	ļ ,,								_	
BOARD MEMBER	1 00	Х				ļ. <u>-</u> _	ļ	0.	0.	0	
(13) DAVID F. LYONS, SR.	1.00										
CHAIRMAN	1 00	X		Х				0.	0.	0.	
(14) MICHAEL S. MACFARLAND	1.00	,,							_	^	
BOARD MEMBER	1 00	Х		$\vdash \vdash$		H		0.	0.	0.	
(15) JACK MARKELL	1.00	J.				-		0.	0.	^	
BOARD MEMBER	1 00	X						<u> </u>	ļ	0	
(16) NICHOLAS M. MARSINI, JR.	1.00	l ,				ĺ		0.	0.	_	
BOARD MEMBER	1 00	X	<u> </u>					ļ		0 .	
(17) IAN R. MCCONNEL	1.00	X						0.	0.	0 .	
BOARD MEMBER 232007 12-10-12		ΙΛ.	Щ.			<u> </u>		<u> </u>	<u> </u>	Form 990 (2012	

								C EDUCATION	51-60	24	095	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Esti	mate	ed be
	hours per					than is bol		compensation	compensation	n	amo	ount o	of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		0	ther	
	(list any	ģ		ļ				the	organizations	;	comp	ensa	tion
	hours for	i g		1		₽ E		organization	(W-2/1099-MIS	C)	fro	m the	€
	related	3 <u>8</u>	at S	1		SS		(W-2/1099-MISC)			orga	nızatı	on
	organizations	Ĕ	쿌		o ye	E				İ	and	relate	ed
	below	Individual trustee or director	institutional trustee	횽	Key employee	Highest compensate employee	Former				organ	nzatio	ons
	line)	를	E	Officer	ş	동통	P.						
(18) CONNIE MONTANA	1.00	ļ											_
BOARD MEMBER		X					<u>.</u>	0.		0.			0.
(19) JAMES B. O'NEILL	20.00			١			ŀ	15 000					^
PRESIDENT & SECRETARY	1 00	X	_	X	 	ļ	_	15,000.		0.			0.
(20) MUNISH PAHWA	1.00												^
BOARD MEMBER		X				ļ		0.		0.			0.
(21) DONALD PUGLISI	1.00								•				_
TREASURER		X	<u> </u>	Х				0.		0.			0.
(22) JAMES J. SEUFFERT	1.00									-		-	
BOARD MEMBER		Х	-		-		ľ	0.		0.			0.
(23) BRENDEN L. SHANNON	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) GILBERT H. SMITH JR.	1.00												
BOARD MEMBER		Х	İ		l			0.		0.			0.
(25) HELEN STEWART	1.00				Г								
BOARD MEMBER		Х	l					0.		0.			0.
(26) ROBERT STRONG	1.00								_				
BOARD MEMBER		Х						0.		0.			0.
1b Sub-total	*	•		•		▶	•	15,000.	-	0.		-	0.
c Total from continuation sheets to Part VI	I. Section A					\blacktriangleright		0.		0.			0.
d Total (add lines 1b and 1c)	•					•		15,000.		0.	-		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	 a	•		
compensation from the organization						•			•				0
											$\overline{}$	Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	ev en	olan	vee	. or i	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s	·		-,	,		.,		J	,	ĺ	3		Х
4 For any individual listed on line 1a, is the su		le co	mn	ensa	ation	n and	t oth	her compensation from	the organization				
and related organizations greater than \$150										ĺ	4		Х
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com	•						Ciut	ca organization or many	00011010011000	l	5	Ī	Х
Section B. Independent Contractors	piete Scriedar	501	01 30	JCII	Ders	3011							
Complete this table for your five highest co	mpensated in	lone	nde	nt c	onti	racto	ore t	hat received more than	\$100,000 of com	nens	ation fro	nm	
the organization Report compensation for										pens		J111	
	ine calendar y	eai	enui	iig v	VILII	OI W	101111	(B)	year		(C)		
(A) Name and business	address	NC	ONE	7				Description of s	ervices	С	ompens		n
		146) I V I				-						
							\dashv						
 ~	_ 						_						
							1						
2 Total number of independent contractors (in the contractors).	ncluding but n	ot lii	nıte	d to	tho	se lis	sted	I above) who received m	ore than				
\$100,000 of compensation from the organization						0							
SEE DART VII SECTION	יומסט מ זי	אדח	JI I 7	ነ ጥ ን	101	VI C	THE	בבתכ			Form Q	an //	20121

								C EDUCATION	51-602	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Positi					Reportable	Reportable	Estimated
	hours	(cl	heck	c all	that	app	oly)	compensation	compensation from related	amount of other
	per week					8		from the	organizations	compensation
	(list any	흕				old.		organization	(W-2/1099-MISC)	from the
	hours for	ag S			l	ted er		(W-2/1099-MISC)	, ,	organization
	related	Stee	Toster		ا .	pensa				and related
	organizations	la T	lonal		afold	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) OF THEORY WINDER	1.00	=	 -	-	+	Ė	 			
(27) CLINTON TYMES BOARD MEMBER	1.00	Х						0.	0.	0
(28) SAMUEL L. WALTZ, JR.	1.00	^	\vdash			\vdash		ļ -		
BOARD MEMBER	1.00	х						0.	0.	0
(29) KEVIN A. WORSH	1.00	<u> </u>	Ì							
BOARD MEMBER		x						0.	0.	0
(30) RICHARD M. WRIGHT	1.00	Ť								
BOARD MEMBER		Х							0.	0
(31) JOSEPH L. YACYSHYN	1.00	-					<u> </u>			
BOARD MEMBER		Х				L		0.	0.	0
					L		ļ			
						<u> </u>	<u> </u>			
		ľ								
							L			
										· · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			Щ				ļ			
	1							1		
					-					

L		Check if Schedule O conta	ains a response	to any question	n this Part VIII			
		CHOCK II GOING COOK		to any quadrion	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 6	a Federated campaigns	1a		· · · · · · · · · · · · · · · · · · ·	_		
ra n		b Membership dues	1b	-				
اغ ق		c Fundraising events	1c					
i i		d Related organizations	1d					
3,E		e Government grants (contributi						<u> </u>
Sig		f All other contributions, gifts, grant	· -]
ξğ		similar amounts not included abov		315,978.				
ĘĘ.			· · · · · ·	313,370.				
Contributions, Gifts, Grants and Other Similar Amounts		9 Noncash contributions included in linesh Total. Add lines 1a-1f	1a-1f \$		315,978.			
-		i Potal. Add lines ta fr		Business Code	020/2133			
0	2 8	a		Cacinicae Code				
ا کی				_				
Sel		b c						
E S		d						_
Program Service Revenue								
4 J		f All other program service reve	nue					
		g Total. Add lines 2a-2f						
	`	Investment income (including	dividends, intere					
	Ū	other similar amounts)	arriadirad, inter-	▶	2,275.			2,275.
l	4	Income from investment of tax	exempt bond r	-	*			
	5	Royalties .	t ontompt bonie p	>				
	•	noyamos :	(ı) Real	(II) Personal	-			
	6 a	a Gross rents	<u> </u>	(
	_	b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		•				
		a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		(,, - ,,,,,				
	ı	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		•				
o l		a Gross income from fundraising	events (not					
			of					
e e		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	a					
the	ł	b Less: direct expenses	ь					
0	(c Net income or (loss) from fund	raising events	•				
	9 á	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	t	b Less: direct expenses	b					
	•	c Net income or (loss) from gam	ing activities				_	
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а					
	ŀ	b Less cost of goods sold	b					
	(c Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue		Business Code				
	11 a	a MISCELLANEOUS		611710	175.			175.
	t	b						
	(c						
		d All other revenue						
	6	e Total. Add lines 11a-11d			175.			
	12	Total revenue See instructions		<u> </u>	318,428.	0.	0.	2,450.
23200	9		·_ ·					Form 990 (2012)

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons		s Part IX	(C)	<u></u>
-	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	225 222	005 000		
	organizations in the United States See Part IV, line 21	225,000.	225,000.		······································
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
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,	15 000	15 000		
	trustees, and key employees	15,000.	15,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	20 050	2 525	17 505	
	persons described in section 4958(c)(3)(B)	20,050.	2,525.	17,525.	
7	Other salaries and wages		<u> </u>		· - ·
-8 -	- Pension-plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal .			4 200	
c	Accounting	4,200.		4,200.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		601		
17	Travel	684.	684.		
18	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses I 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 0)				
а	DDOCDAMC	8,340.	8,340.		
b	PRINTING	1,909.	·	1,909.	
	BANK CHARGES	158.		158.	
d					
e					
25	Total functional expenses Add lines 1 through 24e	275,341.	251,549.	23,792.	0.
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 Beginning of year End of year 1 Cash - non-interest-bearing 958,155. 1,001,242. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part-VI of Schedule D 10ā 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,001,242 958,155. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 958,155. 1,001,242. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,001,242. 958,155. 33 33 Total net assets or fund balances 1,001,242.

Form 990 (2012)

958,155.

34

Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2012)

, SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

DELAWARE COUNCIL ON ECONOMIC EDUCATION

| Employer identification number | 51-6024095 |

Par		Reason	or Public Cha	irity Status (All organiz	ations mus	st complet	e this part	.) See Inst	ructions			
he o	rgan	ization is not a	private foundation	n because it is: (For lines 1	through 1	1, check	only one b	ox.)				
1 [A church, cor	vention of church	es, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	١.			
2 [A school desc	cribed in section 1	170(b)(1)(A)(ii). (Attach Scl	hedule E.)							
з [A hospital or	a cooperative hosp	pital service organization o	described i	n section	170(b)(1)	A)(iii).				
4 [A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name	ż ,
		city, and state										
5 [e benefit of a college or un	niversity ov	vned or op	erated by	a governi	mental uni	t describ	ed in	
			(b)(1)(A)(iv). (Comp									
6 [ment or governmental unit	described	ın sectio	n 170(b)(1)(A)(v).				
7	X	An organization	on that normally re	eceives a substantial part of	of its supp	ort from a	governme	ntal unit c	r from the	general	public described in	
		-	b)(1)(A)(vi). (Compl									
8 [A community	trust described in	section 170(b)(1)(A)(vi). (Complete	Part II.)		-				
9 [-		ceives: (1) more than 33 1			om contri	butions, m	nembershi	p fees, a	nd gross receipts fr	om
_		-	•	unctions · subject to certa								
				taxable income (less sect								
			509(a)(2). (Comple			•		•				
o [operated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	1).			
1				operated exclusively for th						y out the	purposes of one of	r
				zations described in section								
				g organization and comple								
		a Type I			pe III - Fui			d	і 🗀 Тур	e III - No	n-functionally integr	rated
e [his box, I certify th	nat the organization is not	controlled	directly or	r indirectly	by one or	r more dis	qualified	persons other than	
				than one or more publicly								
f			-	ritten determination from t								
			ganization, check								-	
g		Since August	17, 2006, has the	organization accepted an	y gift or co	ontribution	from any	of the folk	owing pers	sons?		
		(i) A persor	n who directly or in	directly controls, either al	one or tog	ether with	persons c	lescribed i	ın (II) and (ιιί) below	, Yes	No
		the gove	erning body of the	supported organization?							11g(i)	
		(ii) A family	member of a perso	on described in (i) above?							11g(ii)	
		(iii) A 35% c	controlled entity of	a person described in (i) o	or (II) above	97					11g(iii)	
h		Provide the fo	ollowing informatio	n about the supported org	ganızatıon((s).						
(i) N	ame	of supported	(II) EIN	(iii) Type of organization		rganization			(vi) is organizatio		(vii) Amount of mone	etary
()		nization	` ,	(described on lines 1-9	in col (i) lis		organizat		(i) organiz U S	ed in the	support	
				above or IRC section (see instructions))	governing	Jocument	(i) of your	Support		·		
				(acc manuchona))	Yes	No	Yes	No	Yes	No		
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⊔ ∧ □	~ D	anonwork Do	duction Act Notic	a cae the Instructions for	nr.				Schedul	e A (For	m 990 or 990-FZ) 2	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 DELAWARE COUNCIL ON ECONOMIC EDUCATION 51-6024095 Page 2

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) (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received (Do not 365,837. 484,745. 127,367. 315,978. 1734489. 440,562. include any "unusual grants") 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 127,367. 365,837. 315,978. 440,562. 484,745. 1734489. 4 Total. Add lines 1 through 3 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) 1734489. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2010 127, 367. Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 (f) Total 440,562. 365,837. 315,978. 1734489. 484,745. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 6,493. 4,081. 4,710. 4,368. 2,275. 21,927. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 175 assets (Explain in Part IV) 1756591 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.74 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 98.34 15 15 Public support percentage from 2011 Schedule A, Part II, line 14 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 $\triangleright X$ 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

Schedule A (Form 990 or 990-EZ) 2012

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

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support 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.)

<u></u>	qualify under the tests listed be	low, please comp	olete Part II.)				
	ction A. Public Support			-		-	
	ndar 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.")						<u> </u>
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 bus- iness under section 513				:		
4	Tax revenues levied for the organ-			,			
	ization'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			-	-		j
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)						
Sec	ction B. Total Support						
Cale	ndar year (or liscal 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					-	
	Add lines 10a and 10b 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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	first, second, thir	d. fourth, or fifth ta	ax vear as a secti	on 501(c)(3) organiz	ration.
	check this box and stop here		,,	-,	,		▶ □
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2012 (III			olumn (f))		15	%
	Public support percentage from 2011			ν,,		16	%
	tion D. Computation of Inves						
	Investment income percentage for 201			ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box an	~					▶□
b	33 1/3% support tests - 2011. If the	*					and
	line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	inization qualifies	as a publicly supp	ported organization	>
20	Private foundation. If the organization	did not check a t	box on line 14, 19	a, or 19b, check th	nis box and see ir	structions	▶ □
					_		000 57 0010

Sche	dule A (Fo	orm 990	or 990-EZ	2012	DELAW.	ARE	COL	UNC:	IL O	N EC	ОИО	MIC	EDU	JCA'	TIOI	1 .	51-	6024	4095 ₁	Page 4
Pai					nation. C mplete the										Part II,	line 10), Part	i II, line	17a or 17	7b;
		IU Fait	iii, iiile 12	AISO CO	inplete tili	s part	ioi aii	y addi	lionai in	TOTTIALI	л. (ое	e 1115ti t	CHOIS	?/						
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

DELAWARE COUNCIL ON ECONOMIC EDUCATION

Employer identification number 51-6024095

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 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 advise	ed funds					
	are the organization's property, subject to the organization's	=	Yes No					
6	Did the organization inform all grantees, donors, and donor a	·	used only					
	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?		Yes No					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7.					
1	Purpose(s) of conservation_easements_held by-the organization	on (check all that apply).						
-	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	orically important land area					
	Protection of natural habitat	Preservation of a certi	fied historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
а	Total number of conservation easements	Total number of conservation easements						
b	Total acreage restricted by conservation easements	2b						
c	Number of conservation easements on a certified historic str	2c						
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure							
	listed in the National Register 2d							
3	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 ea	sement is located						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t 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	e 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 conservati	on easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for					
	conservation easements	·						
Pa	rt III Organizations Maintaining Collections o		her 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 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	ice of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri	bes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic 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 tre							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		> \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

6che	dule D (Form 990) 2012 DELAWARE	COUNCIL	ON E	CONOMI	C EDUC	CATION	5	1-60	24095	Page 2
Par	· · · · · · · · · · · · · · · · · · ·	llections of A	rt, His	torical Tr	easures,	or Other	Simila	r Asset	S(continu	
3	Using the organization's acquisition, accession	, and other record	ds, chec	k any of the	following th	at are a sig	ınıfıcant u	se of its o	collection	items
	(check all that apply):									
а	Public exhibition	c	ı 🗔	Loan or exc	hange prog	rams				
b	Scholarly research	e	. 🗆	Other						
С	Preservation for future generations			•						
4	Provide a description of the organization's colle	ections and explai	ın how t	hey further t	he organiza	tion's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or re	eceive donations	of art, h	istorical trea	sures, or ot	her sımılar a	assets			
	to be sold to raise funds rather than to be main	tained as part of	the orga	anization's c	ollection?] Yes	☐ No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		ete if the	e organizatio	on answered	I "Yes" to F	orm 990,	Part IV, II	ne 9, or	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other a	ssets not 11	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing	table:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						-1f -	-		
2 a	Did the organization include an amount on Form	n 990, Part X, line	21?						Yes	No No
	If "Yes," explain the arrangement in Part XIII C			on has beer	provided in	Part XIII	_			
Par							1	-		<u> </u>
		a) Current year		Prior year	(c) Two ye		d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance	<u></u>					•			
b	Contributions	-								
	Net investment earnings, gains, and losses						-			
	Grants or scholarships									
	Other expenditures for facilities			•						
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	nt vear end baland	ce (line 1	a. column (a)) held as.					
a	Board designated or quasi-endowment	,	%	· 3 , · · · · · (.,,					
b	Permanent endowment ▶	%								
_	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	ation th	at are held a	and administ	ered for the	e organiza	ation		
-	by:	,							ſγ	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		-						3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the or									
Par						· · ·				
<u> , ,</u>	Description of property	(a) Cost or o		1	t or other	(c) Acc	cumulate	4	(d) Book	value
	bescription of property	basis (investr			(other)		eciation	_	(0, 000	
12	Land		-,		· ,	1				
	Buildings					†				
	Leasehold improvements			 		<u> </u>				
	Equipment			 		1				
	Other			 						
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Port	X colu	mn (R) line	10(c))	T.		D	·	0.
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► 0 . Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012

Echedule D (Form 990) 2012 DELAWARE COUNCIL ON ECONOMIC EDUCATION 51-6024095 Page 5 Part XIII Supplemental Information (continued)
CURRENTLY, THE 2009, 2010 AND 2011 TAX YEARS ARE OPEN AND SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE COUNCIL IS NOT
CURRENTLY UNDER AUDIT NOR HAS THE COUNCIL BEEN CONTACTED BY THESE
JURISDICTIONS. INTEREST AND PENALTIES RELATED TO INCOME TAXES ARE
INCLUDED IN INCOME TAX EXPENSE WHEN INCURRED.

Schedule I (Form 990) (2012) **Employer identification number** OMB No 1545-0047 51-6024095 Open to Public Inspection (h) Purpose of grant TO PROMOTE ECONOMIC EDUACATION THROUGH or assistance VARIOUS PROGRAMS. X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ON ECONOMIC EDUCATION 225,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table DELAWARE COUNCIL Part I General Information on Grants and Assistance 51-6000297 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CENTER FOR ECONOMIC EDUCATION AND LERNER HALL - NEWARK, DE 19716 ENTREPRENEURSHIP - 102 ALFRED or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part II

Schedule I (Form 990) (2012) (f) Description of non-cash assistance 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. (e) Method of valuation (book, FMV, appraisal, other) 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 SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAINTAINS DOCUMENTATION OF ALL (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients GRANT REQUESTS AND APPROVALS (a) Type of grant or assistance 232102 12-18-12

Page 2

51-6024095

DELAWARE COUNCIL ON ECONOMIC EDUCATION

Schedule I (Form 990) (2012)

Part III

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

DELAWARE COUNCIL ON ECONOMIC EDUCATION

Employer identification number 51-6024095

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE FOR AN ECONOMICALLY LITERATE SOCIETY.
FORM 990, PART VI, SECTION A, LINE 2: GREG LAVELLE, BOARD MEMBER, IS
EMPLOYED BY DONALD PUGLISI, THE TREASURER OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 4: DELAWARE COUNCIL_ON_ECONOMIC
EDUCATION HAS CHANGED ITS YEAR END TO JUNE 30 TO COINCIDE WITH THE
UNIVERSITY OF DELAWARE YEAR END FOR EASE OF REPORTING.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO
THE EXECUTIVE DIRECTOR AND TREASURER FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS AND FORM 990 ARE AVAILABLE VIA WRITTEN REQUEST. THE 990 IS ALSO
AVAILABLE VIA WWW.GUIDESTAR.ORG.
FORM 990, PART XII, LINE 2C
THE PROCESS FOR SELECTION OF INDEPENDENT ACCOUNTANT AND OVERSIGHT OF
THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.