Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calendar year, or tax year beginning and e	ending						
В	Check if applicabl	C Name of organization		D Employer identification number					
	Addre chang	SE CHILDREN AND FAMILIES FIRST							
	Name chang	CULL DOEN AND EAST TEC ETDOM	, INC	51-0	06573	31			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone					
	return. termir ated			G Gross receipt		29,736,	711.		
	Amen	ded WITMINGTON DE 10801		H(a) Is this a			<u> </u>		
	return Applio			ī	rdinates?	_	X No		
	tion pendii	SAME AS C ABOVE		H(b) Are all sub			No		
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1 ` ′		list. See instruction			
	Websi		027	H(c) Group e					
		organization: X Corporation Trust Association Other	L Year			State of legal domi	cile: DE		
P	art I	Summary	1		1				
	1	Briefly describe the organization's mission or most significant activities: CHILD	REN &	FAMILI	ES FI	RST HAS			
Activities & Governance	3	HELPED NEEDY CHILDREN AND FAMILIES IN DELA							
2	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its	s net asse	ets.			
ē	3	Number of voting members of the governing body (Part VI, line 1a)			з		38		
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)					38		
ος U	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		527		
i‡i/	6	Total number of volunteers (estimate if necessary)					0		
÷	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					0.		
_	, p	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b		0.		
				Prior Year		Current Yea			
Revenue	8	Contributions and grants (Part VIII, line 1h)		29,863,	$\overline{}$	28,802,			
	9	Program service revenue (Part VIII, line 2g)		622,		588,			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		250,	$\overline{}$	231,			
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			437.		<u>313.</u>		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,828,	$\overline{}$	29,690,			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,540,	714.	2,325,	<u> 197.</u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.		
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,171,		21,389,			
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.		
X	b	Total fundraising expenses (Part IX, column (D), line 25) 322,71							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,923,		7,206,			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,635,		30,920,			
	19	Revenue less expenses. Subtract line 18 from line 12		192,		-1,230,			
sor	9			ginning of Curre		End of Yea			
t Assets or	20	Total assets (Part X, line 16)		<u>13,883,</u>		11,863,			
at A		Total liabilities (Part X, line 26)		3,107,		3,851,			
<u>Ž</u>		Net assets or fund balances. Subtract line 21 from line 20		10,775,	492.	8,011,	151.		
	art II	Signature Block							
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	-	knowledge and belle	er, it is		
lrut	e, correc	st, and complete. Declaration of preparer (other than officer) is based on all information of whi [cii preparer	Tias any knowied	ge.				
o: -		Signature of officer		I Date					
Sig		BRIAN MAXWELL, CFO		5410					
He	re	Type or print name and title							
		Print/Type preparer's name Preparer's signature	1	Date	Check	PTIN			
Pai	d	KATHERINE L. SILICATO, CP			if self-employe	D005431	0.7		
	parer	Firm's name GUNNIP & COMPANY LLP	I	Firm's		L-0076769			
	Only	Firm's address 2751 CENTERVILLE RD., STE. 300		1 111113		_ :::::::::::::::::::::::::::::::::::::			
- 50	,	WILMINGTON, DE 19808		Phone	e no 302	2-225-5000	0		
Ma	v the II	RS discuss this return with the preparer shown above? See instructions			, 110. 0 0 2	. X Yes	No		
*10	,	C GOOGGO GIRO POLGITI WITH THE PROPERTY SHOWIT ADDVC: OCC INSTRUCTION				163	110		



	990 (2023) CHILDREN AND FAMILIES FIRST 51-00 57 31 Fage 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHILDREN & FAMILIES FIRST HELPS CHILDREN FACING ADVERSITY ON THEIR
	JOURNEY TO ADULTHOOD. WE USE PROVEN METHODS TO HELP FAMILIES RAISE
	THEIR CHILDREN SO THEY CAN FLOURISH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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	
	SUPPORTING HEALTHY BABIES
	TTHE NURSE-FAMILY PARTNERSHIP (NFP) IS A STATEWIDE, EVIDENCE-BASED DUAL
	GENERATION HOME VISITING PROGRAM THAT SERVES FIRST-TIME, LOW-INCOME,
	AT-RISK PREGNANT WOMEN WHO ARE NO MORE THAN 28 WEEKS PREGNANT AND
	FOLLOWS THEM THROUGH THE CHILD'S SECOND BIRTHDAY. THROUGH HANDS-ON,
	DEVELOPMENTALLY APPROPRIATE EDUCATION, SUPPORT, AND FREQUENT CONTACT,
	SPECIALLY TRAINED PROFESSIONAL NURSES HELP MOMS HAVE HEALTHY
	PREGNANCIES AND HELP THEIR CHILDREN REACH DEVELOPMENTALLY APPROPRIATE
	MILESTONES. IN 2023, 78 BABIES BORN IN THE PROGRAM. OF THOSE, 86% OF
	BABIES HAD A HEALTHY BIRTH WEIGHT AND 88% WERE NOT PRE-TERM. IN
	ADDITION, 96% TO 100% OF ENROLLED CHILDREN SCORED WITHIN NORMAL RANGE
4b	(Code:) (Expenses \$ 1,975,615. including grants of \$ 1,543,473.) (Revenue \$ 416,882.
	EARLY CHILDHOOD
	HEAD START AND EARLY HEAD START (HS EHS) ARE NATIONAL MODEL
	EVIDENCE-BASED DUAL-GENERATION EARLY CHILDHOOD PRESCHOOL EDUCATION
	PROGRAMS SERVING KENT AND SUSSEX COUNTY CHILDREN FROM BIRTH TO 5 YEARS
	OLD, AND THEIR FAMILIES. EDUCATORS AND A STAFF OF SPECIALIZED
	PROFESSIONALS SUPPORT HEALTHY CHILD DEVELOPMENT AND LEARNING THROUGH A
	COMBINATION OF EDUCATION, HEALTH, NUTRITION, AND HUMAN SERVICES, AND
	CAREGIVER ENGAGEMENT THROUGH DIRECT SERVICES AND PARTNERSHIPS WITH
	NUMEROUS COMMUNITY ORGANIZATIONS. IN THE 2022-2023 SCHOOL YEAR, CFF HS
	ENROLLED 448 CHILDREN, OF WHICH 45% (188) WERE MULTI-LANGUAGE CHILDREN. IN ADDITION TO THE EARLY EDUCATION PROGRAMMING THAT ALL CHILDREN
4C	(Code:) (Expenses \$6,712,676. SUPPORTING CHILDREN & TEENSincluding grants of \$10,548.) (Revenue \$0.
	SOFFORTING CHILDREN & TEEMS
	ADOLESCENT RESOURCE CENTER EDUCATION (ARC ED) PROVIDES COMPREHENSIVE
	SCHOOL-BASED GROUP HUMAN SEXUALITY EDUCATION IN ALIGNMENT WITH DELAWARE
	DEPARTMENT OF EDUCATION STANDARDS, NATIONAL SEX EDUCATION STANDARDS
	SECOND EDITION, AND UNIVERSAL LEARNING DESIGN STANDARDS TO MEET THE
	NEEDS OF DIVERSE LEARNERS. IN 2023, GROUP SCORES FOR KNOWLEDGE AMONG
	YOUTH PARTICIPATING IN SCHOOL-BASED EDUCATION INCREASED BY 34% IN THE
	5TH GRADE PUBERTY AND 13% IN THE HIGH SCHOOL HUMAN SEXUALITY EDUCATION
	CURRICULA.
	ADOLESCENT RESOURCE CENTER COUNSELING & MEDICAL SERVICES (ARC MED)

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

(Expenses \$ 14,710,326. including grants of \$ 697,386.) (Revenue \$ 171,647.)

4e Total program service expenses 27,015,522.

Form **990** (2023)



Form 990 (2023) CHILDREN AND FAMILIES FIRST Part IV Checklist of Required Schedules

			169	140
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	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			v
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10		10	х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	- 21	
''	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	, ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	- i i a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1 1.2		
	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			
	Part X, line 16? 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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	-2	_
.5		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
			~~~	



Form 990 (2023) CHILDREN AND FAMILIES FIRST
Part IV Checklist of Required Schedules (continued)

b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization minest any proceeds of tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d  d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?  25a Section 501(QiS), 501(QiA), and 501(QiS) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I  25a b is the organization avane 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 reforms 990 or 990-E72 # "Yes," complete Schedule L, Part I  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any ot interes persons? # "Yes," complete Schedule L, Part II  27b Did the organization reported a grant or other assistance to any current or former officer, fustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any or of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable lifting thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV, "Yes," complete Schedule L		·		Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, line 3.4 or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Schedule II. Yes, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule II. If Yes, to the 25e Schedule II. If Yes, t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Dd the organization answer "Ves" to Part VII, Section A, line 3.4, or 5, about compensation of the organization scurent and former officers, directors, itsudeus, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the variation of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II, it was proceed or the several pool of several proceeds of the several pool of the policy of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II, It was proceeded of the several pool of the policy of the organization market and an escore account other than a returning escore at any time during the year to defease any tax-event bonds?  I bit the organization market and as an in or behalf of "issue for bonds outstanding at any time during the year? If "Yes," complete Schedule I, Part I and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I are several to the temperature of the policy of the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I are several policy of the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II are to forme office, director, market year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II are for forme office, director, director, transaction and the transaction with a disqualified person in a prior year, and that the transaction and the time of the part of the assistance to any current or former office, director, furtate, every employee, creator or founder, substantial contributors of any current or former office, director, furtate, every employee, creator or founder, or substantial contributors? If "Yes," complete Schedule II, Part II II are to former office, director, furtate,		Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III	22	X	
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule L. Part I list day of the year, that was issued after December 31, 2002? If "Yes,", answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a.  24a D bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24b D bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d D bid the organization invest any another than a retinuing secrow at any time during the year to delease any tax exempt bonds?  24d D bid the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d D bid the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L. Part I  25a Section 501(x)3, 501(x)40, and 501(x)28) organizations. Did the organization engage 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 prior Forms 900 or 990-E27 If "Yes," complete Schedule L. Part I  25b I bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II  26b Did the organization a party to a business transaction with one of the following parties? (See the Schedule L. Part IV. Instructions of applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV. Instructions of applicable filing thresholds, conditions, and exceptions?  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complet	23	·			
Schedule / 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? // *Yes,* answer lines 24b through 24d and complete Schedule K. If *Yos,* 'yo no line 25s					
24a Dit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arower lines 24b through 24d and complete Schedule K. If "No."; go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a		, ,	23	X	
size day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No." go to line 25a.  24a 2  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24b 2  c Did the organization maintain an escrow account other than a rehunding secrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 2  25a Section 50(Kg), 801(c)(4), 405 (c)(4), 405	24a				
Schedule K. If "No." on to line 25a b Did the organization mean proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b d Did the organization axis an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 901(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  b Is the organization axis at the engaged in an excess benefit transaction with a disqualified person during the year?  b Is the organization axis at the 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-E27? If "Yes," complete Schedule L, Part II  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officine, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity of namiperation provide a grant or other assistance to any current or former officine, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity originalization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II)  27c 28d Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II)  28d A Aument or former officine, director, fusites, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III  28d A A Current or former officine, director, fusites, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule II, Part III  28d A Carrent or former o					
b Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception?  24			24a		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Organization engage in an excess benefit transaction with a disqualified person of the year? If 'Yes,' complete 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 organizations prior forms 990 or 990-E2? If 'Yes,' complete Schedule I, Part I   25b   2  25b   21b the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   2  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   2  28c Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV   2  28d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV   2  28d Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule L, Part IV   2  29d Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I   3  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I   3  30 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If 'Yes,' complete Schedule R, Part I, III, or I	b		24b		
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)3, 501(c)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization ware that the ranged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   2    25b Is the organization aware that the ranged 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-E27 If "Yes," complete Schedule L, Part I   25b   2    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finally member of any or these persons? "I "Yes," complete Schedule L, Part II   26					
d Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year?  25a Section 50f(26), 50f(16)(4), and 50f(16)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I.  25a			24c		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	d		24d		
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-E27 if "Yes," complete Schedule L, Part I   25b   2   2   2   2   2   2   2   2   2					
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 E27 // 1/4°s, "complete Schedule I, Part I   25b   2   2   2   2   2   2   2   2   2			25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 #*Yes," complete \$25b\$  25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainly member of any of these persons? #*Yes," complete Schedule L, Part II	b	· · · ·			
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Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1b  Statements Regarding Other IRS Filings and Tax Compliance  Yes N  1a		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes N  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Te Ves N  1a 158  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 158  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Par	Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     158       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c		Check if Schedule O contains a response or note to any line in this Part V			$\Box$
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c					
(gambling) winnings to prize winners?					
	С				
		(gambling) winnings to prize winners?		000	(0055)



Form 990 (2023) CHILDREN AND FAMILIES FIRST

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

					Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	527		37						
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37					
				3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)'?	4a		X					
D	b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
<b>5</b> 0											
	, , , , , , , , , , , , , , , , , , , ,										
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> </ul>										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c							
ou	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 contribution			<u> </u>							
~	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х						
	If IIV and it also a consideration of the standard file and a state of the standard file and a standard fi			7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired								
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h											
8	,										
	sponsoring organization have excess business holdings at any time during the year?										
9											
a	, , , , , , , , , , , , , , , , , , , ,										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:	10a	1								
a h	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a									
11	Section 501(c)(12) organizations. Enter:	100									
'' a	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110									
~	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	<b>Note:</b> 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	1	ı								
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c				X					
	a Did the organization receive any payments for indoor tanning services during the tax year?										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15											
	excess parachute payment(s) during the year?										
16	If "Yes," see the instructions and file Form 4720, Schedule N.	ina	202	40		х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	iricon	IE!	16		Λ					
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivition									
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.			<b>-</b> ''							

Form **990** (2023)



Form 990 (2023) CHILDREN AND FAMILIES FIRST 51-00 53 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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 38									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
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	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
Sec	tion 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		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on 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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	BRIAN MAXWELL, CFO - 302-658-5177									
	555 JUSTISON ST SUITE 150, WILMINGTON, DE 19801									





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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I	(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both a officer and a director/trustee				an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direc				pe		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIRSTEN OLSON	30.00	드	므	10	32	E E	Fc			
CHIEF EXECUTIVE OFFICER	7.50			Х				194,893.	0.	15,414.
(2) JOHN WOOD	30.00							,	-	
CHIEF FINANCIAL & ADMINIST	7.50			Х				153,500.	0.	19,921.
(3) JULIUS MULLEN	37.50									•
CHIEF INCLUSION OFFICER				Х				105,397.	0.	23,030.
(4) BRENDA SMITH	37.50									
CHIEF PROGRAM OFFICER				X				99,622.	0.	27,142.
(5) ZAKIYA BAKARI-GRIFFIN	37.50									
CHIEF PREVENTION PROGRAM O				Х				102,478.	0.	22,590.
(6) TAM DEFER	37.50									
CHIEF LEADERSHIP AND EMPOW				Х				101,045.	0.	13,181.
(7) KIERA MCGILLVRAY	37.50									
CHIEF PROGRAM OFFICER				Х				101,945.	0.	3,681.
(8) SANDY AUTMAN	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(9) MARY BORGER	1.00							_	_	
MEMBER		Х						0.	0.	0.
(10) BILL BOWLSBEY	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(11) SHERRY BRILLIANT	1.50								_	
VICE CHAIR		Х		X				0.	0.	0.
(12) WILLIAM BRITTON	1.50									
ASSISTANT TREASURER	1 50	Х		X				0.	0.	0.
(13) DON BROWN	1.50								•	
MEMBER	1 50	Х						0.	0.	0.
(14) JOSHUA A. BUSHWELLER	1.50								•	•
MEMBER	1 00	Х						0.	0.	0.
(15) JOHN COLLINS	1.00	3,7							0	0
MEMBER	1 00	Х						0.	0.	0.
(16) CLARK COLLINS	1.00	٠,							_	^
MEMBER	1 50	Х				$\vdash$		0.	0.	0.
(17) KATY CONNOLLY	1.50	37						_	_	^
MEMBER		X						0.	0.	0.

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	N AND PAR								31 00 C	Jaye 0
Section A. Officers, Directors, 11		oloy	ees,			ghes	t Co	1		(E)
<b>(A)</b> Name and title					rson i	than of strus	n an	( <b>D)</b> Reportable compensation from	(E)  Reportable  compensation  from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) GAYLE DILLMAN MEMBER	1.00	Х						0.	0.	0.
(19) RANIE GOOD	1.00							0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(20) N. CHRISTOPHER GRIFFITHS	1.00	x						0.	0.	0.
(21) ALEX HANNAH	1.00							0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(22) ELIZA HIRST MEMBER	1.00	х						0.	0.	0.
(23) NANCY KARIBJANIAN MEMBER	1.00	х						0.	0.	0.
(24) PEG KATES MEMBER	1.00	х						0.	0.	0.
(25) JOHN KELSO MEMBER	1.00	x						0.	0.	0.
(26) JAMES G. KLABE	1.00							, , , , , , , , , , , , , , , , , , ,		
MEMBER		Х						0.	0.	0.
1b Subtotal								858,880.	0.	124,959.
c Total from continuation sheets to Part								858,880 <b>.</b>	0.	0. 124,959.
d Total (add lines 1b and 1c)								•	000	144,333.

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

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

#### 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
VERIS BENEFITS CONSORTIUM		
14 NORTH MAIN STREET, SOUDERTON, PA 18964		3,090,516.
SHINE EARLY LEARNING INC		
500 7TH AVE, 8TH FLOOR, NEW YORK, NY 10018		525,558.
PHILADELPHIA INSURANCE CO		
PO BOX 70251, PHILADELPHIA , PA 19176-0251		323,396.
PRINCIPAL LIFE INCURANCE CO		
711 HIGH STREET , DES MOINES , IA 50392		302,157.
NOVICK CORP		
3660 S LAWRENCE ST, PHILADELPHIA , PA 19148		222,516.
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 11		

6



Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em j		(W-2/1099-MISC)	(***2/1099*****130)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	trust	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) ELLEN LEVIN	1.00									
MEMBER		Х						0.	0.	0.
(28) TONY LEWIS	1.00									
MEMBER		Х						0.	0.	0.
(29) JEANANA LLOYD	1.50									
SECRETARY		Х		Х				0.	0.	0.
(30) NICOLE MAGNUSSON	1.00									
MEMBER		Х						0.	0.	0.
(31) CASEY MCCABE	1.50									
MEMBER		Х						0.	0.	0.
(32) PAUL MCCOMMONS	1.75									
TREASURER		Х		Х				0.	0.	0.
(33) SHAUNA MCINTOSH	1.00									
MEMBER		Х						0.	0.	0.
(34) HEATHER O'CONNELL	1.50									
MEMBER		Х						0.	0.	0.
(35) EVAN PARK	1.00									_
MEMBER		Х						0.	0.	0.
(36) JOHN PIERSON, III	1.00									_
MEMBER	1 00	Х						0.	0.	0.
(37) BARBAA RIDGELY	1.00									
MEMBER	1 50	Х						0.	0.	0.
(38) GINA SCHOENBERG	1.50	l								•
MEMBER	1 50	Х						0.	0.	0.
(39) JEFFREY SILLS	1.50	l								•
CHAIR	1 00	Х		Х				0.	0.	0.
(40) DAVE SWEENEY	1.00	,,							_	0
MEMBER	1 00	Х						0.	0.	0.
(41) JANICE ROWE TIGANI	1.00	٠,							_	0
MEMBER	1 00	Х						0.	0.	0.
(42) TOM COLLINS	1.00	v							_	0
MEMBER (43) CINDY BO	1.00	Х						0.	0.	0.
MEMBER	1.00	х						0.	0.	0
(44) PETER LUTUS	1.00	Δ						· ·	U •	0.
MEMBER	1.00	Х						0.	0.	0.
(45) HEC MALDONADO-REIS	1.00							1	· ·	<u></u>
MEMBER	1.00	Х						0.	0.	0.
<del></del>										
	ı									
Total to Part VII, Section A, line 1c										



		Check if Schedule O contains a respon	se or note to a	any line	in this Part VIII			
		Check ii Conedaio O containo a respoi	100 01 11010 10 1		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			1.54	121				Sections 512 - 514
nts nts	1 a	Federated campaigns 1a	164,	131.				
ira oui	b	Membership dues1b						
s, ( Am	c	Fundraising events1c						
Contributions, Gifts, Grants and Other Similar Amounts	c	Related organizations 1d						
s, ( mil	e	Government grants (contributions) 1e	25,999,	620.				
Sign	f	All other contributions, gifts, grants, and						
out		similar amounts not included above	2,638,	817.				
Ē	g							
Soci	h	Total. Add lines 1a-1f			28,802,568.			
<u> </u>		10.000	Business	Code	, ,			
	2 a	PROGRAM SERVICE FEES	624100		458,505.	458,505.		
/ice			624100		130,024.	130,024.		
er, ue	b		_   021100		130,021.	130,021.		
n S	c	_	_					
ıraı Re	C		_					
Program Service Revenue	e		_					
Д.		All other program service revenue			=00 ==:			
$\rightarrow$	Ç	Total. Add lines 2a-2f			588,529.			
	3	Investment income (including dividends, in	terest, and					
		other similar amounts)			231,608.			231,608.
	4	Income from investment of tax-exempt bor	nd proceeds					
	5	Royalties						
		(i) Real	(ii) Perso	onal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c							
	c	Net rental income or (loss)						
		Gross amount from sales of (i) Securiti	es (ii) Oth	ner				
		assets other than inventory <b>7a</b>						
	h	Less: cost or other basis		-				
a		and sales expenses <b>7b</b>						
n l	_			-				
Revenue		, , , , , , , , , , , , , , , , , , , ,						
er B		Net gain or (loss)	·····					
	8 a	Gross income from fundraising events (not						
ŏ		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a 102,	_				
	b	Less: direct expenses	8b 46,	693.				
	c	Net income or (loss) from fundraising even	ts		56,103.			56,103.
	9 a	Gross income from gaming activities. See						
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns						
			10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventor						
$\neg$		, , , , , , , , , , , , , , , , , , , ,	Business	Code				
snc	11 a	MISCELLANEOUS	900099		11,210.			11,210.
Miscellaneous Revenue	b				,			, , ,
ella Ver								
Sce	_	All other revenue	_					
Ξ	_	• Total. Add lines 11a-11d			11,210.			
	12	Total revenue. See instructions			29,690,018.	588,529.	0.	298,921.
	14	I DIGI I GYGIIUG. OGG III SU UUUU II S			,,	500,525.		

Form **990** (2023)



CHILDREN AND FAMILIES FIRST Form 990 (2023) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**)
Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,905,055. 1,905,055. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 420,142. 420,142. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members Compensation of current officers, directors, 760,114. 89,069. 9,697. 858,880. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,072,022. 14,223,833. 1,666,729. 181,460. 7 Pension plan accruals and contributions (include -52,043. -54,001. 2,715. -757. section 401(k) and 403(b) employer contributions) 3,034,527. -158,3353,148,711. 44,151. Other employee benefits 9 1,475,869. 1,310,547. 149,689. 15,633. 10 Payroll taxes 11 Fees for services (nonemployees): Management 22,921. 15,790. 6,840. 291. Legal 92,297. 63,583. 27,543. 1,171. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,286,580. 557,318. 23,696. column (A), amount, list line 11g expenses on Sch O.) 1,867,594. Advertising and promotion 12 1,850,750. 1,581,052. 252,253. 17,445. Office expenses 13 14 Information technology Royalties 15 286,141. 1,146,513. 845,109. 15,263. 16 Occupancy 477,042. 406,997. 65,777. 4,268. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 67,522. 428,980. 357,427. 4,031. Conferences, conventions, and meetings 19 11,857. 11,857. 20 Payments to affiliates 21 25,400. 123,595. 98,195. Depreciation, depletion, and amortization 22 295,107. 220,185. 73,090. 1,832. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 357,639. 315,976. 41,663. MAINTENANCE OF FACILITI 0. PURCHASED EQUIPMENT 248,371. 106,467. 140,815. 1,089. 117,019. 24,492. 92,511. OTHER EXPENSE 16. 42,676. 13,873. 56,549. SERVICE CONTRACTS 97,220. 110,032. 9.387. 3,425. e All other expenses 30,920,718. 27,015,522. 3,582,485. 322,711. Total functional expenses. Add lines 1 through 24e 25

Form 990 (2023) 332010 12-21-23

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Check here



Form 990 (2023)
Part X Balance Sheet

Fai	IL A	balance Sneet					<del></del>
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			13,527.	1	-16,153.
	2	Savings and temporary cash investments			679,179.	2	0.
	3	Pledges and grants receivable, net			4,333,159.	3	2,716,534.
	4	Accounts receivable, net			51,908.	4	26,394.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			393,310.	9	402,929.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,275,590.			
	b	Less: accumulated depreciation	10b	301,976.	3,788,665.	10c	3,973,614.
	11	Investments - publicly traded securities			310,096.	11	342,414.
	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	4,313,467.	15	4,417,360.		
	16	Total assets. Add lines 1 through 15 (must equ	13,883,311.	16	11,863,092.		
	17	Accounts payable and accrued expenses	1,013,967.	17	1,331,705.		
	18	Grants payable	0 000 050	18	1 506 065		
	19	Deferred revenue			2,093,852.	19	1,736,865.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24)	. Complete Part X	0	0.5	783,371.
		of Schedule D			0. 3,107,819.		3,851,941.
	26	Total liabilities. Add lines 17 through 25			3,107,019.	26	3,031,341.
S		Organizations that follow FASB ASC 958, ch	eck ner				
nce	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			6,000,186.	27	3,593,791.
ala	28				4,775,306.	28	4,417,360.
В	20	Net assets with donor restrictions  Organizations that do not follow FASB ASC 9			4,773,300	20	4,417,3000
튑		and complete lines 29 through 33.	, cne	ck liele			
ᅙ	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				30	
\ss(	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,775,492.	32	8,011,151.
Ž	33				13,883,311.	33	11,863,092.
	33	Total habilities and het assets/fullu baidfices			13,003,311.	J	Farra 990 (2000)

Form **990** (2023)

Form	aan	(2023)
	990	(2023)



Part XI	Reconciliation	of	<b>Net Assets</b>

						77
	Check if Schedule O contains a response or note to any line in this Part XI	······	<u></u>			X
	Total revenue (must equal Part VIII, column (A), line 12)	1	29	,69	n n [.]	1 8
1	, , , , , , , , , , , , , , , , , , , ,	2		,92		
2	Total expenses (must equal Part IX, column (A), line 25)			, 23		
3	Revenue less expenses. Subtract line 2 from line 1	3 4				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			,77		
5	Net unrealized gains (losses) on investments	5			4,9	<u>/ / •                                   </u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	<u>-2</u>	,03		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		49	5,1	<u>58.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	,01	1,1	<u>51.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		l			
b	Were the organization's financial statements audited by an independent accountant?		l	2b	х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	baoio,	l			
	Separate basis X Consolidated basis Both consolidated and separate basis		l			
_	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?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			20	-25	
20		dule U.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			2-	х	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	^	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ea audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2023)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990)

<u>Total</u>

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public

Name of the organization

Inspection
Employer identification number

	CHIL	DREN AND F	AMILIES FIRS	Г			5	1-0065731			
Part I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
The organ	nization is not a private found										
1	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	າ 990).)							
3 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 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 gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	_					general p	oublic described in			
	section 170(b)(1)(A)(vi). (C	•		Ŭ							
8	A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)							
9 🔲	An agricultural research org				ed in coniu	nction with a lan	d-grant	college			
	or university or a non-land-g				-		-	-			
	university:	, am conego or agric				, a	. coege	-			
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership f	ees, and	d gross receipts from			
	activities related to its exem										
	income and unrelated busir		•					•			
	See section 509(a)(2). (Cor		(1000 000 morr or r tably mo		ooo aoqa						
11	An organization organized a	-	ively to test for public sa	fety. See	section 50	)9(a)(4).					
12	An organization organized a	•		•			out the	purposes of one or			
	more publicly supported or	· ·	•	-		•		· · · ·			
	lines 12a through 12d that										
а	Type I. A supporting orga						-	givina			
	the supported organization	•		•	_						
	organization. You must o			majority c	in the direc	1010 01 11 401000 0	31 1110 00	pporting			
b [	Type II. A supporting org			ion with it	s sunnorte	d organization(s)	hy hay	ina			
	control or management o	= '-									
	organization(s). You mus			arric perso	110 11141 001	itror or manage t	то оарр	ortod			
с 🗆	Type III functionally inte			in connect	tion with a	and functionally in	ntegrate	d with			
• _	its supported organization					•	negrate	a with,			
d 🗆	Type III non-functionally	. , ,	•	•	•	•	Lorganiz	ration(s)			
u _	that is not functionally int					* *	-				
	requirement (see instructi	-		•		=	atteritiv	C11C33			
е 🗆	Check this box if the orga	•	· ·				Type III				
€ _	functionally integrated, or					Type i, Type ii, T	ype III				
<b>f</b> Ent	er the number of supported of	rganizations		ig organiz	ation.						
	vide the following information		nd organization(s)								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	nization listed	(v) Amount of mo	onetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	in your govern	No No	support (see instru	uctions)	support (see instructions)			
-			above (see instructions))	103	140						
-											
-											



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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16474439.	23739552.	29252625.	29863391.	28802568.	128132575
2	Tax revenues levied for the organ-						
	ization'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	16474439.	23739552.	29252625.	29863391.	28802568.	128132575
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)						
	Public support. Subtract line 5 from line 4.						128132575
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	16474439.	<u> 23739552.</u>	29252625.	<u> 29863391.</u>	28802568.	128132575
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	179,573.	199,018.	51,152.	250,689.	231,608.	912,040.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	110,951.	517.	-2,255.	85,932.	56,103.	251,248.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	85,696.	17,779.	85,457.	6,505.		206,647.
11	<b>Total support.</b> Add lines 7 through 10						129502510
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-		•			
800	organization, check this box and stop						
	tion C. Computation of Publi			. (7)		T I	00 01 ~
	Public support percentage for 2023 (I					14	98.94 % 98.81 %
	Public support percentage from 2022					15	
10a	33 1/3% support test - 2023. If the content have The expenientian qualifies						
h	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the cand step here. The organization quality						
17^	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test						
11 a	and if the organization meets the fact	ū					ŕ
	meets the facts-and-circumstances te			=		_	
h	10% -facts-and-circumstances test	ū	•				
J	more, and if the organization meets the	ū				•	10/0 01
	organization meets the facts-and-circle		•				
18	Private foundation. If the organization				•		



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

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

Sec	ction A. Public Support	siow, piease comp	olete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u></u>					
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			1			L
14	First 5 years. If the Form 990 is for the	•		•	•		. —
80	check this box and stop here						
	etion C. Computation of Publi					145	
	Public support percentage for 2023 (li Public support percentage from 2022					15	<u>%</u>
	etion D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			ine 13 column (f)		17	%
18	Investment income percentage from 2					18	——————————————————————————————————————
	33 1/3% support tests - 2023. If the						
196	more than 33 1/3%, check this box an						/ ISTIOL
t	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, check	ck this box and <b>s</b>	<b>top here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	



#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	_		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	AL		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10h		
	10b	- 000	0000
uie	A (Forn	เเ ลลก)	2023



Sche	edule A (Form 990) 2023 CHILDREN AND FAMILIES FIRST 51-0	6573	1)	age <b>5</b>
	rt IV Supporting Organizations (continued)		'	igo <b>o</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI.  tion B. Type I Supporting Organizations	11c		
000	tion b. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	140
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Mare a majority of the averagination's directors by twistens during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	•			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		



Sche	dule A (Form 990) 2023 CHILDREN AND FAMILIES F			51-016 731 Fage 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990) 2023

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).



		FAMILIES FIRST	nizations / //		1-0065731 Fage 7
Pai		a)(3) Supporting Orga	nizations (continu	<i>ied)</i> T	0
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	ا ۾ ا			
	organizations, in excess of income from activity	o of aumouted examinations		3	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose	es or supported organizations		4	
	Amounts paid to acquire exempt-use assets			5	
_ <u>5</u> _	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
7	Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	o organization is responsive		- 1	
0	(provide details in <b>Part VI</b> ). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023		(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990) 2023

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023



Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDI	ULE A,	PART	II,	LINE	10,	EXPL	NATION	FOR	OTHER	INCOM	Œ:	
OTHER	INCOM	Ξ										
2019	AMOUNT	: \$	85,	696.								
2020 2	AMOUNT	: \$	17,	779.								
2021 2	AMOUNT	: \$	85,	457.								
2022	AMOUNT	: \$	6,5	05.								
2023	AMOUNT	: \$	11,	210.								

Schedule A (Form 990) 2023

## **SCHEDULE C**

(Form 990)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organiza	itions: Complete Part III.					
Nam	ne of organization					er identification n	
_	CHILDRE	N AND FAMILIES F	IRST		_	<u>51-0065731</u>	L
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c) o	or is a section 52	7 orga	nization.	
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures					
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)(	3).			
1	Enter the amount of any excise tax	-		-	\$		
	Enter the amount of any excise tax						
	If the organization incurred a section						No
4a	Was a correction made?					Yes	No
	If "Yes," describe in Part IV.					_	
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 5	01(c)(3	3).	
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt funct	ion activities	\$		
2	Enter the amount of the filing organ		•				
	exempt function activities				. \$_		
3	Total exempt function expenditure		•		_		
	line 17b						
	Did the filing organization file Form						No
5	Enter the names, addresses, and emade payments. For each organization						ori
	contributions received that were pr	·					a
	political action committee (PAC). If			· ·		3 3	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om	(e) Amount of pol	itical
	(2)	(2). 133. 333	(5) =	filing organization		ontributions receive	ed and
				funds. If none, ente	r -0	promptly and dired	
						political organizat	
						If none, enter -0	)

Schedule (	C (F	orm	990)	2023

					1	
51-0	1657	31	F	age	2	ľ

Part II-A Complete if the org	anization is exe	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).  A Check if the filing organiza	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess lobbying	expenditures).			
B Check if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	•				
c Total lobbying expenditures (add li	-				
<b>d</b> Other exempt purpose expenditure				30,920,718.	
e Total exempt purpose expenditure	s (add lines 1c and 1c	(k		30,920,718.	
f Lobbying nontaxable amount. Enter			n columns.	1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable am			
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000	,000, \$100,0	00 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
over \$1,500,000 but not over \$17,0		00 plus 5% of the exces			
over \$17,000,000,	\$1,000				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	nat made a section 5 See the separ	ate instructions for lir	nave to complete all ones 2a through 2f.)	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Crassroots poptovable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
d Grassroots nontaxable amount e Grassroots ceiling amount	230,000.	230,000.	230,000.	230,000	±,000,000•
(150% of line 2d, column (e))					1,500,000.
( 2 (0))					,,
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023



Schedule C (Form 990) 2023 CHILDREN AND FAMILIES FIRST 51-0 657

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)).

reach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.		Yes No				
A. During the control of the filter control of the state	Yes	N	0	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?						
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>						
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 not be 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?						
art III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 501	on 501(c)(	5), or	sec	tion		
501(c)(6).						
501(c)(6).				Yes	No.	
Were substantially all (90% or more) dues received nondeductible by members?		[	1	Yes	No	
Were substantially all (90% or more) dues received nondeductible by members?		Г	1 2	Yes	No	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 1.	he prior year on 501(c)(	 <del>ː?</del> (5), or	2 3 Sec	tion	No	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	he prior year on 501(c)( "No" OR	7 (5), or (b) P	2 3 sec	tion		
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	he prior year on 501(c)( "No" OR	7 (5), or (b) P	2 3 Sec	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	he prior year on 501(c)( "No" OR	7 (5), or (b) P	2 3 sec	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	he prior year on 501(c)( "No" OR	7 (5), or (b) P	2 3 r sec eart I	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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	he prior year on 501(c)( "No" OR ical	(b) P	2 3 sector I	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the literal complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	he prior year on 501(c)( "No" OR	(b) P	2 3 sector I	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total	he prior year on 501(c)( "No" OR	(b) P	2 3 sectart I 1 2a 2b 2c	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	he prior year on 501(c)( "No" OR ical	(5), or (b) P	2 3 sector I	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	he prior year on 501(c)( "No" OR ical	(5), or (b) P	2 3 sectart I 1 2a 2b 2c	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extense of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	he prior year on 501(c)( "No" OR ical	(5), or (b) P	2 3 sectart I	tion		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	he prior year on 501(c)( "No" OR ical	(5), or (b) P	2 3 sectart I 1 2a 2b 2c	tion		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

Name of the organization

CHILDREN AND FAMILIES FIRST

**Employer identification number** 51-0065731

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	ccounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	ld in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that gra	int funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	y other purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes	s" on Form 990, Part IV	', line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	_	
	Preservation of land for public use (for example, recreating	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included on line 2a	a	2c
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it l			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(	i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				<u> </u>
2	If the organization received or held works of art, historical treat	sures, or other similar as	ssets for financial gain,	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			



Par	rt III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(continue	<u>ed)</u>
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets		_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang		e if the organization	answered "Yes" or	Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?					L	<b>」Yes</b>	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance							
d	Additions during the year					<del>                                     </del>		
e	Distributions during the year					<del>                                     </del>		
f	Ending balance						٦,,	
	3		•		ility?		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds Complete if							
	Zindo William Complete ii	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four ye	ears hack
10	Beginning of year balance	7,156,034.	8,722,162.	7,865,283.	· ,	493,441.	· , ,	11,048.
1a b	Contributions	,,100,001.	0,722,202.	87,817.		.,		51,564.
	Net investment earnings, gains, and losses	746,464.	-1,493,804.	790,602.		442,370.		52,312.
d	Grants or scholarships	,		, , , , , , ,		,		
e	Other expenditures for facilities							
Ū	and programs	675,169.	52,696.			51,347.		
f	Administrative expenses	20,463.	19,628.	21,540.		19,181.		18,355.
g	End of year balance	7,206,866.	7,156,034.	8,722,162.		365,283.		93,441.
2	Provide the estimated percentage of the curr	ent year end balance		) held as:				
а	Board designated or quasi-endowment	38.7060	%	,				
b	Permanent endowment 61.2938	%	_					
С	Term endowment .0000	<del></del> %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered for t	:he		_	
	organization by:						Y	es No
	(i) Unrelated organizations?						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organiza						3b 2	X
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	rt VI Land, Buildings, and Equipm		D-4 IV 15 44 - 0	F 000 D+)	/ line 40			
	Complete if the organization answered			j				
	Description of property	(a) Cost or of		1 ' '	Accumulat	II	(d) Book v	/alue
	Lord	basis (investm	,	` '	epreciation	1	610	940
	Land			0,840. 1,518.	105 2	73	2,896	,840.
	Buildings		3,09	<u> </u>	195,2	13.	4,090	, 445.
	Leasehold improvements		57	3,232.	106,7	03	166	,529.
	Equipment Other	<b>I</b>	37	5,252.	<u> </u>	03.	=00	, 343.
	Other  Add lines 1a through 1e (Column (d) must o		/ line 10e column	/P))			3.973	614.

Schedule D (Form 990) 2023



Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(I) D
		Description	ma	(b) Book value
	NEFICIAL INTERESTS IN PE	RPETUAL TRUS	TS	4,417,360.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				4 417 260
Part X	mn (b) must equal Form 990, Part X, line 15, col. Other Liabilities	(B))		4,417,360.
raitA		n Farm 000 Dort IV line	11a av 11f Can Farm 000 Bart V line 05	
	Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(h) Dook value
1.	, , ,			(b) Book value
	leral income taxes			702 271
	NE OF CREDIT			783,371.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		——————————————————————————————————————		783 371.
Cotal (Col.)	man (b) may at a great Forms OOO Don't V line OF and	(4.11)		(0) 7 7 1 1 -

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



Pai	t XI	Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		ines <b>2a</b> through <b>2d</b>			
3		act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines <b>4a</b> and <b>4b</b>			
5 <b>D</b> 2	Total rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nonte With Evne	ness per Beturn	
Га	LAII	Reconciliation of Expenses per Audited Financial Stater	=	enses per neturn	
_	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
a		ted services and use of facilities			
b		year adjustments · losses			
d		Describe in Part XIII.)			
		ines 2a through 2d		2e	
3		act line 2e from line 1			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
С		ines <b>4a</b> and <b>4b</b>		4c	
5	Total	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII	Supplemental Information			
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines	rt IV, lines 1b and 2b	; Part V, line 4; Part X, line 2; Pa	rt XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional information.		
PAI	₹Ti ∨	, LINE 4:			
T-1 3.7 T	י אר אר	AMION. ENDOWNEND BUNDO WEDE BOMADI TOU	ID MO DDOUT	DE A LONG MEDM	
LAI	LAN	ATION: ENDOWMENT FUNDS WERE ESTABLISHE	TO PROVI	DE A LONG TERM	
g () ī	TDCE	OF INCOME TO SUPPORT SUSTAINABILITY		NTZATTON'S	
500	JICE	OF INCOME TO BUILDER BUBIAINABIBITI	or The Orga	NIZATION D	
OPI	RAT	IONS. INTEREST AND DIVIDEND INCOME IS	UNRESTRICT	ED. AND CAN BE U	SED
BY	THE	ORGANIZATION FOR CURRENT OPERATIONS.			
PAI	RT X	., LINE 2:			
EXI	PLAN	ATION: CHILDREN & FAMILIES FIRST DELAN	VARE INC. I	S EXEMPT FROM	
_	_				
FEI	DERA	L INCOME TAX UNDER INTERNAL REVENUE CO	DE SECTION	501(C)(3). HOWE	VER,
<b>_</b>			<b>DELITION</b>	m	
τN(	COME	FROM CERTAIN ACTIVITIES NOT DIRECTLY	RELATED TO	THE ORGANIZATIO	N'S
י ג ח	, 57.57	TEMPO DIIDDOGE MAY DE GUDTEGE EO EAVAET	ייי מיניו או או	AMED DUGTATEGG	
TA2	<b>∠−ĽX</b>	EMPT PURPOSE MAY BE SUBJECT TO TAXATION	N AP ONKEL	WIED ROPINERS	



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 2020, 2021, AND	
2022 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS	
AFTER THEY WERE FILED.	

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a</li></ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

Schedule G (Form 990) 2023
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or furficialising everit contributions and gro	333 111001110 0111 01111 330	LZ, III C3 T and Ob. List C	venta with gross receipt	3 greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TASTE OF ART	, , , ,		col. <b>(c)</b> )
Revenue			(event type)	(event type)	(total number)	
Revenu	1	Gross receipts	102,796.			102,796.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	102,796.			102,796.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	12,888.			12,888.
	8	Entertainment	13,074.			13,074.
		Other direct expenses				20,731.
		Direct expense summary. Add lines 4 through	2: ' ' '			46,693.
	11	Net income summary. Subtract line 10 from li				56,103.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(1) Dull take (in atom)		( N Tatal manifest (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Reve		4,7000,707,011,00				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	etates?		Yes No
		No," explain:				
	_	, · ·				
10~	\\/_	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax s	/ear?	Yes No
		Yes," explain:			real:	
	_					

Schedule	G	(Form	990)	2023
Corrodato	9	(, 0,,,,,	000,	

51-0	1657	31	F age	<u>3</u>	

11	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	103	
	The organization's facility	13a	%
	An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	70
	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 \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Addless		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Dа	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linnan O	0h 10h
ı a	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	T III, lines 9	, 90, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Gee instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	CHILDREN AN	D FAMILIES	FIRST	51	0065731 Fage 4
Part IV	(Form 990) <b>Supplemental Inform</b>	nation (continued)				

#### SCHEDULE I (Form 990)

Department of the Treasury

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization	AND FAMIL	יהכ הוסכי					Employer identification number 51-0065731
Part I General Information on Grants a		LEO LIKOI					31-0003731
					. fa., tha a.,ta a., a	-4	
Does the organization maintain records		•	•		•	•	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr		<u> </u>				/    F 000 D	N/ Fra Od favores
Part II Grants and Other Assistance to recipient that received more than					anization answered "1	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							GRANTS/ASSISTANCE TO
FIRST STEPS PRESCHOOL - LUNCH							PROVIDERS OF MEALS
10037 DUPONT BLVD							THROUGH THE CHILD AND
LINCOLN, DE 19960	01-0871708		27,030.	0.			ADULT CARE FOOD PROGRAM
							GRANTS/ ASSISTANCE TO
PIRULO'S CHILDCARE & LEARNING							PROVIDERS OF MEALS
CENTER - C/O LIDIA VELA - NEWARK,							THROUGH THE CHILD AND
DE 19702	20-5940780		32,310.	0.			ADULT CARE FOOD PROGRAM
							GRANTS/ ASSISTANCE TO
TINY TOTS CHILD CARE & LEARNING							PROVIDERS OF MEALS
CENTER - 1014 WEST 24TH STREET -							THROUGH THE CHILD AND
WILMINGTON, DE 19802	22-3980690		56,788.	0.			ADULT CARE FOOD PROGRAM
							GRANTS/ ASSISTANCE TO
NEWARK CHRISTIAN CHILD CARE							PROVIDERS OF MEALS
680 S CHAPEL STREET							THROUGH THE CHILD AND

15,488.

22,435,

9,904.

0.

0.

0

2	Enter total number o	f section 501(c)(3) and	government org	anizations liste	ed in the line	1 table
---	----------------------	-------------------------	----------------	------------------	----------------	---------

38-3676078

45-2905584

47-1815587

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

ADULT CARE FOOD PROGRAM

GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS

THROUGH THE CHILD AND

GRANTS/ ASSISTANCE TO

THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM

PROVIDERS OF MEALS

ADULT CARE FOOD PROGRAM

NEWARK, DE 19713

104 MCCOY STREET

MILFORD, DE 19963

KIDS KASTLE LLC

2 STALLION DRIVE

NEWARK, DE 19713

FIRST STEPS PRESCHOOL - MILFORD

³ Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GRANTS/ ASSISTANCE TO
ONE STEP AHEAD CHILDCARE &							PROVIDERS OF MEALS
PRESCHOOL - 432 SALEM CHURCH ROAD							THROUGH THE CHILD AND
- NEWARK, DE 19702	51-0401848		17,782.	0.			ADULT CARE FOOD PROGRAM
							GRANTS/ ASSISTANCE TO
LITTLE DESTINY II							PROVIDERS OF MEALS
2516 WEST STREET							THROUGH THE CHILD AND
WILMINGTON, DE 19805	90-1260110		27,201.	0.			ADULT CARE FOOD PROGRAM
<u> </u>			i i				GRANTS/ ASSISTANCE TO
DIS DAY CARE							PROVIDERS OF MEALS
1725 W 7TH STREET							THROUGH THE CHILD AND
WILMINGTON, DE 19805	30-0687207		33,074.	0.			ADULT CARE FOOD PROGRAM
•			, ,	-			GRANTS/ ASSISTANCE TO
JUNEBUGS LITTLE RUBIES LLC							PROVIDERS OF MEALS
1104-1106 D STREET							THROUGH THE CHILD AND
WILMINGTON, DE 19805	82-0845564		19,166.	0.			ADULT CARE FOOD PROGRAM
,							GRANTS/ ASSISTANCE TO
RED LION CHRISTIAN ACADEMY							PROVIDERS OF MEALS
1390 RED LION ROAD							THROUGH THE CHILD AND
BEAR, DE 19701	81-0926204		20,292.	0.			ADULT CARE FOOD PROGRAM
·			,				
		_					

Schedule I (Form 990) 2023 CHILDREN AND FA		51-0065731	Page			
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assi	stance
					GRANTS/ASSISTANCE GIVEN TO	)
					PROVIDERS THROUGH THE	
GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH					INFRASTRUCTURE/CAPACITY	
THE CHILD AND ADULT CARE FOOD PROGRAM	80	420,142.	0.		PROGRAMS	
Part IV Supplemental Information. Provide the information req	  uired in Part I, lin	e 2; Part III, column	(b); and any other ac	 dditional information.		
PART 1, LINE 2						
EXPLANATION: THE ORGANIZATION PROV	IDES GRAN	ITS THROUGH	I A VARIETY	OF		
PROGRAMS AND FOLLOWS THE PROCEDURE						
(FOR PASS-THROUGH FUNDING). IN EVE						
PROOF OF EXPENDITURES (RECEIPTS AND	D OTHER F	ELATED DOC	CUMENTATION	) AND		
PERIODICALLY AUDITS THE GRANTEES'	USE OF FU	INDS TO ENS	SURE PROPER			

UTILIZATION.

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

do to www.ii.s.gov/i oriiisso for iiist detions and the latest iiioriidaloi

## CHILDREN AND FAMILIES FIRST

Employer identification number 51-0065731

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on 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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u>X</u>
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIRSTEN OLSON	(i)	194,893.	0.	0.	0.	15,414.	210,307.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN WOOD	(i)	153,500.	0.	0.	0.	19,921.	173,421.	0.
CHIEF FINANCIAL & ADMINIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

# SCHEDULE O (Form 990)

# 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 Form 990-EZ.

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

OMB to. 154 -0 47
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN AND FAMILIES FIRST

Employer identification number 51-0065731

FORM 990, ITEM C, DOING BUSINESS AS:
CHILDREN AND FAMILIES FIRST, INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YEARS. ANNUALLY, THE ORGANIZATION SERVES MORE THAN 30,000 INDIVIDUALS
STATEWIDE THROUGH 30+ PROGRAMS THAT OFFER ASSISTANCE AND SUPPORT
THROUGHOUT THE LIFESPAN. THE ORGANIZATION'S SERVICES ARE CHILD-CENTERED
AND FAMILY-FOCUSED, FORMING A COMPREHENSIVE CONTINUUM OF QUALITY
SOCIAL, EDUCATIONAL, AND MENTAL HEALTH SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOR LANGUAGE AND SOCIAL MILESTONES AT VARIOUS POINTS THROUGHOUT
ENROLLMENT.
HEALTHY FAMILIES DELAWARE (HFD) IS A STATEWIDE, EVIDENCE-BASED DUAL
GENERATION HOME VISITING PROGRAM THAT SERVES FIRST TIME AND SUBSEQUENT
PREGNANCY MOMS WHO ARE MORE THAN 28 WEEKS PREGNANT OR HAVE A NEWBORN
YOUNGER THAN THREE MONTHS OF AGE. THROUGH INTERACTIVE, DEVELOPMENTALLY
APPROPRIATE SUPPORT AND FREQUENT CONTACT, HOME VISITING NURSES AND
SOCIAL WORKERS PROVIDE MOMS AN OPPORTUNITY TO GET THE EDUCATION AND
SUPPORT THEY NEED THROUGH THEIR CHILD'S THIRD BIRTHDAY. IN 2023, 97
BABIES WERE BORN IN THE PROGRAM. OF THOSE, 91% HAD A HEALTHY BIRTH
WEIGHT AND 90% WERE BORN AT A HEALTHY GESTATIONAL AGE. IN ADDITION, 71%
TO 100% OF ENROLLED CHILDREN SCORED WITHIN NORMAL RANGE FOR LANGUAGE
AND SOCIAL MILESTONES AT VARIOUS POINTS THROUGHOUT ENROLLMENT.

Name of the organization

#### CHILDREN AND FAMILIES FIRST

Employer identification number 51-0065731

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

RECEIVED, THE MOST FREQUENT SERVICES ENGAGED IN BY FAMILIES INCLUDED:

CONNECTION TO BASIC NEEDS, HOUSING ASSISTANCE, ASSET BUILDING,

ENGAGEMENT IN CHILD'S SCREENING/ASSESSMENTS RESULTS AND PROGRESS,

TRANSITION SUPPORT TO KINDERGARTEN, AND PREVENTATIVE MEDICAL AND ORAL

HEALTH EDUCATION.

THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ASSURES THAT CHILDREN

CARED FOR BY LICENSED CHILDCARE PROVIDERS AND CENTERS, OFTEN LOCATED IN

UNDERSERVED COMMUNITIES, RECEIVE NUTRITIONALLY BALANCED MEALS. CFF

STAFF MONITORS PROVIDE NUTRITION, FOOD PREPARATION, SAFETY, AND OTHER

TRAINING AND EDUCATION, AND VISIT EACH FACILITY AT LEAST THREE TIMES

PER YEAR. IN ADDITION, CACFP REIMBURSES CHILDCARE PROVIDERS FOR MEALS

THAT FOLLOW STRINGENT U.S. DEPARTMENT OF AGRICULTURE NUTRITION

GUIDELINES. IN 2023, 655,859 NUTRITIOUS MEALS WERE SERVED TO CHILDREN

BY PARTICIPATING PROVIDERS.

EARLY CHILDHOOD EDUCATOR SCHOLARSHIP PROGRAM PROVIDES TECHNICAL

ASSISTANCE AND FUNDING TO CHILDCARE PROVIDERS FOR HIGHER EDUCATION

TUITION, TRAINING AND CREDENTIALING TO INCREASE THE QUALITY OF

DELAWARE'S CHILDCARE WORKFORCE. IN 2023, 328 PROFESSIONALS WERE

PROVIDED SCHOLARSHIPS TOTALING \$266,099, INCLUDING 112 CDA TRAINING,

104 CREDENTIAL, 53 ASSOCIATE'S DEGREE AND 59 BACHELOR'S DEGREE

SCHOLARSHIPS.

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

PROVIDES CLINIC-BASED INDIVIDUAL COUNSELING AND MEDICAL SERVICES FOR

TEENS IN PARTNERSHIP WITH NEMOURS CHILDREN'S HEALTH, TO PROMOTE HEALTHY

Name of the organization

#### CHILDREN AND FAMILIES FIRST

Employer identification number 51-0065731

CHOICES AND DECREASE RISK-TAKING BEHAVIORS. CLINIC SERVICES INCLUDE

INDIVIDUALIZED COUNSELING AND EDUCATION; CONTRACEPTION; TESTING AND

TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS (STIS); PREGNANCY

CONFIRMATION; AND REFERRALS TO MEDICAL SERVICES OR ONGOING

INDIVIDUAL/FAMILY COUNSELING NOT AVAILABLE AT THE CLINIC. IN 2023, 101

TEENS RECEIVED STI TESTS, AND 96% OF YOUTH DIAGNOSED WITH AN STI IN ARC

CLINICS WERE TREATED PROMPTLY.

BEHAVIORAL HEALTH CONSULTANTS (BHC) ARE LICENSED AND LICENSE-ELIGIBLE THERAPISTS PLACED IN 30 MIDDLE SCHOOLS ACROSS DELAWARE. THESE THERAPISTS PROVIDE SCREENING FOR MENTAL HEALTH, SUBSTANCE ABUSE, TRAUMA, AND RISK OF SUICIDALITY/HOMICIDALITY, BRIEF STABILIZATION SERVICES, AND SUPPORTIVE COUNSELING AND CASE MANAGEMENT TO STUDENTS, AS WELL AS CONSULTATION SERVICES FOR SCHOOL STAFF. IN 2023, 788 STUDENTS ENROLLED IN SUPPORTIVE COUNSELING. OF THOSE, 62% SUCCESSFULLY DISCHARGED FROM SERVICES. IN ADDITION, BHCS PROVIDED 2,019 RISK ASSESSMENTS DURING CRISIS SUPPORT CONSULTATIONS. 92% OF SCHOOL STAFF WHO WERE SURVEYED RATED THE BHC SERVICE AS VALUABLE. COMMUNITY SCHOOLS (CS) PROVIDE A WIDE RANGE OF VITAL IN-HOUSE SERVICES TO IDENTIFIED ELEMENTARY, MIDDLE, AND HIGH SCHOOLS. THESE TO SUCH AS SUPPORT FOR SOCIAL-EMOTIONAL LEARNING, ATTENDANCE, AND BEHAVIOR, PARENT ENGAGEMENT ACTIVITIES, AND CULTURAL ENRICHMENT OPPORTUNITIES TO ENSURE THAT CHILDREN ARE PHYSICALLY, EMOTIONALLY, AND SOCIALLY SUPPORTED TO LEARN. IN 2023, THE CS PROGRAM PROVIDED 3,081 INDIVIDUAL SERVICE ENCOUNTERS AMONG 899 STUDENTS, INCLUDING 64 STUDENTS WITH IN-DEPTH COUNSELING SERVICES. IN ADDITION, THE PROGRAM PROVIDED 320 ACTIVITIES AND GROUPS, ENGAGING 13,574 STUDENTS AND 1,126 FAMILY AND COMMUNITY MEMBERS (DUPLICATED CONTACTS), AND CS STAFF PROVIDED 1,004 HOURS OF

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CHILDREN AND FAMILIES FIRST

SCHOOL CLIMATE SUPPORT.

SCHOOL BASED THERAPY PROGRAM (SBTP) PROVIDES INDIVIDUAL AND GROUP THERAPY AND SOCIAL-EMOTIONAL EDUCATION STATEWIDE TO STUDENTS IN ELEMENTARY, MIDDLE, AND HIGH SCHOOL. MASTER'S LEVEL MENTAL HEALTH CLINICIANS PROVIDE EVIDENCE-BASED, DEVELOPMENTALLY APPROPRIATE THERAPY INTERVENTIONS FOR ELEMENTARY (BOUNCE BACK, BB), AND MIDDLE AND HIGH SCHOOL STUDENTS (COGNITIVE BEHAVIOR INTERVENTION FOR TRAUMA IN SCHOOLS, CBITS) EXPOSED TO TRAUMA AND VIOLENCE, TO REDUCE SYMPTOMS OF PTSD, AND TO ENHANCE SKILLS TO HANDLE FUTURE STRESSES. THERAPISTS ALSO PROVIDED EVIDENCE-BASED INDIVIDUAL TRAUMA-FOCUSED COGNITIVE BEHAVIOR THERAPY (TF-CBT) AND OVERCOMING OBSTACLES (OO) AND CIRCLE GROUPS (CG) GROUP SOCIAL-EMOTIONAL LEARNING. IN 2023, THE PROGRAM PROVIDED CBITS/BB TO 78 STUDENTS. OF THOSE 77% SUCCESSFULLY COMPLETED, 47% IMPROVED SYMPTOMS, AND 56% IMPROVED SKILLS. 52 STUDENTS PARTICIPATED IN OO/CG. OF THOSE, 79% COMPLETED, 67% INCREASED SKILLS, AND 54% INCREASED RESILIENCY. 34 STUDENTS PARTICIPATED IN TF-CBT. OF THOSE 50% SUCCESSFULLY COMPLETED, 86% IMPROVED SYMPTOMS, AND 60% INCREASED RESILIENCY. IN ADDITION, 196 STUDENTS PARTICIPATED IN RESILIENCY CLASSROOMS, BASED ON CBITS CURRICULA.

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

SUPPORTING KIDS IN CARE

FAMILY FOSTER CARE (FC) AT CFF PROVIDES STABILITY AND SUPPORTIVE

ENVIRONMENTS TO DELAWARE INFANTS, CHILDREN, AND TEENS INCLUDING THOSE

REQUIRING THERAPEUTIC AND SPECIALIZED CARE WHO CANNOT REMAIN AT HOME

FOR A VARIETY OF REASONS, INCLUDING CHILD ABUSE AND NEGLECT RELATING TO



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CAREGIVER SUBSTANCE ABUSE. FOSTER FAMILIES RECEIVE EXTENSIVE TRAINING

AND SUPPORT, AND BIRTH FAMILIES RECEIVE FAMILY-CENTERED COUNSELING,

VISITATION, AND SUPPORT SERVICES TOWARD REUNITING THE CHILD, AS

APPROPRIATE. IN 2023, 27 CHILDREN WERE JOINED TO RESOURCE FAMILIES,

THERE WERE BETWEEN 37 AND 43 CHILDREN IN CARE EACH QUARTER, AND 34

CHILDREN WERE DISCHARGED FROM CARE THROUGHOUT THE YEAR. OF THOSE

DISCHARGED, 59% WERE REUNIFIED WITH THEIR BIRTH FAMILIES, 9% WERE

ADOPTED THROUGH CFF, 26% WENT TO A NON-CFF PLACEMENT, AND 3% AGED OUT.

SPECIAL NEEDS ADOPTION PROVIDES A PERMANENT HOME FOR DELAWARE'S OLDER

YOUTH; SIBLING GROUPS; AND CHILDREN WITH EMOTIONAL, DEVELOPMENTAL, OR

MEDICAL NEEDS WHOSE BIRTH PARENTS HAVE HAD PARENTAL RIGHTS TERMINATED.

IN 2023, 4 CHILDREN WERE JOINED WITH AN ADOPTIVE FAMILY. OF THOSE, 3

ADOPTIONS WERE FINALIZED, AND 100% REMAINED WITH THE JOINED FAMILY.

CHILD-SPECIFIC RECRUITMENT (CSR) RECRUITS, ASSESSES, TRAINS, AND

SELECTS POTENTIAL ADOPTIVE FAMILIES TO FACILITATE SUCCESSFUL ADOPTIONS

OF SPECIFIC CHILDREN WITH SPECIAL NEEDS. IN 2023, 126 CHILDREN WERE

SERVED, AND 10 WERE DISCHARGED. OF THOSE DISCHARGED, 50% HAD AN

ADOPTIVE RESOURCE, AND 30% WERE REUNIFIED WITH BIRTH FAMILIES.

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

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

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

FOR PERMANENT PLACEMENT, OR SUPPORT DURING TRANSITION TO INDEPENDENCE.

IN 2023, 94 YOUTH WERE SERVED. OF THOSE 91% MADE CONNECTIONS WITH

CARING ADULTS AND FAMILY.



CHILDREN AND FAMILIES FIRST

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SEAFORD HOUSE THERAPEUTIC RESIDENCE (SHTR) IS A 16-BED GROUP RESIDENCE FOR YOUTH AGES 12 TO 17 WHO ARE IN THE CUSTODY OF THE DIVISION OF FAMILY SERVICES (DFS) AND ARE UNABLE TO BE SERVED IN TRADITIONAL HOME-BASED FOSTER CARE DUE TO COMPLEX TRAUMA AND CHALLENGES. THE PROGRAM OFFERS STRENGTH-BASED THERAPEUTIC SUPPORT BY TRAINED CLINICIANS, BEHAVIORAL MANAGEMENT, AND SKILLS TRAINING IN A SAFE, SUPPORTIVE ENVIRONMENT. IN 2023, 14 TEENS COMPLETED SERVICES AND WERE DISCHARGED. OF THOSE, 57% OF DISCHARGES WERE TO INDEPENDENT LIVING OR FAMILY FOSTER CARE. WHILE AT SHTR, 50% OF THE TEENS IMPROVED STRENGTHS AND DIFFICULTIES, 36% INCREASED RESILIENCY, AND 61% PARTICIPATED IN COMMUNITY ACTIVITIES.

#### SUPPORTING FAMILIES & PROVIDING RESOURCES

ACCESSCARE HELPS FAMILIES STATEWIDE IDENTIFY CHILDCARE CENTERS, FAMILY CHILDCARE HOMES, PRESCHOOLS, SCHOOL-AGE PROGRAMS AND CAMPS, AND PROVIDES COACHING ON HOW TO MAKE INFORMED CARE DECISIONS. IN 2023, THE PROGRAM ASSISTED 2,556 PEOPLE, INCLUDING 219 WITH PURCHASE OF CARE ENHANCED SUPPORT SERVICES.

EXPENSES \$ 2,477,352. INCLUDING GRANTS OF \$ 463,135. REVENUE \$ 41,622.

JUST-IN-TIME CARE (JITC) IS A BACK-UP DEPENDENT CARE PROGRAM OFFERED TO CORPORATIONS ACROSS THE U.S. AS AN EMPLOYEE BENEFIT. OPTIONS CAN INCLUDE CHILDCARE CENTERS, FAMILY CHILDCARE HOMES, SCHOOL-AGE PROGRAMS, CENTERS FOR MILDLY ILL CHILDREN, ADULT DAYCARE CENTERS, AND IN-HOME CARE. INDIVIDUALS CAN ALSO CHOOSE THEIR OWN BACKUP CARE PROVIDERS, INCLUDING FRIENDS AND FAMILY MEMBERS. AN EMPLOYEE SUBSIDY HELPS OFFSET THE BACKUP CARE COSTS. IN 2023, JITC SAVED 4,553 WORKDAYS FOR  $426\,$ 

51-0065731

### CHILDREN AND FAMILIES FIRST

EMPLOYEES. 97% OF JITC PARTICIPANTS WHO COMPLETED A SURVEY REPORTED THEY WERE ABLE TO GET TO WORK BECAUSE OF THE PROGRAM AND 93% SAID JITC

MET THEIR NEEDS.

FAMILY ASSESSMENT AND INTERVENTION RESPONSE (FAIR) IS PART OF THE DELAWARE DIVISION OF FAMILY SERVICES (DFS) DIFFERENTIAL RESPONSE SYSTEM, DESIGNED TO PREVENT CHILDREN AND TEENS STATEWIDE FROM ENTERING FOSTER CARE THROUGH THE PROVISION OF ASSESSMENT, SAFETY PLANNING, AND DUAL-GENERATION EVIDENCE-BASED AND INFORMED SERVICES, INCLUDING FUNCTIONAL FAMILY THERAPY (FFT) AND CHILD PARENT PSYCHOTHERAPY (CPP). IN 2023, FAIR ASSESSED 297 FAMILIES AND CLOSED 372 CASES (WHICH INCLUDED CASES THAT OPENED IN 2022). OF THOSE, 77% CLOSED SUCCESSFULLY. 100% OF YOUTH AND ADULTS WHO SUCCESSFULLY COMPLETED THE PROGRAM REPORTED INCREASED RESILIENCE.

FUNCTIONAL FAMILY THERAPY (FFT) IS A STATEWIDE EVIDENCE-BASED DUAL-GENERATION INTERVENTION THAT HELPS CHILDREN AND YOUTH THROUGH AGE 18 AND THEIR FAMILIES STRUGGLING WITH BEHAVIORAL PROBLEMS AND FAMILY CONFLICT, TO IMPROVE COMMUNICATION, RELATIONSHIPS, AND FAMILY FUNCTIONING. FFT IS DELIVERED BY THERAPISTS TRAINED IN THE MODEL, AND SERVICES GENERALLY COMPLETE WITHIN SIX MONTHS. IN 2023, 97 FAMILIES COMPLETED FFT. OF THOSE, 68% SUCCESSFULLY CLOSED IN THE GENERALIZATION PHASE, AND 78% OF YOUTH AND 88% OF ADULTS AND YOUTH WHO COMPLETED THE PROGRAM REPORTED FAMILY RELATIONSHIP IMPROVEMENT.

PARENTING ENRICHMENT (PE) PROVIDES EVIDENCE-BASED DUAL-GENERATION SKILLS TRAINING AND EDUCATION TO PREVENT CHILD ABUSE AND NEGLECT BY TEACHING AT-RISK FAMILIES STATEWIDE POSITIVE AND CARING NURTURING



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SKILLS. NURTURING PARENTING PROGRAM (NPP) FOR PARENTS OF INFANTS AND

PRESCHOOLERS AND STRENGTHENING FAMILIES PROGRAM (SFP) FOR OLDER

CHILDREN AND TEENS, ARE 14-WEEK SMALL GROUP CLASSES DELIVERED BY

TRAINED EDUCATORS. CLASSES INCLUDE DEDICATED TIME FOR PARENTS TO LEARN

SKILLS AND PRACTICE THEM WITH THEIR CHILDREN. IN 2023, 61 AND 49

FAMILIES ENGAGED IN NPP AND SFP, RESPECTIVELY. OF THOSE ENGAGED, 88%

AND 81% SUCCESSFULLY COMPLETED; AND OF THOSE, 82% AND 74% DEMONSTRATED

IMPROVEMENT ACROSS AT LEAST TWO PARENTING DOMAINS.

SEAFORD COMMUNITY OF HOPE (SCOH) IS A COMMUNITY ACTION INITIATIVE THAT

ENGAGES A BROAD SPECTRUM OF PUBLIC, PRIVATE, FAITH-BASED, AND

NON-PROFIT COMMUNITY PARTNERS AND FAMILIES WITH LIVED EXPERTISE TO

PROVIDE COMPREHENSIVE PLACED-BASED SERVICES AND SUPPORTS IN SUBSIDIZED

HOUSING NEIGHBORHOODS, STARTING WITH MEADOWBRIDGE AND CHANDLER HEIGHTS,

AND TO IMPROVE FAMILY STABILITY, PROTECTIVE FACTORS, AND ECONOMIC

MOBILITY AND IMPACT THE SOCIAL DETERMINANTS OF HEALTH OF VULNERABLE

POPULATIONS. IN 2023, SCOH PROVIDED 253 INDIVIDUAL/FAMILY SERVICE

ENCOUNTERS, PARTICIPATED IN 137 STAKEHOLDER MEETINGS/EVENTS, AND HELD

195 NEIGHBORHOOD/COMMUNITY EVENTS WHICH SERVED 5,017 COMMUNITY MEMBERS

(DUPLICATED). IN ADDITION, 7 ADVISORY COUNCIL MEMBERS WERE ENGAGED TO

PROVIDE PROGRAM GUIDANCE, AND 16 FAMILIES ENGAGED IN CASE MANAGEMENT

SERVICES.

EXPENSES \$ 12,232,974. INCLUDING GRANTS OF \$ 234,251. REVENUE \$ 130,025.

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

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

51-0065731

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

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

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

EXPLANATION: THE ORGANIZATION HAS AN EFFECTIVE, WRITTEN CONFLICT OF

INTEREST POLICY. THIS POLICY DEFINES CONFLICTS OF INTERESTS, IDENTIFIES ALL

CLASSES OF INDIVIDUALS WITHIN THE ORGANIZATION COVERED BY THE POLICY, AND

SPECIFIES PROCEDURES TO BE FOLLOWED IN MANAGING THOSE CONFLICTS. OFFICERS

AND BOARD MEMBERS HAVE BEEN REQUIRED TO AND WILL CONTINUE TO ANNUALLY

DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. MANAGEMENT

CONTINUOUSLY MONITORS AND ENFORCES THIS POLICY. THE EXECUTIVE DIRECTOR, OR

CEO, IS CHARGED WITH PROVIDING WRITTEN APPROVAL SHOULD ANY PERSON COVERED

BY THE POLICY SEEK OR RECEIVE REGUALR SERVICES FROM THE ORGANIZATION. ALL

OTHER CONTRACTS OR TRANSACTIONS BETWEEN COVERED PERSONS AND THE

ORGANIZATION REQUIRE PRIOR BOARD APPROVAL.

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

EXPLANATION: THE EXECUTIVE DIRECTOR'S, OR CEO'S, SALARY IS APPROVED BY THE

EXECUTIVE COMMITTEE. THIS APPROVAL TAKES INTO CONSIDERATION SIMILARLY

SITUATED ORGANIZATIONS' COMPENSATION RANGES. THE BOARD OF DIRECTORS ALSO

PRE-DETERMINES SALARY RANGES FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION

BASED ON COMPARABILITY DATA. ALL COMPENSATION DECISIONS ARE DOCUMENTED IN

THE APPLICABLE PERSONNEL FILES.

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

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



Schedule O (Form 990) 2023	Page 2
Name of the organization CHILDREN AND FAMILIES FIRST	Employer identification number 51-0065731
ADDITIONALLY, FORM 990 IS AVAILABLE ON GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	ARE AVAILABLE
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS FROM SUPPORTING ORGANIZATIONS	137,941.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	357,217.
TOTAL TO FORM 990, PART XI, LINE 9	495,158.
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332212 11-14-23 Schedule O (Form 990) 2023

### **SCHEDULE R** (Form 990)

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

Department of the Treasury

Go to usual ire gov/Eorm000 for instructions and the latest information

OMB No. 1545-0047

Open to Public

Internal Revenue Service	GO to www.iis.gov/Formaao i	or monucuons and me latest	illiorillation.			mopcot	1011
Name of the organization  CHILDREN AND	FAMILIES FIRST				Employer iden		umber
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	assets Direc	(f) et controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, l	pecause it had one	or more related tax-e	xempt	
(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	cont	<b>g)</b> 512(b)(13) trolled tity?
B2W2 INC 27-1705781				<u> </u>	CHILDREN &	Yes	No

DELAWARE

DELAWARE

501(C)(3)

501(C)(3)

LINE 12A, I

LINE 12A, I

SUPPORTING ORGANIZATION TO

SUPPORTING ORGANIZATION TO

FILING ENTITY

FILING ENTITY

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

Schedule R (Form 990) 2023

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FAMILIES FIRST

DELAWARE, INC.

FAMILIES FIRST

DELAWARE, INC.

CHILDREN &

555 JUSTISON ST SUITE 150

CHILDREN & FAMILIES FIRST ENDOWMENT INC. -

27-1705610, 555 JUSTISON ST SUITE 150

WILMINGTON, DE 19802

WILMINGTON, DE 19802

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization treates as a parameter parameter than the year.														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Predominant income (related	Predominant income Sha	Predominant income Share of to (related, unrelated, income	me Share of total Share of end-of-year		1	roportionate Code V-U		General managir	Percentage ownership
o, rolatoù organization		(state or foreign	5	(related, unrelated, excluded from tax under sections 512-514)		assets	alloca	itions?	20 of Schedule	partner	1			
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N				
							<u> </u>							

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

(a) Name, address, and EIN of related organization  Primary activity  Prope fentity  Prope	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Country)  Yes No  Yes One  One of the country of th	Name, address, and EIN of related organization	Primary activity	(state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)		end-of-year	Percentage ownership	512(b contr enti	o)(13) olled ity?
			country)		o		45515		Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions		•				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				. 1b		Х
С	Gift, grant, or capital contribution from related organization(s)				. 1c		Х
							Х
е	Loans or loan guarantees by related organization(s)				. 1e		Х
f	Dividends from related organization(s)				. 1f		X
g	Sale of assets to related organization(s)				. 1g		Х
h	Purchase of assets from related organization(s)				. 1h		Х
i	Exchange of assets with related organization(s)				. 1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
	Performance of services or membership or fundraising solicitations for related orga						X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)			1n	X	
					_	X	
р	Reimbursement paid to related organization(s) for expenses				. 1p		Х
	Reimbursement paid by related organization(s) for expenses						X
r	Other transfer of cash or property to related organization(s)				. 1r	X	
	Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
		type (a-s)					
1) E	32W2 INC.	K	664,975.	ESTIMATED FAIR VALUE			
2) (	CHILDREN AND FAMILIES FIRST ENDOWMENT	S	137,941.	ESTIMATED FAIR VALUE			
3)							
4)							
5)							
6)							
							<b>—</b>

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproper tionate allocation Yes N	Code V-UBI amount in box 20 of Schedule K-1	General of managing partner?  Yes NO	(k) Percentage ownership

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