

Return of Organization Exempt From Income Tax

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Form **990**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CHILDREN AND FAMILIES FIRST DELAWARE INC		D Employer identification number 51-0065731
	Doing business as CHILDREN AND FAMILIES FIRST, INC		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 555 JUSTISON STREET, SUITE 150		E Telephone number 302-658-5177
	City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19801		
	F Name and address of principal officer: JOHN WOOD SAME AS C ABOVE		G Gross receipts \$ 30,852,296.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
J Website: WWW.CFFDE.ORG		H(b) Are all subordinates included? Yes No	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1919 M State of legal domicile: DE	
H(c) Group exemption number			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CHILDREN & FAMILIES FIRST HAS HELPED NEEDY CHILDREN AND FAMILIES IN DELAWARE FOR MORE THAN 125
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 40
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 40
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 494
	6	Total number of volunteers (estimate if necessary) 6 0
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 29,252,625. 29,863,391.
	9	Program service revenue (Part VIII, line 2g) 382,904. 622,158.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 51,152. 250,689.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 83,202. 92,437.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,769,883. 30,828,675.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,866,907. 21,171,996.
16 a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 307,766.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,562,835. 6,923,104.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 30,775,422. 30,635,814.	
19	Revenue less expenses. Subtract line 18 from line 12 -1,005,539. 192,861.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 10,992,713. 13,883,311.
	21	Total liabilities (Part X, line 26) 1,018,177. 3,107,819.
	22	Net assets or fund balances. Subtract line 21 from line 20 9,974,536. 10,775,492.

Part II Signature Block

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

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHILDREN & FAMILIES FIRST HELPS CHILDREN FACING ADVERSITY ON THEIR JOURNEY TO ADULTHOOD. WE USE PROVEN METHODS TO HELP FAMILIES RAISE THEIR CHILDREN SO THEY CAN FLOURISH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,457,847. including grants of \$ 40,773.) (Revenue \$ 0.) HEALTHY BABIES

THE 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 2022, 87% OF BABIES BORN IN THE PROGRAM HAD A HEALTHY BIRTH WEIGHT AND 90% WERE NOT PRE-TERM. IN ADDITION, 91% OF ONE-YEAR OLDS AND 85% OF TWO-YEAR OLDS RECEIVED APPROPRIATE IMMUNIZATIONS, AND

4b (Code:) (Expenses \$ 2,107,958. including grants of \$ 1,707,716.) (Revenue \$ 451,310.)

HEAD START AND EARLY HEAD START (HS|EHS) ARE HIGH QUALITY EARLY CHILDHOOD EDUCATION DUAL GENERATION PROGRAMS BUILT ON EVIDENCED BASED PRACTICE, THAT SERVE KENT AND SUSSEX COUNTY CHILDREN 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 2022, CFF HS ENROLLED 457 CHILDREN, OF WHICH 45% (205) WERE DUAL LANGUAGE LEARNERS. THE PROGRAM ENGAGED 396 FATHERS IN THEIR CHILD'S HS EXPERIENCES. MOST FREQUENT SERVICES ENGAGED IN BY FAMILIES INCLUDED: ENGAGEMENT IN CHILD'S SCREENING/ASSESSMENTS RESULTS AND PROGRESS (175), EVIDENCE-BASED

4c (Code:) (Expenses \$ 6,994,421. including grants of \$ 12,916.) (Revenue \$ 0.)

SUPPORTING CHILDREN & TEENS

ARC (ADOLESCENT RESOURCE CENTER) PROVIDES COMPREHENSIVE SCHOOL-BASED GROUP HUMAN SEXUALITY EDUCATION AND CLINIC-BASED INDIVIDUAL COUNSELING AND MEDICAL SERVICE FOR TEENS IN ORDER TO DECREASE RISK-TAKING AND PROMOTE HEALTHY CHOICES. CLINIC SERVICES INCLUDE INDIVIDUALIZED COUNSELING AND EDUCATION; CONTRACEPTION; TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES; PREGNANCY CONFIRMATION; AND REFERRALS TO MEDICAL SERVICES OR ONGOING INDIVIDUAL/FAMILY COUNSELING NOT AVAILABLE AT THE CLINIC. IN 2022, GROUP SCORES FOR KNOWLEDGE AMONG YOUTH PARTICIPATING IN SCHOOL-BASED EDUCATION INCREASED 25% IN BOTH 5TH GRADE PUBERTY AND HIGH SCHOOL HUMAN SEXUALITY EDUCATION; AND 100% OF YOUTH

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,180,355. including grants of \$ 779,309.) (Revenue \$ 170,848.)

4e Total program service expenses 26,740,581.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a	40	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	40	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JOHN WOOD, CFO - 302-658-5177
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.
 - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRSTEN OLSON CHIEF EXECUTIVE OFFICER	30.00 7.50			X			186,873.	0.	17,158.	
(2) JOHN WOOD CHIEF FINANCIAL & ADMINIST	30.00 7.50			X			141,610.	0.	15,180.	
(3) ZAKIYA BAKARI-GRIFFIN CHIEF PREVENTION PROGRAM OFFICER	37.50			X			113,562.	0.	22,193.	
(4) BRENDA SMITH CHIEF PROGRAM OFFICER	37.50			X			107,183.	0.	16,505.	
(5) TAM DEFER CHIEF LEADERSHIP AND EMPOWERMENT OFF	37.50			X			105,000.	0.	7,321.	
(6) KIERA MCGILLVRAY CHIEF PROGRAM OFFICER	37.50			X			90,709.	0.	21,279.	
(7) SANDY AUTMAN MEMBER	1.00	X					0.	0.	0.	
(8) MARY BORGER MEMBER	1.00	X					0.	0.	0.	
(9) BILL BOWLSBEY MEMBER	1.00	X					0.	0.	0.	
(10) SHERRY BRILLIANT MEMBER	1.00	X					0.	0.	0.	
(11) RODNEY BRITTINGHAM MEMBER	1.00	X					0.	0.	0.	
(12) WILLIAM BRITTON ASSISTANT TREASURER	1.50			X			0.	0.	0.	
(13) DON BROWN MEMBER	1.50	X					0.	0.	0.	
(14) JOSHUA A. BUSHWELLER MEMBER	1.50	X					0.	0.	0.	
(15) JOHN COLLINS MEMBER	1.00	X					0.	0.	0.	
(16) CLARK COLLINS MEMBER	1.00	X					0.	0.	0.	
(17) KATY CONNOLLY MEMBER	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GAYLE DILLMAN MEMBER	1.00	X						0.	0.	0.
(19) RANIE GOOD MEMBER	1.00	X						0.	0.	0.
(20) N. CHRISTOPHER GRIFFITHS VICE CHAIR	1.50			X				0.	0.	0.
(21) ALEX HANNAH MEMBER	1.00	X						0.	0.	0.
(22) ELIZA HIRST MEMBER	1.00	X						0.	0.	0.
(23) NANCY KARIBJANIAN MEMBER	1.00	X						0.	0.	0.
(24) PEG KATES MEMBER	1.00	X						0.	0.	0.
(25) JOHN KELSO MEMBER	1.00	X						0.	0.	0.
(26) JAMES G. KLABE MEMBER	1.00	X						0.	0.	0.
1b Subtotal								744,937.	0.	99,636.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								744,937.	0.	99,636.

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 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VERIS BENEFITS-HIGHMARK PO BOX 382162, PITTSBURGH, PA 15251-8162		3,155,224.
SYSCO EASTERN MD LLC, 33300 PEACH ORCHARD ROAD, POCOMOKE CITY, MD 21851		377,821.
WILMINGTON UNIVERSITY 320 N DUPONT HIGHWAY, NEW CASTLE, DE 19720		257,302.
VERIZON WIRELESS PO BOX 25505, LEHIGH VALLEY, PA 18002-5505		221,936.
SHINE / ACELARO SHINE EARLY LEARNING, NEW YORK, NY 10018		211,937.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	297,404.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	27,407,718.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,158,269.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			29,863,391.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code					
		624100	493,959.	493,959.			
	b REFERRAL FEES	624100	128,199.	128,199.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			622,158.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		250,689.			250,689.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		109,553.				
			23,621.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			85,932.			85,932.	
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 and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	6,505.			6,505.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			6,505.				
12 Total revenue. See instructions			30,828,675.	622,158.	0.	343,126.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,975,367.	1,975,367.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	565,347.	565,347.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	744,937.	668,834.	67,617.	8,486.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,555,106.	13,965,981.	1,411,921.	177,204.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	178,471.	163,261.	13,161.	2,049.
9 Other employee benefits	3,226,947.	2,951,944.	237,964.	37,039.
10 Payroll taxes	1,466,535.	1,294,284.	156,207.	16,044.
11 Fees for services (nonemployees):				
a Management				
b Legal	35,399.	26,144.	8,759.	496.
c Accounting	121,356.	89,626.	30,028.	1,702.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,316,671.	972,415.	325,794.	18,462.
12 Advertising and promotion				
13 Office expenses	2,296,527.	1,819,174.	462,190.	15,163.
14 Information technology				
15 Royalties				
16 Occupancy	1,136,738.	849,338.	270,090.	17,310.
17 Travel	480,400.	404,426.	69,440.	6,534.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	308,740.	221,353.	86,904.	483.
20 Interest	3,501.		3,501.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,605.		74,605.	
23 Insurance	210,049.	149,055.	59,264.	1,730.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE OF FACILITI	398,978.	364,468.	34,510.	0.
b PURCHASED EQUIPMENT	321,951.	139,605.	178,744.	3,602.
c SERVICE CONTRACTS	77,602.	66,427.	11,175.	0.
d OTHER EXPENSE	53,052.	30,643.	21,633.	776.
e All other expenses	87,535.	22,889.	63,960.	686.
25 Total functional expenses. Add lines 1 through 24e	30,635,814.	26,740,581.	3,587,467.	307,766.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,108.	1	13,527.
	2 Savings and temporary cash investments	437,538.	2	679,179.
	3 Pledges and grants receivable, net	2,312,058.	3	4,333,159.
	4 Accounts receivable, net	0.	4	51,908.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	312,447.	9	393,310.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,493,292.		
	b Less: accumulated depreciation	10b 704,627.	2,473,480.	10c 3,788,665.
	11 Investments - publicly traded securities	349,426.	11	310,096.
	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	5,096,656.	15	4,313,467.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,992,713.	16	13,883,311.	
Liabilities	17 Accounts payable and accrued expenses	923,796.	17	1,013,967.
	18 Grants payable		18	
	19 Deferred revenue	786.	19	2,093,852.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	93,595.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,018,177.	26	3,107,819.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,226,979.	27	6,000,186.
	28 Net assets with donor restrictions	5,747,557.	28	4,775,306.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,974,536.	32	10,775,492.
	33 Total liabilities and net assets/fund balances	10,992,713.	33	13,883,311.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,828,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,635,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	192,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,974,536.
5	Net unrealized gains (losses) on investments	5	-53,670.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	661,765.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,775,492.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15044791.	16474439.	23739552.	29252625.	29863391.	114374798
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15044791.	16474439.	23739552.	29252625.	29863391.	114374798
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						114374798

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15044791.	16474439.	23739552.	29252625.	29863391.	114374798
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	179,387.	179,573.	199,018.	51,152.	250,689.	859,819.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	115,578.	110,951.	517.	-2,255.	85,932.	310,723.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,075.	85,696.	17,779.	85,457.	6,505.	211,512.
11 Total support. Add lines 7 through 10						115756852
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.81 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.75 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

COPY

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

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

OTHER INCOME

2018 AMOUNT: \$ 16,075.

2019 AMOUNT: \$ 85,696.

2020 AMOUNT: \$ 17,779.

2021 AMOUNT: \$ 85,457.

2022 AMOUNT: \$ 6,505.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

COPY
OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	30,635,814.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,635,814.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

COPY

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,722,162.	7,865,283.	7,493,441.	6,511,048.	7,344,717.
b Contributions		87,817.		-51,564.	-84,685.
c Net investment earnings, gains, and losses	-1,493,804.	790,602.	442,370.	1,052,312.	-765,653.
d Grants or scholarships					
e Other expenditures for facilities and programs	52,696.		51,347.		
f Administrative expenses	19,628.	21,540.	19,181.	18,355.	16,669.
g End of year balance	7,156,034.	8,722,162.	7,865,283.	7,493,441.	6,511,048.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		610,840.		610,840.
b Buildings		3,084,390.	113,813.	2,970,577.
c Leasehold improvements				
d Equipment		798,062.	590,814.	207,248.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,788,665.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	4,060,143.
(2) PENSION ASSET	253,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,313,467.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ...

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE A LONG TERM SOURCE OF INCOME TO SUPPORT SUSTAINABILITY OF THE ORGANIZATION'S OPERATIONS. INTEREST AND DIVIDEND INCOME IS UNRESTRICTED, AND CAN BE USED BY THE ORGANIZATION FOR CURRENT OPERATIONS.

PART X, LINE 2:

EXPLANATION: CHILDREN & FAMILIES FIRST DELAWARE INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

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Part XIII Supplemental Information (continued)

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE CONSOLIDATED FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT OF SUCH CHALLENGE. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR 2019, 2020, AND 2021 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TASTE OF ART (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	109,553.		109,553.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	109,553.		109,553.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	10,584.		10,584.
	8	Entertainment	6,830.		6,830.
	9	Other direct expenses	6,207.		6,207.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			23,621.
11	Net income summary. Subtract line 10 from line 3, column (d)			85,932.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIRST STEPS PRESCHOOL - LUNCH 10037 DUPONT BLVD LINCOLN, DE 19960	01-0871708		26,270.	0.			GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
PIRULO'S CHILDCARE & LEARNING CENTER - C/O LIDIA VELA - NEWARK, DE 19702	20-5940780		44,769.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
TINY TOTS CHILD CARE & LEARNING CENTER - 1014 WEST 24TH STREET - WILMINGTON, DE 19802	22-3980690		57,598.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
NEWARK CHRISTIAN CHILD CARE 680 S CHAPEL STREET NEWARK, DE 19713	38-3676078		28,561.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
FIRST STEPS PRESCHOOL - MILFORD 104 MCCOY STREET MILFORD, DE 19963	45-2905584		16,008.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
KIDS KASTLE LLC 2 STALLION DRIVE NEWARK, DE 19713	47-1815587		10,310.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE STEP AHEAD CHILDCARE & PRESCHOOL - 432 SALEM CHURCH ROAD - NEWARK, DE 19702	51-0401848		18,752.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
BEAR EARLY EDUCATION CENTER 2884 SUMMIT BRIDGE ROAD BEAR, DE 19701	80-0212219		14,472.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
SUNSHINE KIDS ACADEMY 924 OLD HARMONY ROAD NEWARK, DE 19713	81-0724156		18,688.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
ALMOST HOME DAYCARE LLC 201 CAIN RUE NEWARK, DE 19711	81-2801854		8,940.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
NORTH TOWNE PRESCHOOL 1502 SOCIETY DRIVE CLAYMONT, DE 19703	81-4403968		16,241.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
LITTLE DESTINY II 2516 WEST STREET WILMINGTON, DE 19805	90-0602323		28,172.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
DIS DAY CARE 1725 W 7TH STREET WILMINGTON, DE 19805	30-0687207		29,730.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
JUNEBUGS LITTLE RUBIES LLC 1104-1106 D STREET WILMINGTON, DE 19805	82-0845564		18,165.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM
CARE A LOT DEVELOPMENT CENTER 32564 LONG NECK ROAD MILLSBORO, DE 19966	83-2812460		20,451.	0.			GRANTS/ ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS/ASSISTANCE TO PROVIDERS OF MEALS THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM	105	565,347.	0.		GRANTS/ASSISTANCE GIVEN TO PROVIDERS THROUGH THE INFRASTRUCTURE/CAPACITY PROGRAMS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART 1, LINE 2

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



**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

COPY
OMB No. 1545-0045

2022

Open to Public Inspection

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

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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 not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIRSTEN OLSON CHIEF EXECUTIVE OFFICER	(i)	186,873.	0.	0.	0.	17,158.	204,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN WOOD CHIEF FINANCIAL & ADMINIST	(i)	141,610.	0.	0.	0.	15,180.	156,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

COPY
OMB No. 1545-004

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	5	1,210,000.	APPRAISED VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

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2022
Open to Public
Inspection

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

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:

96 -100% SCORED WITHIN NORMAL RANGE 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 2022, 92% OF
BABIES BORN HAD A HEALTHY WEIGHT AND 84% WERE BORN AT A HEALTHY
GESTATIONAL AGE. IN ADDITION, ON AVERAGE, 57 - 100% OF CHILDREN SCORED
WITHIN NORMAL RANGE FOR LANGUAGE AND SOCIAL MILESTONES AT VARIOUS
POINTS THROUGHOUT ENROLLMENT.

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

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

PARENTING CLASSES (164), TRANSITION SUPPORT FROM EHS TO HS (48),

PREVENTATIVE MEDICAL AND ORAL HEALTH EDUCATION (48), NUTRITION

EDUCATION (56).

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 2022, 692,251 NUTRITIOUS MEALS WERE SERVED TO CHILDREN BY PARTICIPATING PROVIDERS.

CAPACITY PROGRAM PROVIDES TECHNICAL ASSISTANCE AND LIMITED FUNDING TO CHILDCARE PROVIDERS STATEWIDE TO EXPAND OR CREATE SERVICES THAT ARE IN LIMITED SUPPLY IN ONE/ALL OF THE FOLLOWING AREAS: CHILDREN WITH DISABILITIES, CHILDCARE DURING NON-TRADITIONAL HOURS, CHILDREN WHO ARE ENGLISH LANGUAGE LEARNERS, AND INFANTS AND TODDLERS.

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

DIAGNOSED WITH AND STD IN ARC CLINICS WERE TREATED IN A TIMELY MANNER.

FUNCTIONAL FAMILY THERAPY (FFT) IS A STATEWIDE MULTIDISCIPLINARY, 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,

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

AND FAMILY FUNCTIONING. THE THREE PHASES OF FFT (ENGAGEMENT AND MOTIVATION, TARGETED BEHAVIOR CHANGE, AND RELAPSE PREVENTION) ARE DELIVERED BY COUNSELORS TRAINED IN THE MODEL, AND GENERALLY COMPLETE WITHIN SIX MONTHS. IN ADDITION TO FFT, YOUTH WHO ARE RETURNING FROM OUT-OF-HOME CARE OR ARE AT RISK OF PLACEMENT ALSO RECEIVE ONGOING THERAPEUTIC SUPPORT FOR FAMILIES (TSF) TO FURTHER SUPPORT THEM IN SUCCESSFULLY REMAINING IN THEIR HOME. IN 2022, 69% OF CASES SUCCESSFULLY CLOSED IN GENERALIZATION PHASE, AND 94% OF YOUTH AND 85% OF ADULTS WHO COMPLETED THE HOME-BASED FAMILY THERAPY PROGRAM REPORTED FAMILY RELATIONSHIP IMPROVEMENT.

FAMILY ASSESSMENT AND INTERVENTION RESPONSE (FAIR) IS PART OF THE DELAWARE DIVISION OF FAMILY SERVICES (DFS) DIFFERENTIAL RESPONSE SYSTEM, DESIGNED TO PREVENT TEENS STATEWIDE FROM ENTERING FOSTER CARE THROUGH THE USE OF DUAL-GENERATION EVIDENCE-BASED PROGRAMMING, INCLUDING FFT, CHILD PARENT PSYCHOTHERAPY (CPP) AND TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY (TF-CBT). FAIR IS DELIVERED BY CFF COUNSELORS TRAINED IN THESE EVIDENCE-BASED MODELS. IN 2022, 665 NEW FAMILIES ENROLLED IN SERVICES. 100% OF YOUTH AND 77% ADULTS WHO SUCCESSFULLY COMPLETED THE PROGRAM REPORTED IMPROVED FAMILY RELATIONSHIPS.

SEAFORD HOUSE THERAPEUTIC RESIDENCE (SHTR) IS A 16-BED GROUP RESIDENCE FOR YOUTH AGES 12 TO 17 WHO ARE IN DIVISION OF FAMILY SERVICES (DFS) CUSTODY AND ARE UNABLE TO BE SERVED IN HOME-BASED FOSTER CARE. THE PROGRAM OFFERS STRENGTH-BASED THERAPEUTIC SUPPORTS BY TRAINED CLINICIANS; BEHAVIORAL MANAGEMENT; AND SKILLS TRAINING IN A SUPPORTIVE ENVIRONMENT. IN 2022, 70% OF DISCHARGES WERE PLANNED, AND 100% OF THOSE

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

TRANSITIONED TO INDEPENDENT LIVING PROGRAMS OR REUNIFIED WITH THEIR FAMILIES OR FAMILY FOSTER CARE.

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 COGNITIVE BEHAVIORAL THERAPY IN SCHOOLS (CBITS) AND BOUNCE BACK (BB) ARE EVIDENCE-BASED, DEVELOPMENTALLY APPROPRIATE COGNITIVE BEHAVIORAL THERAPY INTERVENTIONS FOR ELEMENTARY (BB), MIDDLE AND HIGH SCHOOL STUDENTS (CBITS) TRAUMATIZED BY VIOLENCE, TO REDUCE SYMPTOMS OF PTSD, DEPRESSION, AND ANXIETY, AND TO ENHANCE SKILLS TO HANDLE FUTURE STRESSES. TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY (TF-CBT) IS AN EVIDENCE BASED INDIVIDUAL THERAPY. BOYS COUNCIL AND GIRLS CIRCLE (BC|GC) PROVIDE SOCIAL EMOTIONAL SKILLS IN A PEER GROUP SETTING. IN 2022, 77% OF YOUTH WHO SUCCESSFULLY COMPLETED CBITS/BB IMPROVED PTSD SYMPTOMS, AND 87% REPORTED IMPROVED KNOWLEDGE AND SKILLS.

BEHAVIORAL HEALTH CONSULTANTS (BHC) PROVIDES SCREENING FOR MENTAL HEALTH, SUBSTANCE ABUSE, TRAUMA, AND RISK OF SUICIDALITY/HOMICIDALITY, BRIEF STABILIZATION SERVICES, AND LONGER-TERM THERAPEUTIC SUPPORT AND CASE MANAGEMENT TO STUDENTS IN 30 MIDDLE SCHOOLS STATEWIDE, AS WELL AS CONSULTATION SERVICES AND SOCIAL-EMOTIONAL TRAINING FOR FAMILY AND SCHOOL STAFF. IN 2022, BHCS ENROLLED 550 STUDENTS IN THERAPEUTIC SERVICES. IN SHORT TERM COUNSELING, 39 RISK ASSESSMENTS WERE COMPLETED, 88% OF THERAPY COMPLETERS DISCHARGED SUCCESSFULLY, AND RESILIENCY INCREASED 30%. IN SUPPORTIVE COUNSELING, 50 RISK ASSESSMENTS WERE COMPLETED, 88% OF THERAPY COMPLETERS DISCHARGED SUCCESSFULLY, AND 18% INCREASED RESILIENCY. IN ADDITION, 71 RISK ASSESSMENTS WERE COMPLETED

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

Employer identification number

51-0065731

THROUGH CONSULTATION SUPPORT.

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

POSITIVE PARENTING

SPECIAL NEEDS FAMILY FOSTER CARE (FC) AT CFF PROVIDES STABILITY AND SUPPORTIVE ENVIRONMENTS TO INFANTS, CHILDREN, AND TEENS INCLUDING THOSE REQUIRING THERAPEUTIC AND SPECIALIZED CARE WHO CANNOT REMAIN AT HOME FOR A VARIETY OF REASONS, INCLUDING CHILD ABUSE AND NEGLECT RELATING TO CAREGIVER SUBSTANCE ABUSE. FOSTER FAMILIES RECEIVE EXTENSIVE TRAINING AND SUPPORT, AND BIRTH FAMILIES RECEIVE FAMILY-CENTERED COUNSELING, VISITATION, AND SUPPORT SERVICES TOWARD REUNITING THE CHILD WITH THE BIRTH FAMILY, AS APPROPRIATE. IN 2022, 100% OF CHILDREN IN SHELTER CARE REMAINED WITH ONE CFF FAMILY THROUGHOUT THE YEAR, AND 100% OF CHILDREN WERE DISCHARGED TO REUNIFICATION WITH BIRTH FAMILIES, ADOPTION, OR OTHER POSITIVE LIVING SITUATION.

SPECIAL NEEDS ADOPTION FROM FOSTER CARE PROVIDES A PERMANENT HOME FOR OLDER YOUTH; SIBLING GROUPS; AND CHILDREN WITH EMOTIONAL, DEVELOPMENTAL, OR MEDICAL NEEDS WHOSE BIRTH PARENTS HAVE HAD PARENTAL RIGHTS TERMINATED. THROUGH THE CHILD-SPECIFIC RECRUITMENT (CSR) PROGRAM, POTENTIAL ADOPTIVE FAMILIES ARE VETTED, RECRUITED, TRAINED, SELECTED, AND SUPPORTED TO FACILITATE SUCCESSFUL ADOPTIONS OF KIDS WITH SPECIAL NEEDS. IN 2022, 100% OF ADOPTIONS WERE FINALIZED WITHIN 12 MONTHS OF THE CHILD JOINING THEIR FOREVER FAMILY.

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

Name of the organization

CHILDREN AND FAMILIES FIRST DELAWARE INC

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17 WHO ARE AT RISK OF AGING OUT OF FOSTER CARE, EITHER TO CONNECT THEM TO A SUPPORT SYSTEM OF EXTENDED FAMILY MEMBERS OR OTHER CARING ADULTS, FOR PERMANENT PLACEMENT, OR FOR SUPPORT DURING TRANSITION TO INDEPENDENCE. IN 2022, 96% OF PARTICIPATING YOUTH MADE CONNECTIONS WITH CARING ADULTS AND FAMILY.

PARENTING ENRICHMENT (PE) PROVIDES EVIDENCE-BASED SKILLS TRAINING AND EDUCATION TO PREVENT AND CHILD ABUSE AND NEGLECT BY TEACHING AT RISK FAMILIES POSITIVE AND CARING NURTURING SKILLS PRACTICED IN A DUAL GENERATION SETTING. STRENGTHENING FAMILIES PROGRAM (SFP) AND NURTURING PARENTING PROGRAM (NPP) ARE 14-WEEK SMALL GROUP CLASSES DELIVERED BY TRAINED EDUCATORS INCLUDE DEDICATED TIME FOR PARENTS TO LEARN SKILLS AND PRACTICE THEM WITH THEIR CHILDREN. IN 2022, 69% OF CAREGIVERS SUCCESSFULLY COMPLETED SFP AND 80% COMPLETED NPP. OF PARENTS WHO SUCCESSFULLY COMPLETED SFP, 82% DEMONSTRATED IMPROVED KNOWLEDGE ACROSS AT LEAST TWO PARENTING DOMAINS AND 100% OF AT-RISK PARENTS REDUCED BELIEF IN CORPORAL PUNISHMENT. OF THOSE WHO COMPLETED NPP, 88% DEMONSTRATED IMPROVED KNOWLEDGE ACROSS AT LEAST TWO PARENTING DOMAINS AND 100% OF AT-RISK PARENTS REDUCED BELIEF IN CORPORAL PUNISHMENT. EXPENSES \$ 2,360,569. INCLUDING GRANTS OF \$ 513,652. REVENUE \$ 41,999.

FAMILY & WORKPLACE RESOURCES

COMMUNITY SCHOOLS (CS) COMBINE THE BEST EDUCATIONAL PRACTICES OF A QUALITY SCHOOL WITH A WIDE RANGE OF VITAL IN-HOUSE SERVICES TO ENSURE THAT VULNERABLE CHILDREN IN THE CITY OF WILMINGTON ARE PHYSICALLY, EMOTIONALLY, AND SOCIALLY PREPARED TO LEARN. THE CS PROGRAM SERVES SEVEN SCHOOLS IN THREE NEW CASTLE COUNTY SCHOOL DISTRICTS: CHRISTINA

Name of the organization CHILDREN AND FAMILIES FIRST DELAWARE INC	Employer identification number 51-0065731
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AND RED CLAY (CITY OF WILMINGTON SCHOOLS) . THE PROGRAMS, DEVELOPED IN COLLABORATION WITH EACH DISTRICT, TARGET ELEMENTARY AND MIDDLE SCHOOLS WITH HIGH RATES OF LOW-INCOME STUDENTS, THEIR FAMILIES AND THEIR COMMUNITIES. CS STAFF COORDINATE AND PROVIDE HEALTH AND SOCIAL SERVICES, PARENT ENGAGEMENT ACTIVITIES, AND CULTURAL ENRICHMENT OPPORTUNITIES. IN 2022, COMBINED PROGRAM IMPACT ACHIEVED 21,888 DUPLICATED CONTACTS WITH STUDENTS, PARENTS, AND COMMUNITY MEMBERS, ENSURING STUDENTS WERE CONNECTED TO RESOURCES LIKE AFTERSCHOOL PROGRAMMING, MENTORING, ENRICHMENT EVENTS, FOOD BANK WEEKEND BACKPACKS, AND MORE, AND THAT PARENTS HAD ACCESS TO FOOD PANTRIES, REFERRALS, ENRICHMENT EVENTS AND ADULT EDUCATIONAL OPPORTUNITIES.

ACCESSCARE HELPS USERS IDENTIFY CHILDCARE CENTERS, FAMILY CHILDCARE HOMES, PRESCHOOLS, SCHOOL-AGE PROGRAMS AND CAMPS, AND OFFERS SUGGESTIONS ON HOW TO MAKE INFORMED CARE DECISIONS. IN 2022, THE PROGRAM ASSISTED 2,560 PEOPLE, INCLUDING 225 WITH PURCHASE OF CARE ENHANCED SUPPORT SERVICES. 68% OF THOSE ASSISTED WERE HELPED TO IDENTIFY APPROPRIATE CARE.

ELDERCARE ONLINE, PART OF THE STATE'S AGING & DISABILITY RESOURCE CENTER (ADRC) HELPS INDIVIDUALS IDENTIFY SERVICE PROVIDERS TO MEET OLDER RELATIVES' NEEDS AND EDUCATIONAL MATERIALS TO HELP MAKE INFORMED CHOICES. REFERRALS INCLUDE HOUSING, ASSISTED LIVING, COMPANION SERVICES, LEGAL, TRANSPORTATION, ETC. IN 2022, 9.233 SEARCHES WERE COMPLETED, AND 88% WERE HELPED BY THE SERVICES.

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,

Name of the organization CHILDREN AND FAMILIES FIRST DELAWARE INC	Employer identification number 51-0065731
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AND CENTERS FOR MILDLY ILL CHILDREN, ADULT DAY CARE CENTERS, AND
 IN-HOME CARE. INDIVIDUALS CAN ALSO CHOOSE THEIR OWN BACKUP CARE
 PROVIDERS, INCLUDING FRIENDS AND FAMILY MEMBERS. AN EMPLOYEE SUBSIDY
 HELPS OFFSET THE BACKUP CARE COSTS. IN 2022, JITC SAVED 1,843 WORKDAYS
 FOR 667 EMPLOYEES. 99% OF JITC PARTICIPANTS WHO COMPLETED A SURVEY
 REPORTED THEY WERE ABLE TO GET TO WORK BECAUSE OF THE PROGRAM AND 95%
 SAID JITC MET THEIR NEEDS.
 EXPENSES \$ 11,819,786. INCLUDING GRANTS OF \$ 265,657. REVENUE \$ 128,849.

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

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

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

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

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

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

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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. 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:

GAIN(LOSS) ON PENSION PLAN	346,919.
TRANSFERS FROM SUPPORTING ORGANIZATIONS	141,359.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-1,036,513.
DONATED PROPERTY FOR HEAD START	1,210,000.
TOTAL TO FORM 990, PART XI, LINE 9	661,765.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
B2W2 INC. - 27-1705781 555 JUSTISON ST SUITE 150 WILMINGTON, DE 19802	SUPPORTING ORGANIZATION TO FILING ENTITY	DELAWARE	501(C)(3)	LINE 12A, I	CHILDREN & FAMILIES FIRST DELAWARE, INC.	X	
CHILDREN & FAMILIES FIRST ENDOWMENT INC. - 27-1705610, 555 JUSTISON ST SUITE 150, WILMINGTON, DE 19802	SUPPORTING ORGANIZATION TO FILING ENTITY	DELAWARE	501(C)(3)	LINE 12A, I	CHILDREN & FAMILIES FIRST DELAWARE, INC.	X	

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

Schedule R (Form 990) 2022

COPY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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.

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) B2W2 INC.	K	585,614.	ESTIMATED FAIR VALUE
(2) CHILDREN AND FAMILIES FIRST ENDOWMENT	S	141,359.	ESTIMATED FAIR VALUE
(3)			
(4)			
(5)			
(6)			



