EXTENDED TO MAY 15, 2020

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

A	For the 2	2018 calendar year, or tax year beginning JUL 1, 2018 and a	ending L	JUN 30, 2019			
В	Check if applicable:	C Name of organization		D Employer identifi	cation number		
	Address	CHILDREN'S ADVOCACY CENTER OF DELAWARE	2				
	Name	Doing business as		51-0	372506		
	Initial		Room/suite	E Telephone numbe			
	Final return/		201		741-2123		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code			1,574,063.		
	Amended			H(a) Is this a group re			
E	Applica-	F Name and address of principal officer:RANDALL WILLIAMS			? Yes X No		
	pending	SAME AS C ABOVE			ncluded? Yes No		
1-	Tax-exem	opt status: X 501(c)(3)	or 527		list. (see instructions)		
J	Website:	▶ WWW.CACOFDE.ORG		H(c) Group exemptio	n number 🕨		
		ganization: X Corporation	L Year	of formation: 1995 N	A State of legal domicile: DE		
P	art I S	Summary					
ø	1 Br	riefly describe the organization's mission or most significant activities: TO RE	EDUCE	THE DEVASTA	TING		
Activities & Governance	L	ONG-TERM EFFECTS THAT CHILD ABUSE HAS ON	CHIL	DREN, THEIR	FAMILIES		
ern	2 Ch	neck this box. 🕨 📖 if the organization discontinued its operations or dispos	ed of more	e than 25% of its net as			
NO.		umber of voting members of the governing body (Part VI, line 1a)		3	14		
ø	4 No	umber of independent voting members of the governing body (Part VI, line 1b)		4	14		
es	5 To	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	18		
iv.	6 To	otal number of volunteers (estimate if necessary)		6	0		
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
	b Ne	et unrelated business taxable income from Form 990-T, line 38	movesso.	7b	0.		
	6 10		-	Prior Year	Current Year		
e		ontributions and grants (Part VIII, line 1h)		1,375,663.	1,566,927.		
Revenue		ogram service revenue (Part VIII, line 2g)		0.	0.		
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,464.	7,136.		
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		550.	1 574 063		
_		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,382,677.	1,574,063.		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1.67 [2]	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		988,144.	1,064,998.		
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	~	0.	0.		
Exp	b 10	tal fundraising expenses (Part IX, column (D), line 25)	0.	260 605	400 150		
200	1/ 00	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		369,605.	402,158.		
		stal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	******	1,357,749.	1,467,156.		
288		evenue less expenses. Subtract line 18 from line 12	n.	24,928.	106,907.		
ance	00 T-	tal assets (Cost V. Kos 10)	Ве	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20 To	tal assets (Part X, line 16)		710,935. 90,723.	931,154.		
Vet	21 To	et assets or fund balances. Subtract line 21 from line 20		620,212.	204,035. 727,119.		
		Signature Block	merry.	040,414.	141,113+		
		es of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the heet of my	/ Vnowledge and helief it is		
		and complete. Declaration of preparer (other than officer) is based on all information of whi			Knowledge and Deller, It is		
II DIG	, corract, s	and complete. Decial ation of prepared Joines than officery is based on an information of will	ion proparei	nas any knowledge.			
Sig		Signature of officer		Date			
Her	1.0	RANDALL WILLIAMS, EXECUTIVE DIRECTOR					
iici	,	Type or print name and title					
_	P	rint/Type preparer's name Preparer's signature	[1	Date Check	1 PTIN		
Paid		ATHLEEN CORCORAN, CPA		il self-employe			
	5.5. 20 1 757	rm's name WHEELER, WOLFENDEN & DWARES, P.A		Firm's EIN	51-0380493		
		rm's address 4550 NEW LINDEN HILL ROAD, STE 2		2,400.00			
		WILMINGTON, DE 19808	1,21	Phone no. (3	02) 254-8240		
Ma	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form 8868 (Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

► Go to www.irs.gov/Form8868 for the latest information.

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts for which as extension request must be cont to the IDS in paper formet (ass instructions). For more details on the electronic

	atic 6-Month Extension of Time. Only sub-	mit origin	al (no copies needed).			
	rations required to file an income tax return other than I Form 7004 to request an extension of time to file incor					ing number
Type or print	Name of exempt organization or other filer, see instr		r identification	on number (EIN) o		
File by the due date for filing your return. See	CHILDREN'S ADVOCACY CENTER Number, street, and room or suite no. If a P.O. box, 611 S. DUPONT HIGHWAY, NO.	see instruc		Social se	51-03 ecurity numb	972506 per (SSN)
instructions	City, town or post office, state, and ZIP code. For a DOVER, DE 19901	20.00				7-1-1
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)	LEDNESSENSVISSEL	o-midentamen	0 1
Applicati Is For	on	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than Individu	ial)		09
Form 990		04	Form 5227			10
Form 990 The bo	T (sec. 401(a) or 408(a) trust) T (trust other than above) RANDALL WILLIA books are in the care of P.O. BOX 269 -					11 12
The bo	RANDALL WILLIA Cooks are in the care of P.O. BOX 269 — none No. Market Street	MS WILM ss in the Ui	Form 8870 INGTON , DE 19899 Fax No. ited States, check this box	If this is fo	r the whole g	12 ▶ □ group, check this
The both Telepholist If the control of the control	PT (trust other than above) RANDALL WILLIA poks are in the care of ▶ P.O. BOX 269 - none No. ▶ 302-741-2123 organization does not have an office or place of busines	MS WILM ss in the Un Group Exi and atta MA ganization	Form 8870 INGTON, DE 19899 Fax No. inted States, check this box inted States, check this box interpretation Number (GEN) interpretation Num	If this is fo Is of all memb o file the exem	r the whole gers the exte	12
The both Teleph If the control of th	RANDALL WILLIA poks are in the care of P.O. BOX 269 — none No. 302-741-2123 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2018 The tax year entered in line 1 is for less than 12 months, and the content of the properties of the prop	MS WILM ss in the Un Group Exc and atta MA ganization , ar	Form 8870 INGTON, DE 19899 Fax No. Initial return Fax No. Initial return INGTON, DE 19899 Fax No. Initial return	If this is fo Is of all memb o file the exem	r the whole gers the exte	group, check this nsion is for-
The both Telepholist If the control of the control	RANDALL WILLIA poks are in the care of P.O. BOX 269 — none No. 302-741-2123 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box I quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension of time until	MS WILM ss in the Un Group Exi and atta MA ganization's check reas 0, or 6069, 9, enter an	Form 8870 INGTON, DE 19899 Fax No. Inited States, check this box comption Number (GEN) ach a list with the names and EIN Y 15, 2020 , to be return for: Ind ending JUN 30, 20 Initial return content the tentative tax, less Individually the state of the state o	If this is fo ls of all memb o file the exem 19 Final retur	r the whole gers the extended and the ex	12 ▶ □ group, check this nsion is for-

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

_				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_6	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	T		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1.5
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	13		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1 1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	A.	
	Part VI	11a	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	43-		1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	m I		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	JE V		14
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	يست	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	7.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	440		1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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	1417		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	7		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	V	X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	100		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	7.21		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		Δ
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			T
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			-
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			0.45
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	100		1.5
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			11.00
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			75.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		53.	
D-	Note, All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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			166
	For the contract of the contra		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 6	2	2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
-	DIG THE PRODUCT COLLEGE WITH DECREE WITH DIGITIES TO TEDUCADIE DAVITETIES TO VEHICUS AND TEDUCADIE CAMINO			

Page 5

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		Yes	No
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			2.0		
3a			***************************************	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			-02		
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:	A				
42	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Α
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			OC.		-
oa	any contributions that were not tax deductible as charitable contributions?		Section States and Section 18, 1784, and Section 18, 1784, and 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	Go		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			6a		
ь			or girts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicas	provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1 41003	provided to the payor:	7b		21
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	Jas re	quired	7.5		
-	to file Form 8282?		3.77	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	The second secon	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	_		7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	2	3
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	initiae u		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		ni-n-ini-ni-ni-ni-ni-ni-	9b	-	
10	Section 501(c)(7) organizations. Enter:	4	A.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106				
11	Section 501(c)(12) organizations. Enter:	0	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	116		1.5.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	Latino	1	12a	-	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1.6	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					_
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		_
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D		135	Ĵ-			
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	130				
14a			-	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		· · · · · · · · · · · · · · · · · · ·	14b	1	21
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remund		The second secon	14D		
	(A.) 이 15 (프린) 경기 (A.) (A.		1	15	. 11	х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		erett tennett till till till till till till till t	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.			,,,		-
				Form	990	(2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI		-	X
Sec	tion A. Governing Body and Management		Los	
4	Facility and the second		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 1			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 0		Δ
14		7a		Х
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		Λ
D	and the state of t	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		- 1
а	HOLD NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	8a	x	
b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		1
	tion of the interest of the control of the control of the control of the control of the internal nevertice contents		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		43
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	72	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
-	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			-
	RANDALL WILLIAMS - 302-741-2123			
	P.O. BOX 269, WILMINGTON, DE 19899			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONNA SHAFFER, DNP DIRECTOR	0.50	x						0.	0.	0.
(2) HINDA SMITH	0.50									7
DIRECTOR		X						0+	0.	0.
(3) ELLEN LEVIN DIRECTOR	0.50	x						0.	0.	0.
(4) J. CARLTON GARTNER, JR. MD. DIRECTOR	0.50	x						0.	0.	0.
(5) LORI A. BREWINGTON DIRECTOR	0.50	x						0.	0.	0.
(6) VICTORIA FORAKER DIRECTOR	0.50	х						0.	0.	0.
(7) CHARLES HOLMES DIRECTOR	0.50	х						0.	0.	0.
(8) PATRICIA DAILEY-LEWIS DIRECTOR	0.50	х						0.	0.	0.
(9) ROBERT B. MACLEISH DIRECTOR	0.50	х						0.	0.	0.
(10) ROBERT B. WASSERBACH CHAIRPERSON	2.00	х		х				0.	0.	0.
(11) LINCOLN WILLIS IMMEDIATE PAST CHAIR	2.00	x		x				0.	0.	0.
(12) JOESPH SHERIDAN JR. VICE-CHAIR	2.00	х		х				0.	0.	0.
(13) JANICE MINK	2.00	x		х				0.	0	n
SECRETARY/TREASURER (14) RANDALL WILLIAMS	40.00	Λ		Λ	-			0.	0.	0.
EXECUTIVE DIRECTOR	20,00	x		х				96,314.	0.	2,914.
(15) MELANIE GEORGE SMITH	0.50							22,72,42		
DIRECTOR		X						0.	0.	0.
B92007 32-21-1B	_	_	_							Form 990 (2018)

\$100,000 of compensation from the organization

Par	t VII Section A. Officers, Directors, Tr	N'S ADVO	CA(ees,	and	d Hi	CEF ghes	st Co	OF DELAWARE Ompensated Employee	51-0373 es (continued)	2506	P	age 8
	(A) Name and title	(B) Average hours per week	(do	not cl	Posi neck ss per	tion more		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount of other compensation organization organization.		of
		(list any hours for related organizations below line)	Individual trustes or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			ation ne tion ted
16	Sub-total								96,314.	0.		2,9	14
c	Total from continuation sheets to Part	VII, Section A					1	-	0.	0		-	0.
2 2	Total (add lines 1b and 1c) Total number of individuals (including but							o re	96,314. ceived more than \$100.	000 of reportable		2,9	14.
	compensation from the organization			-								L	0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for											Yes	No X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	mpe	ensa	tion	and	oth			4	1	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	r accrue comper	nsati	on f	rom	any	unre	elate	d organization or individ		5		х
	tion B. Independent Contractors			C 1		- 6.5	1	1.6			66.007	12.50	
1	Complete this table for your five highest of the organization. Report compensation for									A to the control of t	sation	from	
	(A) Name and busines			ONE		1111	JI WI		(B) Description of se	3	(Compe	C) ensatio	חו

the organization. Report compensation for the calendar year ending with or within the organization's tax (A) (B) Name and business address Description of s NONE Total number of independent contractors (including but not limited to those listed above) who received more than

_		Check if Schedule O cont	ams a respons	e or note to any li	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
and Other Similar Amounts		Membership dues						
Ĕ		Fundraising events						
ar		Related organizations						
Ē		Government grants (contribut		,536,609.				
S		All other contributions, gifts, gran						
		similar amounts not included abo	ve 1f	30,318.				
9	g	Noncash contributions included in lines						
au	h	Total, Add lines 1a-1f			1,566,927.			
				Business Code				
1	2 a							
0	b							
2	c							
eve	d	<u> </u>						
Revenue	e							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			6,117.			6,117.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
1		Rental income or (loss)						
- 1				>				
		Gross amount from sales of	(i) Securities					
		assets other than inventory	1,019					
	ь	Less: cost or other basis						
		and sales expenses	0					
	c	Gain or (loss)			4.757	V.		
		Net gain or (loss)			1,019.			1,019.
0		Gross income from fundraisin						
2		including \$						
e e		contributions reported on line						
Other Revenue		Part IV, line 18		а				
E	b	Less: direct expenses						
۱ ۲	c	Net income or (loss) from fund	draising events	, >				
		Gross income from gaming ac						
		Part IV, line 19		а				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
- 1		Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c					1		
	d	All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions		•	1,574,063.	0.	0	7,136.

11633__1

	Check if Schedule O contains a respons			70	(6)
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		7		
	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,	400 040	0.0.00	21 414	
	trustees, and key employees	100,310.	86,267.	14,043.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	TO 1 225			
7	Other salaries and wages	724,825.	623,348.	101,477.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		252 277		
9	Other employee benefits	178,725.	166,214.	12,511.	
10	Payroll taxes	61,138.	52,579.	8,559.	
11	Fees for services (non-employees):	2000		177.5	
	Management				
	Legal	3,237.	2,913.	324.	
	Accounting	28,254.	27,406.	848.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	1000 000	120,000	A. Santa	
	column (A) amount, list line 11g expenses on Sch O.)	87,495.	84,870.	2,625.	
12	Advertising and promotion	260.	260.		
13	Office expenses	19,920.	17,330.	2,590.	
14	Information technology				
15	Royalties				
16	Occupancy	122,083.	118,421.	3,662.	
17	Travel	34,627.	30,125.	4,502.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,099.	16,616.	2,483.	
20	Interest				
21	Payments to affiliates		THE STATE OF THE	3 3 3 7 7	
22	Depreciation, depletion, and amortization	51,059.	49,017.	2,042.	
23	Insurance	17,955.	16,160.	1,795.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	EQUIPMENT RENTAL	14,462.	12,582.	1,880.	
b	DUES	2,275.	2,275.	1,000.	
c	PRINTING AND COPYING	889.	846.	43.	
d	BANK SERVICE CHARGES	543.	489.	54.	
	All other expenses	5431	=07.	34,	
25	Total functional expenses. Add lines 1 through 24e	1,467,156.	1,307,718.	159,438.	0
26	Joint costs. Complete this line only if the organization	1,101,1501	2/30///100	100, 400.	U
_0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

ra	TLX.	Check if Schedule O contains a response or no	te to any li	ne in this Part X			
		Oliver in College of State of	to to drij in		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			38,871.	1	168,450.
	2	Savings and temporary cash investments			335,958.	2	282,419.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			140,519.	4	159,312.
	5	Loans and other receivables from current and f					
	100	trustees, key employees, and highest compens	ated emplo	oyees. Complete			
	100	Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
Assets		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
	7	Notes and loans receivable, net				7	
ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			26,870.	9	24,951
	10a	이 그는 이번에 나타내는 이렇게 모든 살이 되었다. 그 나타가는 것이 되는 경에 가지 않는 그는 것이 없다.			4 6 7 7 7		
	-	basis. Complete Part VI of Schedule D	10a	979,505.			
	b	Less: accumulated depreciation		727,157.	126,185.	10c	252,348.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		38,483.	12	39,625	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		4,049.	14	4,049	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	710,935.	16	931,154		
	17	Accounts payable and accrued expenses	90,723.	17	204,035.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
0	22	Loans and other payables to current and forme	r officers, c	directors, trustees,			
	100	key employees, highest compensated employe	es, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
3	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24), C	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			90,723.	26	204,035.
	67	Organizations that follow SFAS 117 (ASC 958	3), check h	nere X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.		4/1/0/2		
200	27	Unrestricted net assets			620,212.	27	727,119.
000	28	Temporarily restricted net assets				28	
0	29	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117 (A	SC 958), d	check here		1 1	
5		and complete lines 30 through 34.		1	14		
200	30	Capital stock or trust principal, or current funds				30	
חח	31	Paid in or capital surplus, or land, building, or ed	quipment fi	und		31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances	************		620,212.	33	727,119.
	34	Total liabilities and net assets/fund balances	************	***************************************	710,935.	34	931,154.

Both consolidated and separate basis

X

2c

3a

X Separate basis

Consolidated basis

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	CHILI	DREN'S AD	VOCACY CENTER	OF D	ELAWA	ARE 5	51-0372506
-							
1	A church, convention of church, convention of church, convention of church A school described in section A hospital or a cooperative Management of A medical research organization, and state: An organization operated for section 170(b)(1)(A)(iv). (Convention of the convention of th	ation because it is inches, or association 170(b)(1)(A)(ii). Inospital service or ation operated in continuous properties of a complete Part II.) ernment or governly receives a substitution of the properties of	: (For lines 1 through 12, of tion of churches describe tion of churches describe (Attach Schedule E (Forreganization described in sconjunction with a hospital college or university owner mental unit described in tantial part of its support (A)(A)(vi). (Complete Particular of the complete of the compl	check only d in section 990 or 99 ection 170 d described d or operat section 17 from a gov	one box. on 170(b)(90-EZ).) 0(b)(1)(A)(d in section ted by a g 70(b)(1)(A) 1)(A)(i). 1)(A)(i). on 170(b)(1)(A)(iii). Enter governmental unit descri)(v). I unit or from the genera	bed in
9	An agricultural research orga or university or a non-land-g						V 5 10 7 1
10	university: An organization that normall activities related to its exem income and unrelated busin See section 509(a)(2). (Com	pt functions - subj ess taxable incom	ject to certain exceptions	and (2) no	more tha	an 33 1/3% of its suppor	rt from gross investment
11 12 12 15 16 16 16 16 16 16 16	An organization organized a An organization organized a more publicly supported org lines 12a through 12d that d Type I. A supporting organization organization. You must or Type II. A supporting organization organization. You must organization organization. You must	nd operated exclusions describes the type nization operated, n(s) the power to romplete Part IV, Straightful or complete Part IV	usively for the benefit of, to bed in section 509(a)(1) of of supporting organization supervised, or controlled regularly appoint or elect Sections A and B. and or controlled in connect ganization vested in the so A, Sections A and C.	o perform to r section and com- by its sup- a majority of stion with its ame person	the function the function of the direct supports support on the the tons that constitute the function of the f	ons of, or to carry out the See section 509(a)(3), as 12e, 12f, and 12g. ganization(s), typically be octors or trustees of the seed organization(s), by he control or manage the support of the section o	Check the box in y giving supporting aving pported
d C	Type III functionally integrits supported organization Type III non-functionally that is not functionally integrequirement (see instructionally integrated, or	(s) (see instruction integrated. A sup- grated. The organ ons). You must co- nization received a Type III non-function	ns). You must complete to porting organization open alization generally must say the properties of the	Part IV, Se rated in co- tisfy a distr s A and D, om the IRS ing organiz	ections A, nnection ribution re and Part that it is zation.	D, and E. with its supported organ equirement and an attent V. a Type I, Type II, Type III	ization(s) tiveness
	ter the number of supported or ovide the following information		tad graanization(s)				
21	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the orga in your governi Yes	nization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			above (see instructions))				
Total					-		

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51-0372506 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,420,730.	1,363,155,	1,398,989.	1,375,663.	1,566,927,	7,125,464
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	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,	1,420,730.	1,363,155.	1,398,989.	1,375,663.	1,566,927.	7,125,464.
6	Public support. Subtract line 5 from line 4.						7 175 464
	ction B. Total Support					1	7,125,464.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,420,730.	1,363,155.	1,398,989.	1,375,663.	1,566,927.	7,125,464.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1 002	1 565	2 762	4 602	6 117	10 121
9	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	1,993.	1,565.	3,763.	4,683.	6,117.	18,121.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		750.	757.	550.		2,057.
11		A Company	- i			in	7,145,642.
12	Gross receipts from related activities, or First five years. If the Form 990 is for	All the or Department of the Land State of the		faurth or lifth tox		12 = E01(a)(2)	
	organization, check this box and stop ction C. Computation of Public	here			Contract of the same	11 30 1(c)(3)	> □
14	Public support percentage for 2018 (lin	ne 6, column (f) div	ided by line 11, co	lumn (f))		14	99.72 %
	Public support percentage from 2017					15	99.72 %
16a	33 1/3% support test - 2018. If the or			line 13, and line 1	4 is 33 1/3% or n	nore, check this box	
	stop here. The organization qualifies a	and the last of the same of the last of th				3103100011000111103003	
b	33 1/3% support test - 2017. If the or				ine 15 is 33 1/3%	or more, check thi	s box
4-4	and stop here. The organization qualif					15 44 400	P
1/a	10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" t	s-and-circumstance	es" test, check thi	s box and stop he	re. Explain in Par	rt VI how the organi	ization
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	e "facts-and-circum	stances" test, che	eck this box and s	top here. Explain	in Part VI how the	
in	organization meets the "facts-and-circu						
18	Private foundation. If the organization	i did not check a bi	ox on line 13, 16a,	10D, 1/a, or 1/b,	Contract Contract	and the second second second second	7731 50FU P.M 8734
					Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51-0372506 Page 3 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				441		
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		11				
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 5.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(=) 2010	(f) Total
그리 소문이 사용하는 이상하는 아이에 교육하는데요. 그렇게 그렇게 내려가 그 때문에 모든 그 때문에 가는 이 사람들이 된다.	(a) 2014	(b) 2013	(6) 2010	(d) 2017	(e) 2018	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		903 de 10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	X X T X T X		STATE OF THE PARTY	
14 First five years. If the Form 990 is for			calculation and also decided the control of the con	Activities of the factor of the second		
check this box and stop here	. C			~~~	inii yyyy araktyi kyy a yyi kyy	
Section C. Computation of Public					T.XI	
15 Public support percentage for 2018 (lin					15	9/
16 Public support percentage from 2017 Section D. Computation of Invest				HIPTOTOCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOC	16	9
17 Investment income percentage for 201	8 (line 10c, colu	nn (f), divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2017. If the c	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is me	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec						THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
20 Private foundation. If the organization	uid not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	

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Part IV Supporting Organizations

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

5	ec	tion A. All Supporting Organizations			
				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing			
		documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
		class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	2	Did the organization have any supported organization that does not have an IRS determination of status			
		under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
		organization was described in section 509(a)(1) or (2).	2		
	За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	77	(b) and (c) below.	3a		
	h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		organization made the determination.	3b		
		그는 바람들이 하고 있다면 얼마를 하면 살아가는 것이 맛이 얼마를 하는데 하고 있는데 얼마를 하는데 하는데 그는데 그리고 있다. 그는데 그리고 있는데 그리고 있다고 있다.	30		
	C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
		purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
	4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
		"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
		supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
		despite being controlled or supervised by or in connection with its supported organizations.	4b		
	C	Did the organization support any foreign supported organization that does not have an IRS determination			
		under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
		to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		purposes.	4c		
	5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
		answer (b) and (c) 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).	5a		
	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?	5b		
	c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
		anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
		benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
		support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
		Part VI.	6		
	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
		(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	100	
	00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
	94				
		disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	1	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	-326		
		the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	-
	C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	300		
	24	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
1	0a	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	65		
		supporting organizations)? If "Yes," answer 10b below.	10a		
	1_	Did the creanization have any excess business holdings in the tay year? // lee Schodule C. Form 4720, to		1	

determine whether the organization had excess business holdings.)

	edule A (Form 990 or 990-EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51- rt IV Supporting Organizations (continued)	037250)6 P	age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1	T.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
2	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations		Tab	1
	Old the constraint of the state		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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	1	
Sec	tion 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 yea(see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction	s).	
2	Activities Test. Answer (a) and (b) below.	_	Yes	No
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? 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.	2a	-	
b	40 (P) TO BELLEVING TO BELLEVING TO THE PROPERTY OF THE PROPER			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		n	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	_	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51-0372506 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4

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

Schedule A (Form 990 or 990-EZ) 2018

7

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51-0372506 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 1 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3 and 4c Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 CHILDREN'S ADVOCACY CENTER OF DELAWARE 51-0372506 Page
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 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 Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF DELAWARE

Employer identification number 51-0372506

Pa	rt I Organizations Maintaining Donor Advised		s or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line ((a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		-	
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	sed funds	1-46
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or o	fonor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, line	7-
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of a hist	torically impo	ortant land area
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserv	The state of the s
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			and the second s	
C	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft		and the second second	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organizatio	n during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation ea	sements during the year
	• <u>-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and enforcing conserva	ation easeme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	# CONTROL OF THE PROPERTY OF T	7 THE SECTION AND ADMINISTRATION OF SECTION AND ADMINISTRATION OF SECTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMIN	
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	ation's accounting for
-	conservation easements.		w. o	Part March No.
Pa	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9	T TO THE STATE OF	ther Simi	iar Assets.
4 =				lands that it wales of an
ia	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhibition that feet all the feet		ance of public	c service, provide, in Part Alli,
	the text of the footnote to its financial statements that describe		t min al la min min a	a aband washe at ask blakedast
b	그게 가게 하면서 이렇게 하게 보면 하면 되었다면 하면 가게 되었다면 그런 얼마를 하는데 하는데 되었다면 하다.			
	treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of pu	iblic service,	provide the following amounts
	relating to these items:			*
	(i) Revenue included on Form 990, Part VIII, line 1			\$
		uros or other cimilar areata for financia		\$
2	If the organization received or held works of art, historical treas	마시아 등의 경우하다 중앙 보고 하는 것이 되어 가입니다.	ai yairi, provi	ue .
	the following amounts required to be reported under SFAS 116	(MOU 300) relating to these items:		
a	Revenue included on Form 990, Part VIII, line 1			4

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

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018

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	1
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Sta		Revenue per P	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 12a.			1 025 401
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			1	1,835,491
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	The state of the s	261,428.		
c Recoveries of prior year grants		201/1201		
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	4131414141		2e	261,428.
3 Subtract line 2e from line 1			3	1,574,063.
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.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12			5	1,574,063.
Part XII Reconciliation of Expenses per Audited Financial St	atements Wit		Retu	
Complete if the organization answered "Yes" on Form 990, Part IV, li				4 888 581
Total expenses and losses per audited financial statements		omeniment emissione	1	1,728,584.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Harri Y	0.61 400		
a Donated services and use of facilities	COLUMN THE PARTY OF THE PARTY O	261,428.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)			100	261 420
e Add lines 2a through 2d			2e	261,428.
3 Subtract line 2e from line 1			3	1,467,156.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Last			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)				0.
c Add lines 4a and 4b			4c	1,467,156.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8.)	militaria de la composición del composición de la composición de l	5	1,407,130.
PART X, LINE 2: THE ORGANIZATION IS A NONPROFIT ENTITY THE UNDER SECTION 501(C)(3) OF THE INTERNAL FOR MADE NO PROVISION FOR FEDERAL, STATE OR INTERNATION ACCOMPANYING FINANCIAL STATEMENTS. IN AUDITOR BY THE INTERNAL REVENUE SERVICE FOUNDATION WITHIN THE MEANING OF SECTION	AT IS EXEREVENUE COLOR INCOME TO TO	EMPT FROM I DDE AND, TH DME TAX IN THE ORGANIZ BE A "PRIV	EREF THE ATIO	ON HAS BEEN
CODE. THE ORGANIZATION ADOPTED ASC 740-10, INCO	ME TAXES,	AS IT REL	ATES	S TO
UNCERTAIN TAX POSITIONS. MANAGEMENT HAS	REVIEWED	ITS CURREN	T AN	ID PAST
				AND

832054 10-29-18

UNAMBIGUOUS TAX LAW AND REGULATIONS,

THAT THE TAX POSITIONS TAKEN ARE

Schedule D (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2018 Open to Public Inspection

DMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 51 – 0372506

51-0372506 CHILDREN'S ADVOCACY CENTER OF DELAWARE LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, AND SOCIETY THROUGH IMMMEDIATE COORDINATED, CHILD FOCUSED SERVICES, EDUCATION, AND ADVOCACY. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A DRAFT COPY OF THE FEDERAL FORM 990 FOR REVIEW AND APPROVAL BEFORE FILING IS COMPLETE. FORM 990, PART VI, SECTION B, LINE 12C: THROUGH AN OPEN DOOR POLICY AND ENCOURAGEMENT FROM MANAGEMENT TO EMPLOYEES TO DISCLOSE ALL CONFLICTS OF INTEREST THE ORGANIZATION IS CONSISTENTLY MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE DETERMINATION OF MANAGEMENT, EXECUTIVE DIRECTOR, AND KEY EMPLOYEE SALARIES IS MADE BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: THE ENTITY MAKES THEIR BYLAWS, FINANCIAL STATEMENTS AND ANNUAL REPORT AND ALL OTHER GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C: THE ORGANIZATION BOARD OF DIRECTORS SELECTS AN INDEPENDENT AUDITOR TO

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

Schedule O (Form 990 or 990-EZ) (2018)

DIRECTOR.

PERFORM AN ANNUAL AUDIT WHICH IS OVERSEEN BY THE BOARD AND EXECUTIVE

Schedule O (Form 990 or 9	990-EZ) (2018)					Page 2
Name of the organization	CHILDREN'S	ADVOCACY	CENTER O	F DELAWARE	Employer identification no 51-0372506	umber
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