PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CH 3335

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

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| AI | or the | 2015 calendar year, or tax year beginning $$ | JUN 30, 201 | 6 |
|--------------------------------|--|---|--|--|
| В | Check if applicable: | C Name of organization | D Employer ident | ification number |
| Г | Address change | The Children's Place at Home Safe, Inc. | | |
| | Name change | Doing business as HomeSafe | 59- | 1935485 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | | |
| | Final return/ | 2840 Sixth Avenue South | | -383-9800 |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 10,374,934. |
| | Amende return | Lake Worth, FL 33461 | H(a) Is this a group | |
| | Applica- | F Name and address of principal officer: RODEL CO Valgas | | es? Yes X No |
| _ | pending | same as C above | H(b) Are all subordinate | |
| | | | | a list. (see instructions) |
| | | :▶ www.helphomesafe.org | H(c) Group exempt | |
| | | | lear of formation: 1979 | M State of legal domicile: FL |
| Pa | | Summary | | on a discourt town |
| Se | | riefly describe the organization's mission or most significant activities: Creating | saier more | productive |
| nan | | ives for infants, children and families. | then 050/ of its not | ***** |
| Governance | | heck this box if the organization discontinued its operations or disposed of rumber of voting members of the governing body (Part VI, line 1a) | will be to be the property of the party of t | 1.0 |
| 8 | | umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) | The second control of the control of the second control of the | 18 |
| S | | otal number of individuals employed in calendar year 2015 (Part V, line 2a) | | |
| Activities & | | otal number of volunteers (estimate if necessary) | | |
| | | otal unrelated business revenue from Part VIII, column (C), line 12 | | |
| Ā | | et unrelated business taxable income from Form 990-T, line 34 | | |
| - 11 | | | Prior Year | Current Year |
| Revenue | 8 C | ontributions and grants (Part VIII, line 1h) | 5,942,152 | |
| | | rogram service revenue (Part VIII, line 2g) | 2,145,402 | |
| eve | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | 89,828 | |
| æ | | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -75,493 | |
| | | otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,101,889 | 9,799,486. |
| | 13 G | rants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | |
| | 14 B | enefits paid to or for members (Part IX, column (A), line 4) | 0 | |
| es | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,175,120 | |
| Expenses | | rofessional fundraising fees (Part IX, column (A), line 11e) | 0 | . 0. |
| ďx | | otal fundraising expenses (Part IX, column (D), line 25) 368,801. | | |
| ш | | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,006,363 | |
| | The state of the s | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,181,483 | |
| _ 0 | | evenue less expenses. Subtract line 18 from line 12 | -79,594 | |
| ts o | | | Beginning of Current Yea | |
| Asse Bala | 20 To | otal assets (Part X, line 16) | 11,150,088 | |
| Net Assets or Fund Balances | 21 To | otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20 | 484,522 10,665,566 | The second secon |
| | | Signature Block | 10,005,500 | 11,000,040. |
| - | | es of perjury, I declare that I have examined this return, including accompanying schedules and st | atements, and to the best of | my knowledge and belief, it is |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which prep | | my miomoago ana som, mo |
| | | Jan to Concent | | |
| Sign | , J | Signature of officer | Date /2/) | |
| Her | | Lawrence W. Gonnello, Treasurer | 1/26/2 | 2017 |
| | | Type or print name and title | | |
| | | Print/Type preparer's name Preparer's signature, | Date/ / Check | PTIN |
| Paid | | avid J. Thomas | 1/23/2017 self-emp | |
| | | irm's name Holyfield & Thomas, LLC | Firm's EIN | 65-1083521 |
| Use | Only F | irm's address 125 Butler Street | | E 64 \ 600 6000 |
| × _ | 77 - 64 | West Palm Beach, FL 33407 | Phone no. (| 561)689-6000 |
| May | the IRS | discuss this return with the preparer shown above? (see instructions) | | X Yes No |

| | t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|----|---|
| 1 | Briefly describe the organization's mission: Creating safer more productive lives for infants, children and families. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 4 | If "Yes," describe these changes on Schedule O. 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 \$ 3,544,791. including grants of \$ |
| 4b | (Code:)(Expenses \$2,624,054. including grants of \$) (Revenue \$) Healthy Beginnings program screens, assesses and provides early intervention services to at-risk children from birth to age five throughout Palm Beach County. It ensures that identified needs are addressed through referrals to appropriate providers in the county. |
| 4c | (Code:)(Expenses \$941,036. including grants of \$) (Revenue \$Enhanced Group Home provides mental health and supportive services designed to meet the behavioral health treatment needs of victims of childhood trauma. |
| | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 262,539 • including grants of \$) (Revenue \$) |
| | Total program service expenses ► 7,372,420. |

| | 3.5 5.65 | | Yes | No |
|-----|---|--------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | Tri Tr | | |
| | 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 | | | |
| | 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, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 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 | | х |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 11a | Х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | Tia | 21 | |
| U | 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 | 112 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 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 | | | 100 |
| | 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 | | | |
| | 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 | 1 | | |
| | 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, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | v | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | X | 1 |
| 19 | | 40 | | x |
| | complete Schedule G, Part III | 19 | | IA |

Part IV | Checklist of Required Schedules (continued)

Yes No 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a 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 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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 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 X 26 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 X 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I 33 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) The Children's Place at Home Safe, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 c Enter the amount of reserves on hand 15 c Enter the amount of reserves on hand 15 c | | Check if Schedule O contains a response or note to any line in this Part V | | | | | = (|
|---|-------|---|---------|--|-----|-----|----------|
| b Enter the number of Forms W2G included in line 1a. Enter of vir not applicable (a) but the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 bif at least one is reported on line 2a, did the organization file all required dederal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required dederal employment tax returns? 2c If Yas, 1 and 1 filed a form 900 (7 for this year) 1 "No." to line ab, provide on explanet on in Schedulo 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Win." to line ab, provide an explanation in Schedulo 0 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Win. If the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Win. If If Yas, 1 and | | | | v | | Yes | No |
| be Enter the number of Forms W26 included in line 1a, Enter o. If not applicable | 1a | Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable | 1a | 21 | | | |
| gamblingl winnings to prize winners? 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 If all least one is reported on line 2a, did the organization tile all required federal employment tax returner? Note. If the sum of lines 1 and 2 ais greater than 250, you may be required to effect (see instructions) If If year, In all tile all of more 907-1 for this year If If "No," to file all year provide an explanation in Schedule 0 If If Year, I are 1 file of a form 990-7 for this year If If "No," to file all year year down any attention in Schedule 0 If Year, I are 1 file of a form 990-7 for this year If If No," to file all year year down any attention in Schedule 0 If Year, I are the name of the foreign country: Image a bank account, accuratise account, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank and financial accounts (FBAR). If Year, I are the same a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the name of the foreign country: Image a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the same a bank account, accurates a caucint, or other financial accounts (FBAR). If Year, I are the same a caucint accurate the financial accounts (FBAR). If Year, I are the same a caucint accurate the financial accounts (FBAR). If Year, I are the same a caucint accurat | | | 1b | 0 | | | |
| 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unreated business gross income of \$1,000 or more during the year? 3a X X If Yes, 1 has it filed a Form 990-T for this year? If YNo, 1 the 83b, provide an explanation in Schedule O 3b If Yes, 2 the time of the foreign country (such as a bank account, securities account, or other financial account)? 4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If Yes, 1 enter the name of the foreign country; 5b If Yes, 1 enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Boe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Boe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Boe and the organization and it was or is a party to a prohibited stax sheler transaction? 5c Boe and the organization has a party to a prohibited stax shellor transaction? 5c Boe and the organization has a mutual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and party for applications of the organization solicit any contribution and party for product and the organization solicit any contribution of authority of the organization shall have any account and the organization file form 8262? 5c Boe and organization solicit and solicit and solicit and solicit and solicit and solicit and s | С | Did the organization comply with backup withholding rules for reportable payments to vendors and | eporta | able gaming | | | |
| filled for the calendar year ending with or within the year covered by this return | | (gambling) winnings to prize winners? | | p | 1c | X | |
| b If all east one is reported on line 2a, did the organization file all required feetral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * has if filed a Form 990-T for this year? If 'No,* to line 3b, provide an explanation in Schedule O 3b If Yes, * has if filed a Form 990-T for this year? If 'No,* to line 3b, provide an explanation in Schedule O 3b If Yes, * has if filed a Form 990-T for this year? If 'No,* to line 3b, provide an explanation in Schedule O 3c If Yes, * has the design outling year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)? 4c If Yes, * the interest has an | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country to the sa bank account, securities account, or other financial accountly over, a financial account in a foreign country to the sa bank account, securities account, or other financial accountly over, a financial account in a foreign country to the sa bank account, securities account, or other financial accountly over, a financial account in a foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6c If "Yes," in it is a fax of 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall experiment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 6c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to fill the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization seceive any funds, directly or indirectly, on a personal benefit contract? 7c X 7d If "Yes," directly the organization receive any funds, directly or indirectly, on a personal benefit contr | | filed for the calendar year ending with or within the year covered by this return | 2a | 155 | 1 | | |
| 38 X X Stress, "has it field a Form 990.7 for this year? If "No," to fire 3b, provide an explanation in Schedulo O 3b A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X X Section 50 1 Yes," in the financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a W See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X See instructions on party to a prohibited tax sheller transaction? 5b X X See instructions of the organization and party to a prohibited tax sheller transaction? 5b X X See | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | | <u>X</u> |
| by If "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If "Yes," enter the name of the foreign country. 5ce instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial account; (FBAR). 5ce instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce When the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c West organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c West organization that may receive deductible contributions under section 170(e). 7c Organization that may receive deductible contributions under section 170(e). 8d West organization that may receive deductible contributions under section 170(e). 9d West organization that may receive deductible contributions under section 170(e). 9d West organization that may receive deductible contributions under section 170(e). 9d West organization that may receive deductible contributions under section 170(e). 9d West organization that may receive deductible contributions under section 170(e). 9d West organization that may receive deductible contributions under section 170(e). 9d West organization sell, exchange, or otherwise dispose of tangible personal personal benefit contract? 7c X 9d West organization sell, exchange, or otherwise dispose of tangible personal personal benefit contract? 7e X 9d West organization received any funds, directly or indire | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | | | |
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| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 July 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 July 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 12a 12a 12a 12b 12a | | | contra | ct? | 7e | | X |
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| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | g | If the organization received a contribution of qualified intellectual property, did the organization file F | orm 8 | 899 as required? | 7g | | |
| sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? | h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation | file a Form 1098-C? | 7h | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 11a 11b 11a 11a | 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | d by th | ne | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | 9 | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | - |
| a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | | | | | 9b | | - |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | 10 | | Dago | ì | | | |
| a Gross income from members or shareholders | | | | | | | 1 |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a 15a 16a 17a 17a 17a 17a 18a 18b 18a 18a 18a 18a 18a 18 | | | 10b | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | 1 | 1 | | | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | - | | 11a | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | D | | 11h | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 14a 14a 15c 14a 15c 14a 15c 14a 15c | 100 | | | | 122 | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | | | | | 120 | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | 그래 이렇게 그리면 가게 하면 가게 하는데 가게 되는데 하는데 이렇게 되는데 되는데 그렇게 되었다. 그래 | 120 | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | a | | | *************************************** | .00 | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | h | | | | | | |
| c Enter the amount of reserves on hand | | 그림 그리다 가는 이 그리고 하는 이 전에 가는 이 아이를 하는 것이 되는 것이 되었다. 그리고 살아 그렇게 그 그런 그렇게 되었다. 그리고 살아 먹는 것이 없는 것이 없다. 그리고 없다. | 13h | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | C | | | | | | |
| | | | | 4 | 14a | | X |
| | | | | | | | |

Form 990 (2015) The Children's Place at Home Safe, Inc. 59–1935485 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management | | | X |
|-----|--|---------|------|------|
| 960 | non A. Governing body and Management | | Yes | No |
| 12 | Enter the number of voting members of the governing body at the end of the tax year 18 | | 103 | 141 |
| Iu | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 18 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | | 2 | | Х |
| _ | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | - | | - 21 |
| 3 | | 2 | | X |
| | 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? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | |
| 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 | 2 | | ٦, |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | -224 | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 1,00 | | 1 |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | N |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| 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 | | | |
| 1 | in Schedule O how this was done | 12c | | X |
| 3 | Did the organization have a written whistleblower policy? | 13 | X | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | X | 1 |
| 5 | 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| | Other officers or key employees of the organization | 15b | X | |
| D | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | - 11 | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| oa | | 40- | | ١, |
| | taxable entity during the year? | 16a | | 1 |
| 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 | 122 | | |
| 200 | exempt status with respect to such arrangements? | 16b | | |
| ec | tion C. Disclosure | _ | | _ |
| 7 | List the states with which a copy of this Form 990 is required to be filed ►FL | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website | | | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| 9 | | | | |
| 9 | statements available to the public during the tax year. | | | |
| 9 | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Diane DelBene - 561-383-9800 | | | |

| Form 990 (| 2015) | The | Child | ren's | Place | at | Home | Safe, | Inc. | 59-1935485 | Page 7 |
|------------|--------------|--------|------------|-----------|----------|-------|----------|-----------|-----------|------------|--------|
| Part VII | Compensation | of Off | ficers, Di | irectors, | Trustees | , Key | / Employ | yees, Hig | ghest Cor | npensated | |

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.

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

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 | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (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) Steven Bernstein | 1.00 | х | | | | | | 0. | 0. | 0. |
| President Elect & Member | 1.00 | Λ | - | X | | - | | 0. | 0. | 0. |
| (2) Alice Nelson | 1.00 | x | | x | | | | 0. | 0. | 0. |
| Vice President | 1.00 | Λ | | Δ | - | - | | 0. | 0. | 0. |
| (3) Lawrence W. Gonnello Treasurer | 1.00 | X | | х | | | | 0. | 0. | 0. |
| (4) Rex B. Kirby | 1.00 | | | | V | | | | | |
| Secretary | | X | | X | | | | 0. | 0. | 0. |
| (5) Roberto Vargas | 1.00 | | | | | | | | | |
| Past President | | X | | X | | | | 0. | 0. | 0. |
| (6) Val Perez | 1.00 | | | | | | | | | |
| President | | X | | X | | | | 0. | 0. | 0. |
| (7) Mike Nichols | 1.00 | | | | | | | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (8) Cherie Copenhaver | 1.00 | | | | | | | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (9) William Berger | 1.00 | | | | | | | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (10) Suzi Goldsmith | 1.00 | | | | | | | 100 | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (11) Roy Hinson | 1.00 | | | | | | | | | |
| Member | | X | | | | - | _ | 0. | 0. | 0. |
| (12) Lynn Holcomb | 1.00 | | | | | | | 4 | | |
| Member | 1 00 | X | | | | - | - | 0. | 0. | 0. |
| (13) Ward Kellogg | 1.00 | | | | | 1 | | | | |
| Member | 1 00 | X | | | - | - | - | 0. | 0. | 0. |
| (14) David M. Layman Member | 1.00 | x | | | | | | 0. | 0. | 0. |
| (15) Diego Rico | 1.00 | | | | | | | - | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (16) Thomas J. Rooney | 1.00 | | | | | | | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (17) Matthew Ladika | 40.00 | | | | | | | | | 4.4.60 |
| CEO | | | | X | | | | 148,835. | 0. | 14,469. Form 990 (2015 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 432,054. c Fundraising events 10 d Related organizations 1d 1e 4,606,132. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 2,206,833. Q Noncash contributions included in lines 1a-1f; \$ 7,245,019. h Total. Add lines 1a-1f Business Code 900099 2,424,209.2,424,209. 2 a Medicaid Program Service Revenue f All other program service revenue ▶ 2,424,209. g Total. Add lines 2a-2f . 3 Investment income (including dividends, interest, and 44,526 44,526. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (i) Securities (ii) Other 7 a Gross amount from sales of 413,878. assets other than inventory 1,600. b Less: cost or other basis and sales expenses 395,581. 4,204 c Gain or (loss) 18,297. -2,604. 15,693. 15,693. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$432,054. of contributions reported on line 1c). See Part IV, line 18 a 111,795 b Less: direct expenses ______ b 175,663 c Net income or (loss) from fundraising events -63,868. -63,868. 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 130,330. 130,330. 11 a Change in Split Intere 900099 3,577. 3,577. 900099 ь Other Income d All other revenue

0. 130,258.

e Total. Add lines 11a-11d ______

12 Total revenue. See instructions.

133,907.

9,799,486.2,424,209.

| | Check if Schedule O contains a respons | | | | (D) |
|-----|--|-----------------------|------------------------------------|---|--|
| | 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 | | | | |
| 121 | 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 | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 178,411. | 157,492. | 12,093. | 8,826. |
| 6 | Compensation not included above, to disqualified | 1/0/411. | 131,472. | 12,055. | 0,0200 |
| O | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 5,076,526. | 4,486,705. | 326,905. | 262,916. |
| 8 | Pension plan accruals and contributions (include | 3707073201 | 2/200/7001 | 320/3001 | |
| 0 | section 401(k) and 403(b) employer contributions) | 49,200. | 42,827. | 5,252. | 1,121. |
| 9 | Other employee benefits | 688,763. | 599,554. | 73,520. | 15,689. |
| 10 | Payroll taxes | 398,942. | 352,351. | 26,960. | 19,631. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 2,499. | 1,804. | 333. | 362. |
| | Accounting | 48,050. | 34,677. | 6,406. | 6,967. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 15,781. | | 15,781. | |
| g | - 1 100/ (I' OF | | 7.5 | | |
| 3 | column (A) amount, list line 11g expenses on Sch O.) | 267,056. | 192,729. | 35,607. | 38,720 |
| 12 | Advertising and promotion | 1,737. | 120. | 999. | 618. |
| 13 | Office expenses | 83,880. | 20,720. | 42,576. | 20,584 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 433,424. | 380,575. | 42,582. | 10,267 |
| 17 | Travel | 167,282. | 91,250. | 6,655. | 69,377 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 8,904. | 4,077. | 1,291. | 3,536 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 352,532. | 303,420. | 44,151. | 4,961 |
| 23 | Insurance | 277,926. | 241,839. | 29,083. | 7,004 |
| 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.) | | | | |
| а | C1-1 D | -175,663. | | 1 | -175,663 |
| b | Program Supplies | 274,872. | 210,231. | | 64,641 |
| C | Repairs & Maintenance | 179,964. | 139,525. | 35,594. | 4,845 |
| d | | 104,650. | 96,006. | 6,244. | 2,400 |
| | All other expenses | 22,476. | 16,518. | 3,959. | 1,999 |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,457,212. | 7,372,420. | 715,991. | 368,801 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Pa | rt X | Balance Sneet | | | |
|-----------------------------|--------|---|---|-------|---------------------------------------|
| . | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (8) End of year |
| | 1 | Cash - non-interest-bearing | 4,200. | 1_ | 4,200. |
| | 2 | Savings and temporary cash investments | 187,668. | 2 | 844,733. |
| | 3 | Pledges and grants receivable, net | 269,361. | 3 | 245,564. |
| | 4 | Accounts receivable, net | 774,470. | 4 | 657,183. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| y, | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | · · · · · · · · · · · · · · · · · · | 8 | |
| | 9 | Prepaid expenses and deferred charges | 2,854. | 9 | 1,606. |
| | - | Land, buildings, and equipment: cost or other | | | |
| | .0. | basis. Complete Part VI of Schedule D 10a 12,124,419. | | | |
| | , h | Less: accumulated depreciation 10b 4,443,984. | 7,174,811. | 100 | 7,680,435. |
| | 11 | Investments - publicly traded securities | 2,391,355. | | 2,620,891. |
| | 12 | Investments - other securities. See Part IV, line 11 | <u> </u> | 12 | 2702070321 |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 345,369. | 15 | 475,238. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 11,150,088. | | 12,529,850. |
| | 17 | Accounts payable and accrued expenses | 484,467. | | 548,400. |
| | 18 | Grants payable | 404/10/ | 18 | 310/100. |
| | 19 | Deferred revenue | | 19 | · · · · · · · · · · · · · · · · · · · |
| | 20 | Tax-exempt bond liabilities | · · · · · · · · · · · · · · · · · · · | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| eA. | 22 | Loans and other payables to current and former officers, directors, trustees, | | ~ ' | |
| <u>t</u> | 22 | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| Ë | 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 | 55. | 25 | 602. |
| | 26 | Total liabilities. Add lines 17 through 25 | 484,522. | | 549,002. |
| - | | Organizations that follow SFAS 117 (ASC 958), check here ► X and | 201/0000 | | 3 23 7 0 0 2 - |
| co | | complete lines 27 through 29, and lines 33 and 34. | | | |
| 5 2 | 27 | Unrestricted net assets | 7,759,709. | 27 | 8,417,605. |
| alar I | 28 | Temporarily restricted net assets | 674,163. | | 1,102,990. |
| ä | 29 | Permanently restricted net assets | 2,231,694. | | 2,460,253. |
| Š | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶□ | <u> </u> | | <u> </u> |
| ř | | and complete lines 30 through 34. | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Re | 33 | Total net assets or fund balances | 10,665,566. | | 11,980,848. |
| | 34 | Total liabilities and net assets/fund balances | 11,150,088. | | 12,529,850. |
| | J-4 | Total Babilities and Het assets/turio balances | 11,130,000. | , U-4 | 14,343,030 |

| orn | 1990 (2015) The Children's Place at Home Safe, Inc. | 59-19 | 35485 | Pag | je 12 |
|-----|---|--------------|--------|------|-------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | 0 500 | | 0.0 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,799 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,45 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,342 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 10,665 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -26 | 5,9 | 92. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 11,980 | 0,8 | 48. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| • | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit. | | | V 10 |
| ٠ | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | 1 |
| 20 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | |
| od | Act and OMB Circular A-133? | igio / idair | За | Х | |
| - | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | 3a | - 11 | |
| a | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | med addit | 3h | x | |

Form **990** (2015)

SCHEDULE A

Department of the Treasury

(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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization The Children's Place at Home Safe, 59-1935485 Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-9 listed in your support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 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.)

| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-----------|---|--|-----------------------|-----------------------|----------------------|---------------------|-------------|
| 1 | Gifts, grants, contributions, and | - 3C. 3- 1 | | | | | |
| | membership fees received. (Do not | | Control School Con | | Sec. 10. 11. | | |
| | include any "unusual grants.") | 4024308. | 5206508. | 5622096. | 5942152. | 7245019. | 28040083. |
| 2 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4024308. | 5206508. | 5622096. | 5942152. | 7245019. | 28040083. |
| 5 | The portion of total contributions by each person (other than a | | | | | | |
| | governmental unit or publicly | 0,1 | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | 13 | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 345,436. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 27694647. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 4024308. | 5206508. | 5622096. | 5942152. | 7245019. | 28040083. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 726. | 205. | 202. | 42,428. | 44,526 | 88,087. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 175,522. | 60,698. | 60,065. | 71. | 3,577 | 299,933. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 28428103. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 13 | 3,221,515. |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a section | on 501(c)(3) | |
| <u>C-</u> | organization, check this box and stor | here | roontogo | | | | > |
| - | ction C. Computation of Publ | | | 31.27.70 | | 1 | 07.40 |
| | Public support percentage for 2015 (| | | | | 14 | 97.42 % |
| | Public support percentage from 2014 33 1/3% support test - 2015. If the o | | | | | | 98.37 % |
| | stop here. The organization qualifies | as a publicly supp | orted organization | ı | | | ►X |
| k | 33 1/3% support test - 2014. If the | A Section of the section of the section of | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes and if the organization meets the "fac | cts-and-circumstan | ces" test, check t | his box and stop I | here. Explain in Pa | rt VI how the orga | anization |
| | meets the "facts-and-circumstances" | | | | | | |
| | 10% -facts-and-circumstances tes | | | | | | |
| Ł | | he "facte and circu | metances" test c | heck this box and | stop here. Explain | n in Part VI how th | ne |
| t | more, and if the organization meets the | | | | | | |
| | more, and if the organization meets the organization meets the "facts-and-circ Private foundation. If the organization meets the organization private foundation is the organization meets the "facts-and-circ private foundation is the organization meets | cumstances" test. | The organization | qualifies as a publ | icly supported org | anization | |

Schedule A (Form 990 or 990-EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|---|--|----------------------|----------------------|---------------------|----------------------|--|
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | 1 | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | 1 | | | | |
| 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | 1 - N | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | 17- | | |
| 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 | | | | | | |
| | | 7 | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| | (a) 2011 | (b) 2012 | (-) 2012 | (d) 2014 | (e) 2015 | (f) Total |
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (a) 2014 | (e) 2013 | (i) iotai |
| 9 Amounts from line 6 | | | | | | |
| 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.) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth | tax year as a secti | on 501(c)(3) organiz | zation, |
| check this box and stop here | | | | | | |
| Section C. Computation of Publi | c Support Pe | rcentage | | | | |
| 15 Public support percentage for 2015 (li | ne 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2014 | | | | | 16 | % |
| Section D. Computation of Inves | tment Incom | e Percentage | | | | |
| 17 Investment income percentage for 20 | 15 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | 014 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2015. If the | | | | | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box ar | | | | | | |
| b 33 1/3% support tests - 2014. If the | A CONTRACTOR OF THE PARTY OF TH | | | | | |
| line 18 is not more than 33 1/3%, che | | | | | | |
| 20 Private foundation. If the organization | | | | | | The second secon |

Schedule A (Form 990 or 990-EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11b of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

| | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) | | | |
|-----|--|------|-----|----|
| Sec | 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 | | N 1 | |
| | 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 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| 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 11a or 11b 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 | | |
| С | 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," | | | |
| 400 | 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 | | | |
| | (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? | | | |
| • | If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | 1 | |
| ou | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | | 54 | | |
| U | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | 1 |
| | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | - 55 | | |
| U | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 100 | Was the organization subject to the excess business holdings rules of section 4943 because of section | 00 | 7 | |
| iva | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | in intil trader and animal illes it and bearing and animal and animal an | 1 | | 1 |

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

| Yes N A parson 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 1a 1a 1a 1a 1a 1a | Sche | dule A (Form 990 or 990-EZ) 2015 The Children's Place at Home Safe, Inc. 59- t IV Supporting Organizations (continued) | <u> 193548</u> | 5 Pa | ge 5 |
|--|------|---|----------------|------|------|
| a 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? b A family member of a person described in (a) abow?? c A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI. 11b Section B. Type Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 directors or trustees were allocated among the supported organization's and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization apprate for the benefit of any supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization ("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 Section C. Type II Supporting Organizations 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 powering documents in effect on the date of notification, and (s) copies of the organization's powering documents in effect on the date of notification, and (s) copies of the organization's apported organization's provided orga | 1 41 | Supporting Organizations Continued) | | Yes | No |
| below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Pert VI. 11c Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? !! "No." describe in Part VI. how the supported organization's directors or trustees at all times during the tax year? !! "No." describe in Part VI. how the supported organization of effectively operated, supervised, or controlled the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? !! "Yes," explain in Part VI how providing such healfit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is accessed and controlled organization, and (iii) copies of the organization maintained a close and controlled as of the date of notification, and (iii) copies of the organization maintained a close and continuous working relater (ii) apported organization's lave year, (ii) a copy of the Form #80 that was most recently filed as of the date of notifica | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Pert VI. 110 Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 her Part VI how the supported organization's directors or trustees at all times during the tax year all "No." describe her Part VI how the supported organization of the organization activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization of degral organization operate for the benefit of any supported organization of 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. 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 supported organization(s)? If Yes, 'describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's accomment in effect on the date of notification, and (iii) copies of the organization's accomment in effect on the date of notification, to the extent not previously provided organization's accomment in effect on the date of notification, to the extent not previously provided organization's accomment in effect on the date of notification, to the extent not previously prov | а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| c A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization of electively operated, supervised, or controlled the organization's activities. If the organization of the organization of the supported organization's and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supporting organization's directors or trustees were allocated among the supported organization's than the supported organization's than the supported organization's than the supported organization's the purposes of the supported organization's lift to such powers during the tax year. 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 activities and the supporting Organization's was vested in the same persons that controlled or managed the organization's tax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's activities and 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 officers, directors, or trustees either (ii) appoi | | below, the governing body of a supported organization? | 11a | | |
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| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | h | | Ja | | |
| of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | , D | | 3b | | |

Schedule A (Form 990 or 990 EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 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 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): a Average monthly value of securities 1a 1b b Average monthly cash balances 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 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 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 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 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) 2015

instructions).

Schedule A (Form 990 or 990 EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 Page 7 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 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) _6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: þ c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

| Schedule A | (Form 990 or 990-E | Z) 2015 The | Children' | 's Place | at Home | Safe, | Inc. | 59-193548 | 5 Page 8 |
|------------|---|--|--|---|--|---|---------------------------------------|--|--------------|
| Part VI | Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.) | Information. Ines 1, 2, 3b, 3c tion D, lines 2 an 6, and 8; and Pa | Provide the expl , 4b, 4c, 5a, 6, 9a d 3; Part IV, Secti | anations require 1, 9b, 9c, 11a, 1 ion E, lines 1c, 2 | ed by Part II, line 1b, and 11c; Par 2a, 2b, 3a and 3b | 10; Part II, li t IV, Section b; Part V, line | ne 17a or B, lines 1 1; Part V, | 17b; Part III, line 12 and 2; Part IV, Sec Section B, line 1e; | tion C, |
| | (O)O III DII DOILOITO, | • | | | | | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of the organization

Employer identification number

59-1935485 The Children's Place at Home Safe, Inc. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

| The | Children' | S | Place | at | Home | Safe, | Inc. |
|-----|-----------|---|-------|----|------|-------|------|
| | | | | | | | |

59-1935485

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$387, <u>155.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$534,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>285,200.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>2,792,855</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>821,775.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 329,209. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

The Children's Place at Home Safe, Inc.

59-1935485

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

. 04 400001

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization The Children's Place at Home Safe, Inc.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 59-1935485

| Pai | t I Organizations Maintaining Donor Advised Forganization answered "Yes" on Form 990, Part IV, line 6. | | | counts. Complete if the |
|-----|--|--|--|---------------------------------------|
| _ | organization anonored 100 on 1011 occipi divity into cr | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing | on that the assets held in donor adv | ised funds | |
| 0 | are the organization's property, subject to the organization's excl | 무슨데 가게 하시다 아이들이 내가 하는 아니라 아이를 하는데 하시다. | | |
| 6 | Did the organization inform all grantees, donors, and donor advise | | | |
| J | for charitable purposes and not for the benefit of the donor or do | | | |
| | impermissible private benefit? | Action resembles 2 Trans. Action and contract | | |
| Pai | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (or | | | |
| | Preservation of land for public use (e.g., recreation or education of natural habitat Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified of | conservation contribution in the form | n of a cons | ervation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | The second secon | 2b |
| C | Number of conservation easements on a certified historic structu | | | 2c |
| d | Number of conservation easements included in (c) acquired after | | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release year > | ed, extinguished, or terminated by t | | ation during the tax |
| 4 | Number of states where property subject to conservation easeme | The state of the s | | |
| 5 | Does the organization have a written policy regarding the periodic | | | |
| | violations, and enforcement of the conservation easements it hol | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, han | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling * | of violations, and enforcing conser | vation ease | ements during the year |
| 8 | Does each conservation easement reported on line 2(d) above sa | | | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation e | easements in its revenue and expen | se stateme | nt, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization' | s financial statements that describe | es the organ | nization's accounting for |
| | conservation easements. | | | |
| Pa | t III Organizations Maintaining Collections of A | | Other Si | milar Assets. |
| | Complete if the organization answered "Yes" on Form 990 | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 9 $$ | | | |
| | historical treasures, or other similar assets held for public exhibiti | | rance of pu | ublic service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educations of the similar assets held for public exhibition, educations of the similar assets held for public exhibition, educations of the similar assets held for public exhibition, educations of the similar assets held for public exhibition. | | | |
| | relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | \$ |
| 2 | If the organization received or held works of art, historical treasur | | cial gain, pr | ovide |
| JF3 | the following amounts required to be reported under SFAS 116 (| | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | Assets included in Form 990, Part X | | | ▶ \$ |

| | dule D (Form 990) 2015 The Chi | ldren's Pla | ce at Hom | e Safe, In | nc. | 59-19 | 935485 | |
|------|---|---------------------------------------|-------------------------|-------------------------------|----------|---|--------------|------------|
| | | | | | | | | |
| 3 | Using the organization's acquisition, access | ion, and other records | s, check any of the | following that are a | signific | cant use of its | scollection | items |
| | (check all that apply): | W. | | and the state of the state of | | | | |
| a | Public exhibition | d | | hange programs | | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | G.Carrier Co. | 2.1 | N. L | | | | |
| 4 | Provide a description of the organization's co | | | | | | ırt XIII. | |
| 5 | During the year, did the organization solicit of | | | | | | | |
| Da | to be sold to raise funds rather than to be m | aintained as part of th | ne organization's co | ollection? | | L | Yes | No |
| Pa | rt IV Escrow and Custodial Arran | | te if the organizatio | n answered "Yes" | on Forn | n 990, Part IV | , line 9, or | |
| - | reported an amount on Form 990, Pa | | | | - V | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | - | |
| | on Form 990, Part X? | | | | | L | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | | | |
| | English State of the Control of the | | | | _ | | Amount | |
| С | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | L | 1f | | |
| 2a | Did the organization include an amount on F | | | | | | Yes | No No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | |
| Pai | t V Endowment Funds. Complete | | swered "Yes" on Fo | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | hree years bacl | (e) Four | years back |
| 1a | Beginning of year balance | 2,231,694. | 2,316,641. | 2,178,146 | | 2,139,539 | . 2, | 189,956 |
| b | Contributions | 250,000. | | | | | | |
| C | Net investment earnings, gains, and losses | 18,559. | 15,053. | 238,495 | | 138,607 | | 24,583 |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | 40,000. | 100,000. | 100,000 | | 100,000 | | 75,000 |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 2,460,253. | 2,231,694. | 2,316,641 | | 2,178,146 | . 2. | 139,539 |
| 2 | Provide the estimated percentage of the cur | rent year end balance | | | | | | |
| а | Board designated or quasi-endowment | The state of the state of | % | | | | | |
| b | Permanent endowment ► 100.00 | % | | | | | | |
| | Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posse | | tion that are held a | nd administered fo | r the or | ganization | | |
| | by: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | X |
| | (ii) related organizations | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | ations listed as require | ed on Schedule R? | ••••• | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | *************************************** | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | |
| | Complete if the organization answere | | , Part IV, line 11a, S | See Form 990. Part | X. line | 10. | | |
| | Description of property | (a) Cost or ot | | | Accum | | (d) Book | k value |
| | | basis (investm | | | depreci | 0. 31.00.00.00 | (u) 2001 | · raido |
| 1a | Land | | 41.5 | 9,874. | | | 9,8,0 | 9,874 |
| | Buildings | | | | .110 | ,040. | | 7,696 |
| | Leasehold improvements | | | 6,359. | | ,862. | | 8,497 |
| | Equipment | | | 1,552. | | 3,213. | | 3,339 |
| | Other | | | | | ,869. | | 1,029 |
| | . Add lines 1a through 1e. (Column (d) must e | | | | | | | 0,435 |
| otal | . Add lines Ta through Te. (Column (d) must e | yuai roiiii 990, Part | , coluitili (B), line i | UC.) | | | 1,00 | 0,433 |

Schedule D (Form 990) 2015

| Complete if the organization answered "Yes" o a) Description of security or category (including name of security) | (b) Book value | | aluation: Cost or end-of-year market value |
|--|-----------------------|-------------------------|--|
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of va | aluation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| art IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | | line 11d. See Form 990, | |
| | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | <u></u> | > |
| art X Other Liabilities. | | | |
| Complete if the organization answered "Yes" or | on Form 990, Part IV, | | n 990, Part X, line 25. |
| (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) Other Current Liabilities | | 602. | |
| (3) | | | - |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| 9 | | | |
| (9) | | 602. | |

532053 09-21-15 Schedule D (Form 990) 2015

| Part XI Reconciliation of Revenue per Audited Finar Complete if the organization answered "Yes" on Form 990, | icial Statements V | | | 1935485 Page 4 |
|--|--|-----------------|-------------|------------------------------------|
| Total revenue, gains, and other support per audited financial state | | | 1 | 9,934,980. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | ., | | 9,934,500: |
| a Net unrealized gains (losses) on investments | | -26,99 | 2. | |
| b Donated services and use of facilities | | | - | |
| c Recoveries of prior year grants | | | | |
| d Other (Describe in Part XIII.) | | | 7. | |
| e Add lines 2a through 2d | The state of the s | | | 151,275. |
| 3 Subtract line 2e from line 1 | | | | 9,783,705. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | 5 | 3,703,703. |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | | | 1 | |
| | | | | 15,781. |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par | | | | 9,799,486. |
| Part XII Reconciliation of Expenses per Audited Fina | | | | |
| Complete if the organization answered "Yes" on Form 990, | | That Expended p | | |
| Total expenses and losses per audited financial statements | | | 1 | 8,619,698. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 0,013,030. |
| Service of the servic | 2a | 1 | | |
| | AND ADDRESS OF THE STATE OF THE | | | |
| b Prior year adjustments | | | | |
| c Other losses d Other (Describe in Part XIII.) | | 450 06 | 7 | |
| | TO THE RESIDENCE AND A STREET OF THE PERSON | | | 178,267. |
| | | | | 8,441,431. |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | ., | 3 | 0,441,431. |
| | 4a | 1 | | |
| | | 4 | 1 | |
| | The state of the s | | 1771 | 15,781. |
| c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, P. | | | | 8,457,212. |
| Part XIII Supplemental Information. | art i, line 10.) | | 5 | 0,431,212. |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Part X, Line 2: | | | ine 4; Part | X, line 2; Part XI, |
| Home Safe is exempt from income tax Internal Revenue Code and has been of | Waster State of the III | | | 11/200 |
| | | | | |
| organization that is not a private f | Water Street | | | 140 may 19 |
| code. Income determined to be unrel | ated busine | ss taxable | incom | e (UBTI) |
| would be taxable. There was no "UBT | II" for the | year ended | June | 30, 2016. |
| On July 1, 2009 the organization add | pted FASB A | SC 740-10, | accou | nting for |
| uncertainty in income taxes. This p | ronouncemen | t seeks to | reduc | e the |
| diversity in practice associated wit | h certain a | spects of m | easur | ement and |
| recognition in account for income to | axes. It pr | escribes a | recog | nition |
| threshold and measurement attribute 532054 09-21-15 | for financi | al statemen | | ognition dule D (Form 990) 2015 |

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

| Name of the organization | l D1 | | ~ | C | 100 miles | ntification number |
|---|---|--|--|---|--|---|
| Fundaciona Activitica | ren's Place a | | | | 59-1935 | |
| required to complete this part. | implete il trie organization a | inswered 1 | es 01 | Troilli 990, Fait IV, | iiile 17.1 Omi 950-L2 | Thers are not |
| 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individual. | e Sc f Sc g Sp al agreement with any individuals or entities (fundraisers) | olicitation of olicitation of oecial fundra vidual (inclu with profess | non-g gover aising ding o ional t | overnment grants nment grants events fficers, directors, true fundraising services? | stees orYes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | or co | Did raiser ustody atrol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Total 3 List all states in which the organization is | | colicit contri | . D | e or has been notifie | d it is exempt from a | registration |
| or licensing. | registered of licerised to s | SOIICIT COTTET | Julion | s of has been notine | d it is exempt from t | egistration |
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| _HA For Paperwork Reduction Act Notice, | see the Instructions for | Form 990 c | r 990- | ·EZ. | Schedule G (Form | 990 or 990-EZ) 20 |

Schedule G (Form 990 or 990 EZ) 2015 The Children's Place at Home Safe, Inc. 59-1935485 Page 2 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events Classic RockJump for (add col. (a) through Homesafe & Roll col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 50,895. 27,780. 543,849. 465,174. 432,054. 26,974 365,368 39,712 2 Less: Contributions 111,795. Gross income (line 1 minus line 2) 99,806 11,183. 806 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 570. 60,865. 51,142. 9,153. Food and beverages 49,144. 1,600. 50,744. Entertainment 4.884 2,976. 64,054. 56,194. Other direct expenses 175,663. 10 Direct expense summary. Add lines 4 through 9 in column (d) -63,868. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ... 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No 6 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? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ______ Yes L

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

The Children's Place at Home Safe, Inc. Employer identification number 59-1935485

Part I **Questions Regarding Compensation** No Yes 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., 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 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 in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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? X 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. 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? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? X b Any related organization? X 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 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 X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

| Sch | nedule G (Form 990 or 990-EZ) 2015 The Children's Place at Home Safe, Inc. 59- | 193548 <u>5</u> | Page 3 |
|-----|---|-----------------|---------------|
| | Does the organization conduct gaming activities with nonmembers? | | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | L No |
| | Indicate the percentage of gaming activity conducted in: | 1 1 | |
| | a The organization's facility | | <u>%</u> |
| | 5 An outside facility | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | □ No |
| ı | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party -\$ | | |
| (| р If "Yes," enter name and address of the third party: | | |
| | Name > | | |
| | | • | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ▶ \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | ☐ No |
| t | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| De | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | lines 9, 9b, 1 | Ob, 15b, |
| | 13c, 10, and 17b, as applicable. Also provide any additional information (see instructions). | | |
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| Schedule C | 3 (Form 990 or 990-EZ) | The Children's | Place | at | Home | Safe, | Inc. | <u>59-1935485</u> | Page 4 |
|-------------|------------------------|--------------------------|----------------|----|---------------------------------------|-------|------|-------------------|--------|
| Part IV | Supplemental Info | The Children's continued | | | | | | | |
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59-1935485 The Children's Place at Home Safe, Inc.

Schedule J (Form 990) 2015

Page 2

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 are not listed on Form 990, Part VII.

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

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | F |
|--------------------|------------|--------------------------|--|-------------------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (D)·(l)(g) | in column (B) reported as deferred on prior Form 990 |
| (1) Matthew Ladika | 8 | 148,835. | 0 | 0 | 14,469. | 0. | 163,304. | 0. |
| | | 0 | | 0 | 0 | 0 | 0 | 0 |
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| | (ii) | | | | | | | |
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| | (E) | | | | | | | |
| | | | | | | | Schedi | Schedule J (Form 990) 2015 |

35

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Children's Place at Home Safe, Inc.

Employer identification number 59-1935485

| Form 990, Part III, Line 4d, Other Program Services: |
|---|
| Safetynet: Provide immediate intervention and prevention services to |
| victims of domestic violence and their children. |
| Expenses \$ 262,539. including grants of \$ 0. Revenue \$ 0. |
| |
| Form 990, Part VI, Section B, line 11: |
| Once a draft form of the 990 is received from the preparer, it is reviewed |
| by finance personnel and the CEO. After they have reviewed it, the finance |
| committee reviews it. After they have approved it, they present it to the |
| board of directors for approval. |
| Form 990, Part VI, Section B, Line 15: |
| The process for determining compensation for the chief executive officer is |
| that the president of the board reviews their current salary. This review |
| also includes receiving feedback from staff via peer reviews. On occassion, |
| a salary survey is performed with similar non-profits. The chief executive |
| officer is allowed a bonus and/or merit increase. |
| |
| The process for determining compensation for other key employees is based |
| on merit and the occasional salary survey performed by human resource |
| personnel. |
| |
| Recommendation are presented to the board of directors for approval. |
| |
| |

| Schedule O (Form 990 or 990 EZ) (2015) | Page 2 |
|---|---|
| Name of the organization The Children's Place at Home Safe, Inc. | Employer identification number 59-1935485 |
| The organization makes its governing documents, conflict | of interest |
| policy, and financial statements available to the public | upon request. |
| Part XII Line 2C | |
| The audit report is reviewed annually at the audit report | review |
| meeting as presented by the independent auditor. The proc | ess has not |
| changed from the prior year. | |
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

| If you a | re filing for an Automatic 3-Month Extension, comple | ete only Pa | rt I and check this box | | | > LX | | |
|---|---|---------------|--|---------------|-----------------|--|--|--|
| If you a | re filing for an Additional (Not Automatic) 3-Month Ex | xtension, c | complete only Part II (on page 2 of | this form). | | | | |
| Do not co | mplete Part II unless you have already been granted | an automa | tic 3-month extension on a previous | sly filed For | m 8868. | | | |
| Electroni | c filing (e-file). You can electronically file Form 8868 if | you need a | a 3-month automatic extension of tir | ne to file (6 | months for | a corporation | | |
| required t | o file Form 990-T), or an additional (not automatic) 3-mo | onth extens | sion of time. You can electronically f | file Form 88 | 68 to reque | est an extension | | |
| of time to | file any of the forms listed in Part I or Part II with the ex | ception of | Form 8870, Information Return for | Transfers A | ssociated \ | With Certain | | |
| Personal | Benefit Contracts, which must be sent to the IRS in page | per format | (see instructions). For more details | on the elec | tronic filing | of this form, | | |
| visit www | irs.gov/efile and click on e-file for Charities & Nonprofit | s. | | | | f hills is | | |
| Part I | Automatic 3-Month Extension of Time | e. Only s | submit original (no copies ne | eded). | | | | |
| A corpora | tion required to file Form 990-T and requesting an auto | matic 6-mc | onth extension - check this box and | complete | | | | |
| Part I only | | | | | | | | |
| | orporations (including 1120-C filers), partnerships, REM ome tax returns. | AICs, and to | rusts must use Form 7004 to reque | | | ing number | | |
| Type or | Name of exempt organization or other filer, see instru | uctions. | | | | on number (EIN) or | | |
| print | Than to or oxompt organization or outst more occurrent | | | | ido i ilinodale | 711 TIGHT () | | |
| Print | The Children's Place at Ho | me Sa | fe, Inc. | | 59-19 | 35485 | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. box, | | | Social sec | | | | |
| filing your | ngyour 2840 Sixth Avenue South | | | | | | | |
| return. See instructions. | turn. See | | | | | | | |
| | Lake Worth, FL 33461 | or origin add | nose, ess mendenone. | | | | | |
| | Dane Horony 12 object | | | | | | | |
| Enter the | Return code for the return that this application is for (fil | le a separa | te application for each return) | | | 0 1 | | |
| Littor tiro | to tall and approach to the following the approach to the feet | , a copaia | | | | | | |
| Applicati | an . | Return | Application | | | Return | | |
| Is For | | Code | Is For | | | Code | | |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 990 | | 02 | Form 1041-A | | | 08 | | |
| | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 990 | | 04 | Form 5227 | | | 10 | | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| | T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| 1 01111 000 | Diane DelBene | | 1 61111 667 6 | | | | | |
| • The bo | oks are in the care of > 2840 6th Ave S | outh | - Lake Worth, FL 3 | 33461 | | | | |
| | one No. ► 561-383-9800 | 0 4 0 1 1 | Fax No. > | 70101 | | | | |
| | rganization does not have an office or place of busines | ss in the Ur | The state of the s | | | ▶ □ | | |
| | s for a Group Return, enter the organization's four digit | | | | | | | |
| box ▶ [| . If it is for part of the group, check this box | | | | | A CONTRACTOR OF THE PROPERTY O | | |
| | quest an automatic 3-month (6 months for a corporatio | | | | ord tirlo oxte | MICIOIT IC TOIL | | |
| | February 15, 2017, to file the exemp | | | | The extensi | ion | | |
| is fo | or the organization's return for: | | 3 | | | | | |
| ▶[| calendar year or | | | | | | | |
| | X tax year beginning JUL 1, 2015 | . ar | nd ending JUN 30, 2016 | 5 | 1.2- | | | |
| | | | 20100000 | | - 7 | | | |
| 2 If th | e tax year entered in line 1 is for less than 12 months, | check reas | on: Initial return | Final retur | n | | | |
| - " | Change in accounting period | 411241112 | | | | | | |
| 3a If th | is application is for Forms 990-BL, 990-PF, 990-T, 4720 | or 6069 | enter the tentative tax less any | | | | | |
| | | ,, | enter the tentance tangleon any | 3a | s | 0. | | |
| nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | * | | | |
| | mated tax payments made. Include any prior year over | | | 3b | \$ | 0. | | |
| - | ance due. Subtract line 3b from line 3a. Include your p | | | O.D | | <u> </u> | | |
| | using EFTPS (Electronic Federal Tax Payment System). | | | Зс | s | 0. | | |
| | If you are going to make an electronic funds withdrawa | | | | - | | | |
| instructio | 요즘 경기 보고 있는 경영을 가득하고 있다. 그런 사람들은 사람들은 사람들이 가득하는 것이 되었다. 그런 사람들이 살아 되었다. 그는 그는 사람들이 살아 없는 것이다. | juniout de | was and tolli oood, see tolli | 5-100 LO al | 1 01111 00 | , o LO loi paymont | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841 04-01-15

Form 8868 (Rev. 1-2014)