



Inland Empire
Foundation

2020 S.L. Gimbel Foundation
Fund
Grant Application

Internal Use Only: Grant :

Organization / Agency Information

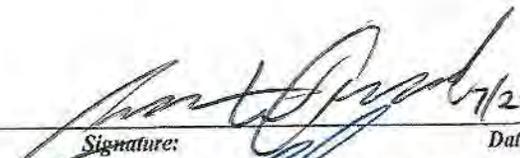
1) Organization/Agency Name: HomeSafe		
2) Physical Address: 2840 Sixth Avenue South		City/State/Zip Lake Worth, FL 33461
3) Mailing Address: Same as above		City/State/Zip
4) CEO or Director: Matthew Ladika		Title: Chief Executive Officer
5) Phone: (561) 383-9817	6) Fax: (561) 383-9854	7) Email: matthewladika@helphomesafe.org
8) Contact Person: Martha Raffaele		Title: Grant Writer
9) Phone: (561) 383-9847	10) Fax: (561) 383-9853	11) Email: martharaffaele@helphomesafe.org
12) Web Site Address: http://www.helphomesafe.org		13) Tax ID: 59-1935485

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

14) Program/Project Name: SafetyNet Program – Project ReachOut		15) Amount of Grant Requested: \$25,000	
16) Total Organization Budget: \$10,631,701	17) Per 990, Percentage of Program Service Expenses (Column B / Column A x 100): 88%	18) Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 8%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 12%
20) Purpose of Grant Request (one sentence): <i>HomeSafe is seeking to expand the support groups in our domestic violence prevention and intervention programming to empower adults in our community to cope better with a wide range of life stressors that can disrupt family harmony.</i>			
21) Program Start Date (Month and Year): January 2021		22) Program End Date (Month and Year): December 2021	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) N/A			

Signatures

Lawrence W. Ganelli Board President		7/27/2020
24) Board President / Chair: (Print name and Title)	Signature:	Date:
Matthew A. Ladike, CEO		7/27/2020
25) Executive Director/President: (Print name and Title)	Signature:	Date:

2020 S.L. Gimbel Foundation Fund APPLICATION
Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins**. Use the format below (I to IV). Type the question. Type your complete answers to the question directly below the question. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission and/or purpose of your organization?

HomeSafe’s mission is creating safer, more productive lives for infants, children, young adults, and families. For more than 40 years, we have served Palm Beach County’s most vulnerable residents – victims of child abuse and domestic violence. We have grown into a leading provider of comprehensive prevention and intervention services that empower our clients to realize their potential and break free from the cycle of family violence.

Originally founded in 1979 as the “Council on Child Abuse and Neglect of Palm Beach County, Inc.,” a group of concerned citizens from varying backgrounds got together to help prevent child abuse and neglect, disseminate information, and establish goals and priorities to benefit the community. Our early programs formed a unique and noteworthy continuum of care. Connor’s Nursery, a shelter for HIV/AIDS infected infants and children, and the Simon C. Fireman Home Safe Child Advocacy Center, an examination and interview center for young victims of violence, were the first of their kind in Palm Beach County. In addition, for many years, HomeSafe served as an emergency foster care shelter for children of all ages.

In 1998, the agency, in collaboration with the Office of the State Attorney, launched SafetyNet, a comprehensive, year-round program providing immediate intervention and prevention services to victims of domestic violence and their children. In subsequent years, HomeSafe continued to evolve to provide round-the-clock residential care for children whose needs for therapeutic services could not be met in traditional foster care settings. The agency took a bold step in this direction in 2004 by opening the first two Specialized Therapeutic Group Care homes in Palm Beach County. The following year saw the successful phasing out of Connor’s Nursery, thanks to advances in medical care that have enabled children with HIV to be mainstreamed and live productive lives.

By the end of the 2000s, HomeSafe not only transitioned away from providing emergency shelter care services, but also expanded its programs to encompass the prevention of abuse and neglect. In 2009, HomeSafe became the exclusive entry agency for the Healthy Beginnings Program, a partnership with the Children’s Services Council of Palm Beach County. Serving

children from birth through age 5 and their families, the program focuses on educating families about the importance of child development, working with parents to monitor their child's growth through free screenings and assessments, and enabling young children to start kindergarten ready and eager to learn.

HomeSafe continues to innovate in response to the changing needs of the at-risk population we serve. We further expanded our continuum of care in 2016 with the opening of HomeSafe at Pond Place, an independent living program that provides safe, affordable housing for young adults, ages 18-23, who have aged out of foster care. This program provides a critical bridge to self-sufficiency by removing barriers that prevent these youth from obtaining a college degree or other postsecondary education that will lead to meaningful employment. In 2019, we celebrated 40 years of serving infants, children, young adults and families in Palm Beach County.

B) How long has the organization been providing programs and services to the community?

HomeSafe has served victims of child abuse and domestic violence in Palm Beach County for more than four decades.

C) What are some of your past organizational accomplishments (last three years)?

In the last three years, HomeSafe's accomplishments include:

- Setting the stage for the construction of two new state-of-the-art campuses for the abused and neglected children we serve in our residential group care program. This project is now underway; the first campus is expected to be completed in March 2021, and the second should be completed by December 2021.
- Expanding our Healthy Beginnings child development program to serve growing communities in western Palm Beach County and to add staff in conjunction with the program's partnership with The Thirty Million Words (TMW) initiative. TMW is an evidence-based intervention program designed to help narrow the language gap between children from lower-income families and those in wealthier households.
- Adapting our residential group care program in response to changing needs in our community. We are now devoting 100% of our capacity to specialized therapeutic group care, the highest level of behavioral health care available in a non-institutional setting. We also doubled our capacity to serve girls, from 8 beds to 16 beds.
- Consistently maintaining a 4-star Charity Navigator rating and successfully earning reaccreditation from the Council on Accreditation (COA) from 2018-2022. COA accreditation affirms that an organization meets the highest national standards of best practice and establishes the organization's credibility as effective and professionally sound. In addition, COA accreditation provides assurance to all of our stakeholders (clients, staff, board, grantors, donors) that HomeSafe is delivering high-quality services in our community, conducting its operations successfully, and managing its funds effectively.

D) What are your key programs and activities?

HomeSafe has grown into a leading provider of prevention and intervention services victims of child abuse and domestic violence. Our core agency programs are:

- **Healthy Beginnings Program:** Selected by the Children’s Services Council of Palm Beach County, HomeSafe is the exclusive entry agency (for children from birth through 5 years old and their families) for the Healthy Beginnings program in Palm Beach County. HomeSafe’s role is to bring together community agencies that provide primary prevention and early intervention services. The program’s primary goals are to help identify and prevent child abuse and neglect, promote healthy births, and ensure children are ready and eager to learn by kindergarten.
- **Residential Group Care: Specialized Therapeutic Group Care (STGC) Program** (44 beds across three campuses in Palm Beach County). HomeSafe is the only STGC provider for abused children in Palm Beach County and one of only ten (10) in the state of Florida. Our unique services provide trauma-sensitive, innovative treatment to effectively respond to the complex and acute psychiatric and behavioral issues brought about by physical, sexual, and emotional injuries. Our residential program serves approximately 100 children and teens each year.
- **SafetyNet Program:** HomeSafe’s SafetyNet Domestic Violence Prevention & Intervention Program offers a full spectrum of services for victims of family violence, including year-round adult, teen, and child therapeutic support groups, individual therapy, crisis intervention, preventative education and court advocacy. The program teaches critical skills aimed at preventing violence, with the goal of enabling participants to create a safe home environment that is free from abusive relationships. Through these services, over 120 families annually will break free from the grips of domestic violence and the intergenerational cycle of domestic abuse.
- **HomeSafe at Pond Place:** This independent living program provides one-bedroom, single-occupancy apartments for clients who have “aged out” of the child welfare system. The goal is to enable them to prepare them for full-fledged independence by providing a safe, affordable place to live while they complete their education. Residents also receive therapeutic services from a licensed clinical therapist, as well as guidance on financial literacy, employment connections and health care services.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

HomeSafe serves more than 14,500 infants, children, young adults, and families annually at program locations throughout Palm Beach County, Florida. Our target populations include families of children ages 0-5 who are in need of early intervention services to facilitate their children’s healthy growth and development; severely abused and neglected children ages 8-17 who need behavioral health treatment services in a residential setting; victims of domestic violence and their children; and young adults ages 18-23 who have aged out of foster care and can benefit from independent living services. While we do not impose income restrictions for program eligibility, we largely serve a low-income population; specifically, the children in our residential program are classified by the U.S. Department of Housing and Urban Development as

low-income because they have no independent means of support. Our clients reflects the racial and ethnic diversity of Palm Beach County. Our SafetyNet and Healthy Beginnings programs serve a significant number of Spanish-speaking families; Healthy Beginnings also provides services in Creole.

II. Project Information:

A) Statement of Need

1. Specify the community need(s) you want to address and are seeking funds for.

In 2019, 4,633 domestic violence incidents were reported in Palm Beach County, including 10 murders, according to the Florida Department of Law Enforcement. Violence toward a parent has devastating and far-reaching consequences for children, even if they are spared from direct physical and verbal abuse. Witnessing and hearing abuse, as well as living daily with the ensuing tension and chaos, leads to emotional and psychological trauma in children and destroys their sense of well-being. Worst of all, the cycle of violence is perpetuated for generations because children in abusive homes learn that violence is an effective way to solve conflicts and problems. They become abusers or victims in their own relationships.

HomeSafe has been dedicated to protecting victims of abuse for more than 40 years, and we recognize that the cycle of domestic violence cannot be broken unless the needs of the entire family are holistically addressed -- both the immediate need to escape abuse and the long-term need to gain resiliency and resources to avoid future abuse. Since 1998, our SafetyNet Program has provided comprehensive immediate intervention and prevention services to domestic violence victims and their children.

Our proposal, ***Project ReachOut***, will enhance our SafetyNet program services to include clients who are experiencing stress-related issues which may lead to child abuse, domestic violence or other family dysfunctions. The expansion will complement our existing blend of service delivery which has been successful in reaching parents in our community. These may be clients who feel isolated or lack access to supportive group services. The project seeks to assist families in coping with increasing daily challenges resulting from the recent social, economic and physical issues occurring locally and globally. The current coronavirus pandemic places additional stressors on families already living “on the edge.”

B) Project Description

As noted above, this grant proposal, ***Project ReachOut***, aims to broaden SafetyNet’s scope, using our in-depth experience and a compassionate, holistic approach to reach out to parents in our community who are experiencing a myriad of stressors in their lives.

Stress is a major contributing factor to domestic violence, child abuse, substance abuse, serious health issues and family discord. (Brown, 1986). Our goal is to provide relevant psycho-educational support groups, on a variety of critical topics, in order to alleviate these stressors. The goal is to provide a positive support network by offering realistic, day-to-day personal skills and supportive services. Its ultimate purpose is to achieve family stability, prevent familial

discord and reduce further trauma in their lives by learning to connect and share life's daily challenges and struggles with peers.

The Holmes-Rahe Life Stress Inventory is a well-regarded tool that measures the level of stress one may experience due to life events. The 0-100 scale will serve as a baseline for our project participants to gauge their level of stress and be used as an initial screening tool. Many have concluded that important characteristics of events may vary widely among individuals and that future assessment of the properties of life stress be both multidimensional and specific for individuals. (Redfield & Stone, 1975). Therefore, the program will use this inventory as a means to accept the client for services and yet another assessment tool to formulate a more comprehensive evaluation of their lives.

The DASS-21 Assessment, which measures anxiety, depression and stress, will be administered and utilized as an outcome measurement. The DASS-21 Assessment tool is built-in to HomeSafe's new electronic health records system, Kipu. This integrated system will allow us to complete an analysis of our participants' success in completing the program.

The program will provide ten (10) rotating group sessions on a variety of issues. Parents will discuss and process insights and feelings in a safe, supportive and lively atmosphere. The HomeSafe environment is warm and welcoming and is centrally located for easy access. Topics will be presented in creative, non-traditional formats and interactive, "fun" ways. Knowing that their young children are being cared for in the same building will alleviate any concerns about being able to attend these groups on a weekly basis.

The following topics will be discussed and processed during each group session:

1. Stress and anger management
2. Coping with anxiety
3. Relationships with family, friends
4. Personal Growth/Self-Reflection Tools
5. Substance Abuse/Addiction in Families
6. Coping with Sadness or Depression
7. Cycles (Domestic Violence, Child Abuse)
8. Separation-Loss-Grief
9. Kids and Stress
10. Creative Hands-On Approaches to Addressing Stress

The program will be unique and innovative in its approach and manner:

- 1) Clients will be residents of nearby neighborhoods in Lake Worth, Florida. The targeted families will live close enough to feel connected to HomeSafe, but far enough away to require roundtrip transportation to attend weekly group sessions. **Project ReachOut** will target individuals and families living in the 33460 and 33461 zip codes; these areas have been identified as neighborhoods where families with young children need a high level of assistance with basic needs, including mental health services, by the Children's Services Council Annual Report in its Community Needs Assessment (2016).

- 2) We will provide child care for clients' children under 6 years old; this will allow parents to attend without needing to hire babysitters or depend on older siblings to care for their younger brothers or sisters.
- 3) Client transportation will be provided via Uber; this will allow many clients without transportation or drivers' licenses to attend, a major impediment in our community.
- 4) Group sessions will be interactive and presented in formats that are lively, energetic and creative. Group cohesion will develop and allow members to address other issues leading to stress and be able to process, among themselves, actions that can be proactive and realistic in their lives.
- 5) Classes may be provided in English, Spanish or both, depending on the community response to ***Project ReachOut***.

The program will be facilitated by a master's level social worker, marriage and family therapist, or master's level social work intern, who will work for the program on a contractual basis. Ultimately, its goal is to prevent families from feeling isolated from the community. Our assertive outreach will target families who are "under the radar" and may be less likely to commit to traditional programs to improve their lives. The program will collaborate with other agencies and programs, with similar missions, to meet some of these goals.

GOAL, OBJECTIVES, AND OUTCOMES

GOAL: 50 Program clients annually will complete the DASS-21 Assessment tool upon intake

OBJECTIVE: Clients will show evidence of improving scores between pre- and post-assessments

ACTIVITIES:

1. Clients will complete Holmes-Rahe Life Stress Inventory
2. Clients will complete short bio-psychosocial and group goals.
3. Clients will complete DASS-21 Assessment upon intake and after completing 8 group sessions.

OUTCOME: 90% of clients attending a minimum of 8 group sessions will demonstrate an increase in scores.

EVALUATION: Using the DASS-21 Assessment tool, evidence of depression, anxiety and stress will demonstrate a decrease in these identifiers and increase in overall better mental health

D) Timeline

An aggressive public outreach will commence in January 2021. Group sessions will begin early February 2021.

E) Target Population

1. Who will this grant serve? Parents living in the greater Lake Worth area who are displaying evidence of recent life stressors via the Holmes-Rehe Life Stress Inventory.

2. How many people will be impacted? Provide a breakdown: 50 parents; 50 childcare kids (age 0-5) per year (2021-22).

F) Projects in the Community

1. How does this project relate to other existing projects in the community? The project will complement SafetyNet's existing domestic violence intervention program. Clients who are screened for current SafetyNet services may be eligible for these services as well.

2. Who are your community partners (if any)? Guatemalan-Mayan Center, Lake Worth High School, Adopt-A-Family of the Palm Beaches. All are sources for client referrals.

3. Who else in the community is providing this service or has a similar project? None known to this agency.

4. How are you utilizing volunteers? Volunteers will be screened by our Human Resources Department and utilized to assist with our childcare services during groups.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Funds will be used to hire a contracted group facilitator (master's level social worker, marriage and family therapist, or paid master's level intern), client transportation (Uber), child care staff to provide services to the children ages 0-6 during the group sessions, and program supplies.

Project Future

A) Sustainability With success of this pilot project, it is expected that the program may increase in size and scope, depending on community and agency response. In which case, several existing funding sources may be approached to consider a commitment to continue funding. The Town of Palm Beach United Way, The United Way of Palm Beach County, VOCA and other private foundations will be contacted.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

- 1. Describe your board of directors and the role it plays in the organization.**
- 2. What committees exist within your board of directors?**
- 3. How does the board of directors make decisions?**

HomeSafe is governed by a 10-member volunteer Board of Directors. The agency's bylaws call for no fewer than seven and no more than 40 members on the board at any given time. Directors are elected to 3-year terms. If re-elected, a director may serve for consecutive terms until resignation or removal under terms of the bylaws. Members of the HomeSafe Board are expected to represent independent and diverse perspectives. Their main role is to provide strategic planning oversight, evaluate and approve expenditures of more than \$5,000, and lead, through connection to resources and personal contacts, as well as personal investment, the fundraising initiatives of the organization. The sub-committees of the HomeSafe Board include: Audit/Finance Committee, Program Committee, Executive Committee, Human Resources Committee, Marketing and Technology Committee, Nominating and Board Development Committee, and the newly-established Development Committee. The board meets no less than four times a year. A Quorum of Directors must be present at every meeting; this is defined as either a) a majority of the Directors then serving i.e. a "majority quorum, or 2) at least five directors, i.e. a "five member quorum," whichever is fewer.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

Brian McCarey, LCSW, Program Supervisor - Mr. McCarey has more than four decades of experience in counseling victims of child abuse and domestic violence. He joined HomeSafe in 1998 and has directed the SafetyNet Program since 2002. He holds a bachelor's degree in anthropology and sociology from Eastern Oregon State College and a master of social work degree from the University of Georgia, and is a licensed clinical social worker (LCSW).

Maria Olivar, MSW, Therapist – Ms. Olivar joined HomeSafe in 2018 and provides therapy to adult clients in the SafetyNet Program. Prior to joining SafetyNet, she was a therapist for several years at the Multicultural Mental Health Center, Inc., where she conducted individual and family therapy sessions with children, adults and the elderly. Ms. Olivar holds a bachelor's degree in psychology from Lynn University, and a Master in Clinical Social Work and a Geriatric Certificate from Florida Atlantic University.

Idalmis (Idie) Moreno, LMHC, Therapist - Ms. Moreno joined HomeSafe in 2012 and holds a bachelor's degree in organizational management and a master's degree in mental health counseling from Palm Beach Atlantic University, and is a licensed mental health counselor (LMHC). She provides therapy to children in the SafetyNet Program. She was previously an outpatient therapist for the Parent Child Center.

All staff are bilingual, providing services in English and Spanish.

2020 S.L. Gimbel Foundation APPLICATION

V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your **entire** project by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost**
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
- 4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Personnel: Group Facilitator	12 hours/week x \$30 hour x 52 weeks = \$18,720			\$18,720	\$18,720
Client Transportation	Estimated total client transportation costs of \$300/month x 12 months = \$3,600			\$3,600	\$3,600
Child Care	Three hourly child care providers x \$18/week x 40 weeks = \$2,160			\$2,160	\$2,160
Program Supplies	Estimated cost of program supplies			\$520	\$520
TOTALS:				\$25,000	\$25,000

B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Personnel: Group Facilitator

Contracted master’s level social worker, marriage and family therapist, or paid master’s level intern who would plan and lead group discussions and activities during four 10-week session cycles; this position would also provide community outreach at other times of the year to promote the program to prospective clients. 12 hrs/week x \$30/hr x 52 weeks = \$18,720

2. Client Transportation

Estimated monthly cost of \$300 for Uber service to transport clients, (assumption based on current average monthly cost of \$600 for our two existing group therapy sessions, or \$300/month for each client group).

3. Child Care

Three adults to provide child care for clients’ children under the age of 6 during the 1½-hour evening sessions. 3 x \$18/session (or \$12/hour) x 40 weeks = \$6,560

2020 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Town of Palm Beach United Way	\$87,000
Wycliffe Charities Foundation	\$7,500

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Victims of Crime Act (VOCA) grant – Office of the State Attorney General	\$106,248	9/1/2020
Coulombe Family Foundation (to be submitted by 9/30/2020)	\$10,000	11/30/2020

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$636,160	6.44	Program Services Revenue	\$8,051,672	81.57
Fundraising/Special Events	\$361,003	3.66	Miscellaneous/ In-Kind Income	\$14,900	0.15
Corp/Foundation Grants	\$621,958	6.3	Investment Income	\$185,457	1.88
Government Grants					

Notes:

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: HomeSafe

Most Current Fiscal Year (Dates): From 7/1/2019 To: 6/30/2020

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$8,967,453	\$7,866,968	\$709,936	\$390,549

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	88%	8%	4%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
8%	8%	0%

If the differential is above (+) or below (-) **10%**, provide an explanation:

S.L. Gimbel Foundation APPLICATION

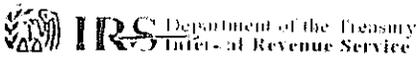
Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$1,125,194	\$631,699	\$617,832	2.8

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end \$512,379	Excess or (Deficit) Prior fiscal year end \$546,986
--	--

Notes:



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248345444
Dec. 23, 2008 LTR 4168C E0 N
59-1935485 000000 00 000
00013729
BODC: TE

THE CHILDRENS PLACE AT HOME SAFE
INC
2840 6TH AVE S
LAKE WORTH FL 33461-4729407

01694

Employer Identification Number: 59-1935485
Person to Contact: Ms K Griffith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 12, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in August 2005, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Michele M. Sullivan".

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



**BOARD OF DIRECTORS
2020 – 2021**

**Revised: June 30, 2020
Effective: July 1, 2020**

<p>Lawrence W. Gonnello, President <i>Board Member since 2014</i> The Gonnello Group 250 Royal Palm Way, Suite 200 Palm Beach, FL 33480 Tel: 561-820-2835 Fax: 561-922-3027</p>	<p>Aggie Stoops, Vice President <i>Board Member Since 2016</i> Community Volunteer 521 S. Ocean Blvd. Delray Beach, FL 33483 Tel: 561-865-5818 Cell: 561-313-5556</p>	<p>Tarra Pressey, Secretary <i>Board Member Since 2019</i> Tarra Enterprises Inc. 1000 Palm Beach Int'l Airport #127 West Palm Beach, FL 33406 Tel: 561-379-6537</p>
<p>Steven Bernstein, Treasurer & Member at Large <i>Board Member Since 2001</i> SBA Communications 8051 Congress Avenue Boca Raton, FL 33487-1307 Tel: 561-226-9202 Fax: 561-989-2992</p>	<p>Rex B. Kirby, Past President <i>Board Member Since 2009</i> Verdex Construction, LLC 1545 Centrepark Drive West Palm Beach, FL 33401 Tel: 561-440-1600</p>	<p>Michael J. Bruno <i>Board Member Since 2018</i> US Trust 123 Royal Palm Way Palm Beach, FL 33480 Tel: 561-659-1550 Cell: 561-596-6895</p>
<p>David M. Layman <i>Board Member Since 1997</i> Greenberg Traurig, PA 777 S. Flagler Dr., Suite 300 West Palm Beach, FL33401 Tel: 561-650-7990 Fax: 561-665-6222</p>	<p>Mike Nichols <i>Board Member Since 2005</i> jetBlue 961Butternut Terrace Boca Raton, FL 33486 Cell: 561-251-9841 Fax: 561-361-1458</p>	<p>Diego Rico <i>Board Member Since 2014</i> Westbrook Partners 7121 Fairway Dr. Palm Beach Gardens, FL 33418 Tel: 561-598-6700 Fax: 561-361-1458</p>
	<p>Roberto Vargas <i>Board Member Since 2009</i> Jones, Foster, Johnson & Stubbs 505 S. Flagler Drive, Suite 1100 West Palm Beach, FL 33401 Tel: 561-650-0479</p>	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Children's Place at Home Safe, Inc.		D Employer identification number 59-1935485
	Doing business as HomeSafe		E Telephone number 561-383-9800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,882,534.
	2840 Sixth Avenue South		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Lake Worth, FL 33461		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	F Name and address of principal officer: Rex Kirby same as C above		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: www.helphomesafe.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1979	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Creating safer more productive lives for infants, children, young adults and families.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	177
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,471,403.	Current Year 6,873,708.
	9 Program service revenue (Part VIII, line 2g)	2,239,460.	2,496,504.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,002,781.	350,647.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,660.	-137,462.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,717,304.	9,583,397.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,589,566.	6,884,692.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	390,549.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,208,808.	2,082,761.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,798,374.	8,967,453.
19 Revenue less expenses. Subtract line 18 from line 12	4,918,930.	615,944.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,246,009.	End of Year 18,130,562.
	21 Total liabilities (Part X, line 26)	619,800.	657,426.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,626,209.	17,473,136.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 1/15/2020			
	Lawrence W. Gonnello , Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Scott Y. Haynes	Preparer's signature 	Date 12-23-2019	Check if self-employed <input type="checkbox"/>	PTIN P01366363
	Firm's name Holyfield & Thomas, LLC	Firm's EIN 65-1083521	Firm's address 125 Butler Street West Palm Beach, FL 33407	Phone no. (561) 689-6000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Creating safer more productive lives for infants, children, young adults 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? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,972,913. including grants of \$) (Revenue \$ 2,496,504.)
Specialized Therapeutic Group Homes - have a complete array of mental health services that provide trauma-sensitive, innovative treatment to effectively respond to the complex and acute psychiatric and behavior issues brought about by the physical, sexual and emotional childhood trauma.

4b (Code:) (Expenses \$ 2,970,201. 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 \$ 515,535. 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. The program ended 12/31/2018.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 408,319. including grants of \$) (Revenue \$)

4e Total program service expenses 7,866,968.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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
38 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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, description, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16a			
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **Diane DelBene - (561) 383-9800**
2840 6th Ave South, Lake Worth, FL 33461

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rex B. Kirby President	1.00	X		X				0.	0.	0.
(2) Steven Bernstein Past President	1.00	X		X				0.	0.	0.
(3) Aggie Stoops Vice President	1.00	X		X				0.	0.	0.
(4) Ward Kellogg Secretary	1.00	X		X				0.	0.	0.
(5) Lawrence W. Gonnello Treasurer	1.00	X		X				0.	0.	0.
(6) Roberto Vargas Member-at-Large	1.00	X						0.	0.	0.
(7) Michael J. Bruno Member	2.00	X						0.	0.	0.
(8) David M. Layman Member	1.00	X						0.	0.	0.
(9) Alice Nelson Member	1.00	X						0.	0.	0.
(10) Mike Nichols Member	1.00	X						0.	0.	0.
(11) Tarra L. Pressey Member	2.00	X						0.	0.	0.
(12) Diego Rico Member	1.00	X						0.	0.	0.
(13) Thomas J. Rooney Member	1.00	X						0.	0.	0.
(14) Cherie Copenhaver Member	1.00	X						0.	0.	0.
(15) Matthew Ladika CEO	40.00			X				159,019.	0.	12,692.
(16) Michael Tomczak COO	40.00			X				106,206.	0.	4,000.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							265,225.	0.	16,692.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							265,225.	0.	16,692.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 99,920.				
	b	Membership dues	1b				
	c	Fundraising events	1c 575,662.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 5,228,335.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 969,791.				
	g	Noncash contributions included in lines 1a-1f: \$	10,840.				
	h	Total. Add lines 1a-1f		6,873,708.			
	Program Service Revenue	2 a	Medicaid Payments	Business Code 900099	2,432,277.	2,432,277.	
b		Other Fees	900099	64,227.	64,227.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,496,504.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		352,682.		352,682.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			106,463.	8,800.			
b	Less: cost or other basis and sales expenses	107,478.	9,820.				
c	Gain or (loss)	-1,015.	-1,020.				
d	Net gain or (loss)		-2,035.		-2,035.		
8 a	Gross income from fundraising events (not including \$ 575,662. of contributions reported on line 1c). See Part IV, line 18	a	38,060.				
		b	Less: direct expenses	181,839.			
		c	Net income or (loss) from fundraising events		-143,779.		-143,779.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		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				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	Change in Split-Intere	900099	6,205.			6,205.	
b	Miscellaneous income	900099	112.			112.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		6,317.				
12	Total revenue. See instructions		9,583,397.	2,496,504.	0.	213,185.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	296,437.	264,172.	16,854.	15,411.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,324,849.	4,753,065.	286,353.	285,431.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	93,683.	81,187.	10,161.	2,335.
9 Other employee benefits	763,010.	661,240.	82,752.	19,018.
10 Payroll taxes	406,713.	361,632.	23,866.	21,215.
11 Fees for services (non-employees):				
a Management				
b Legal	12,924.	9,391.	2,324.	1,209.
c Accounting	51,400.	37,360.	9,241.	4,799.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,428.		14,428.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	295,465.	214,759.	53,119.	27,587.
12 Advertising and promotion	2,823.	100.	1,924.	799.
13 Office expenses	226,639.	109,750.	53,637.	63,252.
14 Information technology				
15 Royalties				
16 Occupancy	595,448.	521,312.	44,696.	29,440.
17 Travel	170,326.	96,227.	6,157.	67,942.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,927.	36.	6,668.	7,223.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	197,763.	181,595.	14,299.	1,869.
23 Insurance	267,493.	232,140.	29,356.	5,997.
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 O.)				
a Repairs and Maintenance	206,119.	170,868.	28,377.	6,874.
b Direct Assistance	153,217.	146,892.	6,000.	325.
c Misc. Expenses	45,788.	25,242.	19,724.	822.
d Special Events	-170,999.			-170,999.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,967,453.	7,866,968.	709,936.	390,549.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	7,400.	1	7,297.
	2	Savings and temporary cash investments	778,453.	2	1,117,897.
	3	Pledges and grants receivable, net	81,845.	3	260,722.
	4	Accounts receivable, net	728,040.	4	631,699.
	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	5,231,013.	7	3,391,165.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	416,408.	9	394,961.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,603,244.		
	b	Less: accumulated depreciation	10b 3,318,327.	10c	3,284,917.
	11	Investments - publicly traded securities	6,634,154.	11	8,834,506.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	161,761.	15	207,398.
16	Total assets. Add lines 1 through 15 (must equal line 34)	17,246,009.	16	18,130,562.	
Liabilities	17	Accounts payable and accrued expenses	135,911.	17	617,832.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	483,889.	25	39,594.
	26	Total liabilities. Add lines 17 through 25	619,800.	26	657,426.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,573,565.	27	5,036,365.
	28	Temporarily restricted net assets	10,072,187.	28	10,386,771.
	29	Permanently restricted net assets	1,980,457.	29	2,050,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	16,626,209.	33	17,473,136.	
34	Total liabilities and net assets/fund balances	17,246,009.	34	18,130,562.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,583,397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,967,453.
3	Revenue less expenses. Subtract line 2 from line 1	3	615,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,626,209.
5	Net unrealized gains (losses) on investments	5	146,655.
6	Donated services and use of facilities	6	84,328.
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	17,473,136.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2018)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5942152.	7245019.	6079048.	6471403.	6873708.	32611330.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5942152.	7245019.	6079048.	6471403.	6873708.	32611330.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						583,940.
6 Public support. Subtract line 5 from line 4.						32027390.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5942152.	7245019.	6079048.	6471403.	6873708.	32611330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,428.	44,526.	56,474.	240,059.	352,682.	736,169.
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.)	71.	3,577.		7,018.	112.	10,778.
11 Total support. Add lines 7 through 10						33358277.
12 Gross receipts from related activities, etc. (see instructions)					12 11,522,617.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.01 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.23 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

OMB No. 1545-0047

2018

Name of the organization

The Children's Place at Home Safe, Inc.

Employer identification number

59-1935485

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The Children's Place at Home Safe, Inc.	Employer identification number 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		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 Part 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: The Children's Place at Home Safe, Inc. Employer identification number: 59-1935485

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,448,274.	2,561,991.	2,460,253.	2,231,694.	2,316,641.
b Contributions			50,000.	250,000.	
c Net investment earnings, gains, and losses	172,026.	126,283.	207,738.	18,559.	15,053.
d Grants or scholarships					
e Other expenditures for facilities and programs	50,000.	50,000.	156,000.	40,000.	100,000.
f Administrative expenses		190,000.			
g End of year balance	2,570,300.	2,448,274.	2,561,991.	2,460,253.	2,231,694.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 80.00%
 - c Temporarily restricted endowment 20.00%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		888,687.		888,687.
b Buildings		3,457,072.	1,724,020.	1,733,052.
c Leasehold improvements		186,359.	62,077.	124,282.
d Equipment		193,395.	156,039.	37,356.
e Other		1,877,731.	1,376,191.	501,540.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,284,917.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Retirement Plan Payable	39,594.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,594.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,117,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	146,655.	
b	Donated services and use of facilities	2b	229,945.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	172,019.	
e	Add lines 2a through 2d	2e		548,619.
3	Subtract line 2e from line 1	3		9,568,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	14,428.	
c	Add lines 4a and 4b	4c		14,428.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,583,397.

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

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

1	Total expenses and losses per audited financial statements		1	9,270,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	145,617.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	172,019.	
e	Add lines 2a through 2d	2e		317,636.
3	Subtract line 2e from line 1	3		8,953,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	14,428.	
c	Add lines 4a and 4b	4c		14,428.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,967,453.

Part XIII Supplemental Information.

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

Part X, Line 2:

Home Safe is exempt from income tax under section 501(c)(3) of the Internal Revenue Code and has been classified a publically supported organization that is not a private foundation under section 501(a) of the code. Income determined to be unrelated business taxable income (UBTI) would be taxable. There was no "UBTI" for the year ended June 30, 2019.

On July 1, 2009 the Organization adopted FASB ASC 740-10, accounting for uncertainty in income taxes. This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in account for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition

Part XIII Supplemental Information (continued)

and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold. The Organization assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date. The Organization uses the prescribed more likely than not threshold when making its assessment. At adoption, the Organization did not record any cumulative effect adjustment, and the Organization did not accrue any interest expense or penalties related to tax positions. There are currently no open federal or state tax years under audit.

Part XI, Line 2d - Other Adjustments:

Special Event Expenses	170,999.
Realized loss	1,020.
Total to Schedule D, Part XI, Line 2d	172,019.

Part XI, Line 4b - Other Adjustments:

Investment Management Fee	14,428.
---------------------------	---------

Part XII, Line 2d - Other Adjustments:

Special Event Expenses	170,999.
Realized loss	1,020.
Total to Schedule D, Part XII, Line 2d	172,019.

Part XII, Line 4b - Other Adjustments:

Investment Management Fee	14,428.
---------------------------	---------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Classic Rock & Roll (event type)	Golf Event (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	556,055.	56,605.	1,062.	613,722.
	2	Less: Contributions	525,415.	49,185.	1,062.	575,662.
	3	Gross income (line 1 minus line 2)	30,640.	7,420.		38,060.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	10,840.			10,840.
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	157,058.	13,941.		170,999.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				181,839.
11	Net income summary. Subtract line 10 from line 3, column (d)				-143,779.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

The Children's Place at Home Safe, Inc.

Employer identification number

59-1935485

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **The Children's Place at Home Safe, Inc.** Employer identification number **59-1935485**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	2,500.	Estimate fair value
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	17	3,610.	Estimate fair value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Misc. gifts</u>)	X	5	2,645.	Estimate fair value
26 Other ▶ (<u>Jewelry</u>)	X	4	2,085.	Estimate fair value
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

The Children's Place at Home Safe, Inc.

Employer identification number

59-1935485

Form 990, Part I, Line 10, Investment income:

During the fiscal year ending June 30, 2018, the Organization's Form 990 included a significant gain from the sale of a property used in operations. That gain is shown in this return on Page 1, Line 10 in the Prior Year column. The Organization is currently using the proceeds from the prior year's sale along with other resources to develop a replacement property.

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 \$ 271,432. including grants of \$ 0. Revenue \$ 0.

Other fees and services.

Expenses \$ 136,887. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

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 12c:

The Organization has the board of directors complete and sign a conflict of interest statement annually.

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

Form 990, Part VI, Section B, Line 15:

The process for determining compensation for the CEO is that the president of the board reviews their current salary. This review also includes receiving feedback from staff via peer reviews. On occasion, a salary survey is performed with similar non-profits. The CEO 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.

Recommendations are presented to the board of directors for approval.

Form 990, Part VI, Section C, Line 19:

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 process has not changed from the prior year.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	296,437.	264,172.	16,854.	15,411.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,324,849.	4,753,065.	286,353.	285,431.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	93,683.	81,187.	10,161.	2,335.
9 Other employee benefits	763,010.	661,240.	82,752.	19,018.
10 Payroll taxes	406,713.	361,632.	23,866.	21,215.
11 Fees for services (non-employees):				
a Management				
b Legal	12,924.	9,391.	2,324.	1,209.
c Accounting	51,400.	37,360.	9,241.	4,799.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,428.		14,428.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	295,465.	214,759.	53,119.	27,587.
12 Advertising and promotion	2,823.	100.	1,924.	799.
13 Office expenses	226,639.	109,750.	53,637.	63,252.
14 Information technology				
15 Royalties				
16 Occupancy	595,448.	521,312.	44,696.	29,440.
17 Travel	170,326.	96,227.	6,157.	67,942.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,927.	36.	6,668.	7,223.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	197,763.	181,595.	14,299.	1,869.
23 Insurance	267,493.	232,140.	29,356.	5,997.
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 O.)				
a Repairs and Maintenance	206,119.	170,868.	28,377.	6,874.
b Direct Assistance	153,217.	146,892.	6,000.	325.
c Misc. Expenses	45,788.	25,242.	19,724.	822.
d Special Events	-170,999.			-170,999.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,967,453.	7,866,968.	709,936.	390,549.
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)

HomeSafe
Organization Budget
July 2020 through June 2021

Revenue and Contributions

Program Service Revenue	\$ 9,206,801
Special Events, net of cost	350,325
Grants	602,000
Contributions	472,575

Total Income

\$ 10,631,701

Expense

Salaries	\$ 6,579,899
Payroll Taxes and Benefits	1,535,796
Building/Equipment Lease	184,933
Insurance	316,298
Repair & Maintenance	206,468
Utilities	339,494
Supplies	270,608
Purchase Services	376,070
Travel	116,337
Other	315,402
Depreciation Expense	390,396

Total Expense

\$ 10,631,701

Net Income

\$ -