Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Publi

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the 2	016 calendar year, or tax year beginning , 2016, a	and en	ding			, 20			
2 ~	neck if applica	C Name of organization			D Employer in	lentifica	tion number			
3 CI	4	SAFE & SOUND			ļ					
	Address change	Doing Business As			94-245	5072				
	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	loom/suit	ie	E Telephone number					
	Initial retu	n 1757 WALLER STREET			(415) 66	58-04	94			
	Terminate	City or town, state or province, country, and ZIP or foreign postal code								
	Amended	SAN FRANCISCO, CA 94117			G Gross recei	pts \$	6,242	2,462		
	Application				H(a) Is this a gro		for Yes	X No		
_	_ panding	1757 WALLER STREET SAN FRANCISCO, CA 94117			subordinate H(b) Are all subor		uded? Yes			
6	Tax-exemp	it status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	1 1	527			(see instructions)	1		
		► WWW.SAFEANDSOUND.ORG		027	H(c) Group exer					
		ganization: X Corporation Trust Association Other	I Voc	or of format	ion: 1976 M			e: CA		
		Summary	L 100	al Of IOITHAC	1011. 1370 141	State 0	i legal domicile	j. OII		
re		efly describe the organization's mission or most significant activities: THE MIS	MOTES	OF SA	EE C COIIN	ID TC				
		erly describe the organization's mission or most significant activities: Inc. MIS PREVENT CHILD ABUSE AND REDUCE ITS DEVASTATING				מו עוי				
2	1	O FREVENT CHILD ABOSE AND REDUCE ITS DEVASIATING	IMPA	UI.						
Ë	(+-)			~						
Activities & Governance		eck this box if the organization discontinued its operations or disposed				1 1		1.7		
Ğ		mber of voting members of the governing body (Part VI, line 1a)				3		17.		
S		mber of independent voting members of the governing body (Part VI, line 1b) $_{\scriptscriptstyle +}$.				4		17.		
jįį,	5 To	tal number of individuals employed in calendar year 2016 (Part V, line 2a)	KC2629-36	* ***		5		76.		
ij		tal number of volunteers (estimate if necessary)	****** **	w vovisco		6		370.		
<	7a To	tal unrelated business revenue from Part VIII, column (C), line 12	rosen a	* ***		7a		0		
		t unrelated business taxable income from Form 990-T, line 34				7b		0		
					Prior Year		Current	Үеаг		
40	8 Cc	ntributions and grants (Part VIII, line 1h).		7	9,157,8	86.	5,34	9,924		
ğ	9 Pr	ogram service revenue (Part VIII, line 2g). PUBLIC INS	FOR		187,3	37.	20	9,768		
Revenue	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTIO	N	13,7			5,180		
ď		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,6			4,995				
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			9,425,5			9,867		
		ants and similar amounts paid (Part IX, column (A), lines 1-3)			37.2070	0.		0		
		nefits paid to or for members (Part IX, column (A), line 4)				0.		0		
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,330,320.		3 82	0,359		
Expenses					15,0			3,335		
Den	b T	ofessional fundraising fees (Part IX, column (A), line 11e)	K-10014-30	*	13,0	00.		3,333		
X		tal fundraising expenses (Part IX, column (D), line 25) ▶ 733, 183.			1 410 6	0.6	2 00	017		
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,419,6			6,917		
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						0,611		
L (2)	19 Re	venue less expenses. Subtract line 18 from line 12			4,660,5			0,744		
is or					ning of Current		End of Ye			
Net Assets Fund Baland		tal assets (Part X, line 16)	600006-00		14,091,2			2,602		
E E	21 To	tal liabilities (Part X, line 26)	60000 A 10		451,9			6,227		
	Will be a second	t assets or fund balances. Subtract line 21 from line 20.	4 14 1 1		13,639,3	01.	12,66	6,375		
Pa	rt II	Signature Block								
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedule: and complete, Beclaration of preparer (other than officer) is based on all information of which	s and sto	atements, a	and to the best of	of my kn	owledge and l	belief, it is		
true	, correct,	and complete sectaration of preparer tother main order) is based on all information of which	preparei	r nas any kr	Towledge.					
	- 11	Dation HI W			11/1	5/20	17			
3ig	1.4	Signature of officer			Date					
Hei	re	KATIE ALBRIGHT CEO								
		Type or print name and title								
		rint/Type preparer's name Preparer's signature	Date		Check	if PT	TN			
aid	ال	DYCE UNDERWOOD ONCE Underwood	11/	15/201		- 1	0002236	1		
	parer	rm's name BDO USA, LLP			Firm's EIN > 13-5381590					
Jse		m's address > 8401 GREENSBORO DRIVE, #800 MCLEAN, VA	22102)			893-0600	0		
Лav		discuss this return with the preparer shown above? (see instructions)			Phone no.	, 0 5 -	X Yes	No		
y		and and total in that the proposition of all above 1 form instructions)			a rate and an early and an extension		1 41 Y 45 K	I NO		

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF SAFE & SOUND IS TO PREVENT CHILD ABUSE AND REDUCE ITS
	DEVASTATING IMPACT.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	reservices?
4a	Code:) (Expenses \$2,842,429. including grants of \$) (Revenue \$209,768.) ATTACHMENT 1 1
4b	Code:) (Expenses \$1,019,871. including grants of \$) (Revenue \$) ATTACHMENT 2
4c	Code:) (Expenses \$1,585,888including grants of \$) (Revenue \$) ATTACHMENT 3
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5,448,188.
JSA	20 1.000 Form 990 (201

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Part IV Checklist of Required Schedules

Part	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)? If "Yes,"	_	3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_	3.7	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		3.5
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.5
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		3.7
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_	3.7	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		3.7	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		77	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	Х	
h	Schedule D, Parts XI and XII	12a	-22	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- · · · ·		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	, , , , , , , , , , , , , , , , , , , ,			

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	22		Х
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	23	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			v
_	through 24d and complete Schedule K. If "No," go to line 25a			Х
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
L	3 · · · · · · · · · · · · · · · · · · ·	25a		71
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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
• •	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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,	27		Х
20	Part VI	37		Λ.
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
	10. Note: 7 to 111 000 meta are required to complete defiedue o.	_ JU	22	l

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Part V Statements Regarding Other IRS Filings and Tax Compliance 65 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 76 Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or Χ 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organizations maintaining donor advised funds. **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders............. b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . Х

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sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	í		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	i		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		
	the year by the following:	_	3.7	
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			v
Coot!	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	Х
secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Coa	e.) Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?			21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	, 10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	X	
_	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,		- /
	X Own website X Another's website X Upon request X Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nterest	policy	, and
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records:

KATIE ALBRIGHT, CEO, 1757 WALLER ST, SAN FRANCISCO, CA 94117

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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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Offic ley (e) organi		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1)NATALIE DELAGNES TALBOTT	1.00									
DIRECTOR, CHAIR	0.	Х		х				0.	0.	0.
(2)MELINDA ELLIS EVERS	1.00									
DIRECTOR, SECRETARY	0.	Х		Х				0.	0.	0.
(3)TINA BOU-SABA	1.00									
DIRECTOR, CO-VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)DAVID GLICKMAN	1.00									
DIRECTOR, CO-VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)JARROD PHILLIPS	1.00									
DIRECTOR, TREASURER	0.	Х		Х				0.	0.	0.
(6)LISA BERTAIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)JENNIFER BROKAW, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8)CHUCK CHAI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) ERIK S. EDWARDS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)MARY HANSELL, DRPH, RN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)LAURA HARRISON WARD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12)DOUG HESKE	1.00									_
DIRECTOR	0.	Х						0.	0.	0.
(13)APARNA KOTA, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14)LINDA MOORE	1.00									
DIRECTOR	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	· ·	y En	ıpıc			and i	ııgı	_	· · · · ·		
(A) Name and title	Average hours per week (list any hours for weft (do not box, uni officer a		unles	Pos heck ss pe	erson	is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimate amount other compens	ted t of r sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization organizat	ation ated
15) WAYNE OSBORNE DIRECTOR	1.00	Х						0.	0.		0
16) JESSICA REED SAOUAF	1.00										
DIRECTOR	0.	Х						0.	0.		0
17) CHRIS STEWART, M.D DIRECTOR	1.00	Х						0.	0.		0 .
18) KATIE ALBRIGHT	40.00										
CHIEF EXECUTIVE OFFICER	0.			Х				174,566.	0.	3	,447
19) KEITH EDWARDS	40.00										
CHIEF FINANCIAL OFFICER	0.					X		132,868.	0.	11	,558
20) KATHERINE FRANKFURT	40.00										
CHIEF DEVELOPMENT OFFICER	0.					X		110,783.	0.	10	,879
21) LAWRENCE YIP CHIEF OPERATING OFFICER	40.00					Х		116,096.	0.	8	,305
		-									
1b Sub-total							\blacktriangleright	0.	0.		0
c Total from continuation sheets to Part VII, S	-						>	534,313.	0.		,189
d Total (add lines 1b and 1c)							<u> </u>	534,313.	0.	34	,189
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 58		d a	bov	e) who	o re	eceived more than	\$100,000 of		
	· ·									Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of repeater than	ortab \$15	ole o 50,0	com 00?	per	satio	n aı	nd other compens complete Schedu	sation from the le J for such		
individual										4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors	noncot	nda	ا اعدا	>r4	00-	tro at-	rc 1	hat racely advers	than 6100 000 -	4	
 Complete this table for your five highest com- compensation from the organization. Report of year. 											

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to any	v line in this Part VI	11		
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, G	c	Fundraising events 1c	617,297.				
ia i	d	Related organizations 1d					
ns,	е	Government grants (contributions) 1e	1,828,015.				
er S	f	All other contributions, gifts, grants,					
를 들		and similar amounts not included above . 1f	2,904,612.				
nd i	g	Noncash contributions included in lines 1a-1f: \$ _	17,875.				
	h	Total. Add lines 1a-1f	▶	5,349,924.			
nue			Business Code				
eve	2a	EPSDT - PROGRAM SERVICE REVENUE	624100	108,979.	108,979.		
ë R	b	WORKSHOP & COUNSELING	624100	91,159.	91,159.		
Σį	С	PROGRAM MATERIALS & TRAININGS	624100	8,455.	8,455.		
Se	d	AFFILIATE FEES	624100	1,175.	1,175.		
Program Service Revenue	е						
Бo.	f	All other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f	▶	209,768.			
	3	Investment income (including divide	ends, interest,				
		and other similar amounts)		15,298.			15,298
	4	Income from investment of tax-exempt bor	nd proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses 349,095					
	С	Rental income or (loss) 229,744					
	d		(i) Others	229,744.			229,744
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 27,135	·				
	b	Less: cost or other basis					
		and sales expenses 27,253					
	C	Gain or (loss)		-118.			110
	d	Net gain or (loss)		-118.			-118
ne	8a	Gross income from fundraising	ATCH 4				
Ver		events (not including \$617,297.					
Re		of contributions reported on line 1c).	59,076.				
Other Revenue			25.045				
Ó	b C	Less: direct expenses		-27,171.			-27,171
	9a	Gross income from gaming activities.		,			
	Эа	See Part IV, line 19	0.				
	b		b 0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	·ou	returns and allowances	a 0.				
	b		b 0.				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	2,422.			2,422
	b						
	c						
	d	All other revenue					
				0. 400			
	е	Total. Add lines 11a-11d		2,422.			

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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									
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
8b,	9b, and 10b of Part VIII.	1 otal oxpolicos	expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	178,452.	100,266.	27,047.	51,139.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.		110 100						
7	Other salaries and wages	3,012,525.	2,224,551.	410,428.	377,546.					
8	Pension plan accruals and contributions (include	20 205	04 020	2 204	2 050					
	section 401(k) and 403(b) employer contributions)	29,295. 352,587.	24,232.	2,204.	2,859.					
9	Other employee benefits	247,500.	273,135.	44,602. 32,906.	32,545.					
10	Payroll taxes	247,300.	182,049.	32,900.	32,343.					
11	Fees for services (non-employees):	0.								
	Management	2,609.	2,609.							
	Legal	54,869.	14,242.	37,973.	2,654.					
	Accounting	0.								
	Professional fundraising services. See Part IV, line 17.	33,335.			33,335.					
	Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
•	(A) amount, list line 11g expenses on Schedule O.)	603,546.	507,757.	14,345.	81,444.					
12	Advertising and promotion	0.								
13	Office expenses	116,511.	65,854.	9,887.	40,770.					
14	Information technology	51,722.	37,043.	6,554.	8,125.					
15	Royalties	0.								
16	Occupancy	163,736.	134,487.	14,692.	14,557.					
17	Travel	12,231.	10,635.	617.	979.					
18	Payments of travel or entertainment expenses	0								
	for any federal, state, or local public officials	0. 7,588.	6,458.	108.	1,022.					
19	Conferences, conventions, and meetings	1,332.	1,160.	87.	85.					
20	Interest Payments to affiliates	0.	1,100.	<u> </u>						
21 22	Depreciation, depletion, and amortization	266,058.	236,541.	14,879.	14,638.					
23	Insurance	36,027.	28,034.	3,902.	4,091.					
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	EXPENDABLE EQUIPMENT	67,446.	57,325.	3,705.	6,416.					
k	PROGRAM SUPPLIES	42,246.	42,246.							
	RECRUITMENT & PROF DEVELOPME	59,086.	18,929.	35,808.	4,349.					
c	WRITE OFF-PROP ACQ (SCH O)	1,423,313.	1,423,313.	2 125						
	All other expenses	88,597.	57,322.	9,496.	21,779.					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	6,850,611.	5,448,188.	669,240.	733,183.					
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
ICA	following SOP 98-2 (ASC 958-720)	0.								

JSA 6E1052 1.000

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Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from the disqualified persons (as defined under section 4988(f)(11)), persone described in section 4988(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b To1, 386. 11 Investments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and account liability. Complete Part IV of Schedule D 10 Tax-exempt bond liabilities 19 Deferred revenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities (including federal income tax, payables or related third parties, and other liabilities in cincluded on lines 17-24). Complete Part X of Schedule D 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 21 Total liabilities. Add lines 17 through 25, check here and and complete lines 27 through 29, and lines 33 and 34. 21 Unrestricted net assets 22 Total liabilities. Add lines 17 through 26, check here and and complete lines 37 through 29, and lines 33 and 34. 22 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Temporarily restricted net assets 32 Temporarily restricted net assets 33 Capital stock or trust principal, or current f					. (
1 Cash - non-interest-bearing 5,908, 845, 1 4 2, 821, 55 2 Savings and temporary cash investments 5,908, 845, 1 4 2, 821, 55 3 Pledges and grants receivable, net 1,278, 183, 3 3 955, 18 4 Accounts receivable, et 1,278, 183, 3 955, 18 4 Accounts receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0, 5 5 Loans and other receivables from the disqualified persons (as defined under section 4958(r)(11), prosons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(r)(g) voluntury employees beneficiary organizations (see instructions). Complete Part II of Schedule L 0, 7 7 Notes and loans receivable, net 0, 7 8 Inventories for sale or use 0, 8 9 Prepard expenses and deferred charges 306, 380, 9 287, 10 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 7, 434, 939 1 11 Investments - publicly traded securities 10b 701, 396, 4 , 318, 447, 10c 6, 733, 55 1 11 Investments - publicly traded securities 10b 701, 396, 4 , 318, 447, 10c 6, 733, 55 1 12 Investments - other securities. See Part IV, line 11 0, 12 1 13 Investments - program-related. See Part IV, line 11 0, 13 1 1 1 1 1 1 1 1 1			Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disqualified persons (as defined under section 4988(II(11)) persons described in section 4988(IO(3)(6), and contributing employers and sponsoring organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a Loan, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a Loan, buildings, and equipment: cost or other basis. Complete Part IV, line 11 1 Investments - publicity traded securities 10 Less accumulated depreciation. 10b 701, 386. 4, 318, 447. 10c 6, 733, 551 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Compensation that follow SFAS 117 (ASC 958), check here IX and complete lines 27 through 29, and lines 33 and 34. 23								
2 Savings and temporary cash investments		1	Cash - non-interest-bearing		5,908,845.	1	2,821,558.	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (sea defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employees and sponsoring organizations of section 501(r)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Rotes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 701,386. 4,318,447. 10c 6,733,55 11 Investments - potplicity traded securifies 11 Investments - potplicity traded securifies 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Toral assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Toral assets. Add lines 17 through 15 (must equal line 34) 23 Scatza of Schedule D 34 Toral assets. See Part IV, line 11 (10 Schedule D 35 Toral liabilities. Add lines 17 through 25. 36 Toral liabilities of line of the payable to unrelated third parties 30 Captal storage and notes payable to unrelated third parties 31 Charles and the payable to payable to related third parties 32 Temporanity restricted net assets 33 Captal stock or trust principal, or current funds 34 Captal and our feeling and payable to unrelated third parties 30 Captal		2	Savings and temporary cash investments			713,248.	2	713,601.
A Accounts receivable, net 5		3	Pledges and grants receivable, net		1,278,183.	3	955,186.	
Touristices, key employees, and highest compensated employees. Complete Part II of Schedule L Loss and provided in section 4685(0)(p)(p), and contributing apployers and other receivables from other disqualified persons (as defined under section 4685(0)(p), and contributing apployers and some receivables that the section 4685(0)(p), and contributing apployers and some receivable, net Notes and loans receivable on the discussion of the second of the secon		4	Accounts receivable, net		636,917.	4	819,802.	
Complete Part II of Schedule L 6 Loans and other receivables from other disqualitied persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 5015(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total sasets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disputations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 217 through 25 26 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Reference in the fund of the funds and complete lines 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds		5	Loans and other receivables from current and the	forme	r officers, directors,			
4958(f)(11), persons described in section 4958(c)(3)(B), and contributing employers and sponsaring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L			trustees, key employees, and highest co	ompe	nsated employees.			
4958(f)(11), persons described in section 4958(c)(3)(B), and contributing employers and sponsaring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L	0.	5	0.		
and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 0. 7 Notes and loans receivable, net 0. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 306,380. 9 Prepaid expenses 30		6	Loans and other receivables from other disqualified pers	ons (a	s defined under section			
organizations (see instructions). Complete Part II of Schedule L								
7 Notes and loans receivable, net 0 . 7						0.	6	0.
9 Prepaid expenses and deferred charges 306,380. 9 287,10 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 77,434,939. b Less: accumulated depreciation 10b 701,386. 4,318,447. 10c 6,733,55 11 Investments - publicly traded securities 603,944. 11 556,77 12 Investments - other securities. See Part IV, line 11 0. 12 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 0. 14 15 Other assets. See Part IV, line 11 325,332. 15 185,02 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,091,296. 16 13,072,66 17 Accounts payable and accrued expenses 389,935. 17 341,95 18 Grants payable 9 0. 18 19 Deferred revenue 40,507. 19 31,25 20 Tax-exempt bond liabilities 0. 20 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 0. 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 D 0. 21 23 Secured mortgages and notes payable to unrelated third parties 0. 23 24 Unsecured notes and loans payable to unrelated third parties 0. 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 2. 25 26 Total liabilities. Add lines 17 through 25 45,795,021, 27 10,660,31 27 Unrestricted net assets 5,679,280, 28 1,996,05 29 Permanently restricted net assets 5,679,280, 28 1,996,05 20 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplu	ets	7				0.	7	0.
9 Prepaid expenses and deferred charges 306,380. 9 287,10 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 77,434,939. b Less: accumulated depreciation 10b 701,386. 4,318,447. 10c 6,733,55 11 Investments - publicly traded securities 603,944. 11 556,77 12 Investments - other securities. See Part IV, line 11 0. 12 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 0. 14 15 Other assets. See Part IV, line 11 325,332. 15 185,02 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,091,296. 16 13,072,66 17 Accounts payable and accrued expenses 389,935. 17 341,95 18 Grants payable 9 0. 18 19 Deferred revenue 40,507. 19 31,25 20 Tax-exempt bond liabilities 0. 20 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 0. 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 D 0. 21 23 Secured mortgages and notes payable to unrelated third parties 0. 23 24 Unsecured notes and loans payable to unrelated third parties 0. 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 2. 25 26 Total liabilities. Add lines 17 through 25 45,795,021, 27 10,660,31 27 Unrestricted net assets 5,679,280, 28 1,996,05 29 Permanently restricted net assets 5,679,280, 28 1,996,05 20 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplus, or land, building, or equipment fund 50 Capital surplu	\ss	8	Inventories for sale or use			0.	8	0.
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation	•	9	Prepaid expenses and deferred charges			306,380.	9	287,107.
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		10 a	Land, buildings, and equipment: cost or					
11 Investments - publicly traded securities 603,944. 11 556,77 12 Investments - other securities. See Part IV, line 11 0. 12 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 14 15 Other assets. See Part IV, line 11 325,332. 15 185,02 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,091,296. 16 13,072,60 17 Accounts payable and accrued expenses 389,935. 17 341,95 18 Grants payable 389,935. 17 341,95 19 Deferred revenue 40,507. 19 31,25 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 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 0. 22 23 Secured mortgages and notes payable to unrelated third parties 0. 23 24 Unsecured notes and loans payable to unrelated third parties 0. 23 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 21,553. 25 32,93 26 Total liabilities. Add lines 17 through 25 451,995. 26 406,22 27 Unrestricted net assets 7,950,021. 27 10,660,31 28 Temporarily restricted net assets 5,679,280. 28 1,996,05 29 Permanently restricted net assets 5,679,280. 28 1,996,05 29 Permanently restricted net assets 5,679,280. 28 1,996,05 30 Capital stock or trust principal, or current funds 30 20 20 20 20 20 20 20				10a				
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15 Other assets. See Part IV, line 11 325,332. 15 185,02		13	Investments - program-related. See Part IV, line 11	١		0.	13	0.
15 Other assets. See Part IV, line 11 325,332. 15 185,02 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,091,296. 16 13,072,60 17 Accounts payable and accrued expenses 389,935. 17 341,95 18 Grants payable 0. 18 19 Deferred revenue 40,507. 19 31,29 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 0. 22 23 Secured mortgages and notes payable to unrelated third parties 0. 24 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 24 25 Other liabilities. Add lines 17 through 25 451,995. 26 406,22 26 Total liabilities. Add lines 17 through 25 451,995. 26 406,22 27 Unrestricted net assets 7,950,021. 27 10,660,31 28 Temporarily restricted net assets 7,950,021. 27 10,660,31 29 Permanently restricted net assets 5,679,280. 28 1,996,05 29 Permanently restricted net assets 5,679,280. 28 1,996,05 29 Permanently restricted net assets 5,679,280. 28 1,996,05 29 Permanently restricted net assets 30 30 30 Capital stock or trust principal, or current funds 9 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32		14	Intangible assets		14	0.		
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18 Grants payable 0 18 19 Deferred revenue 40,507 19 31,29 31,29 31 32 31 32 31 31 31 31		16					_	13,072,602.
Pose pred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 22 Escrow or custodial account liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 Escured mortgages and notes payable to unrelated third parties 0 23 Escured mortgages and loans payable to unrelated third parties, and 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 21,553 25 32,93 24 Eschedule D 22,1553 25 32,93 25 25 32,93 25 25 25 25 25 25 25 25 25 25 25 25 25		17						341,991.
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28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,996,05 31,996,05 31,000 32 10,000 30 30 31 28 1,996,05 30 30 30 30 30 31 31 31	anc	27				7,950,021.	27	10,660,316.
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Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Setained earnings, endowment, accumulated income, or other funds 34 Setained earnings, endowment, accumulated income, or other funds	pu	29	Permanently restricted net assets	10,000.	29	10,000.		
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 30 Capital stock or trust principal, or current funds 34 31 32 32 33 33 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	or Fu			, chec	k here 🕨 🔛 and			
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 32	ts (30	Capital stock or trust principal, or current funds				30	
32 Retained earnings, endowment, accumulated income, or other funds 32	SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmeı	nt fund		31	
	t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
	Š	33	Total net assets or fund balances			13,639,301.	33	12,666,375.
34 Total liabilities and net assets/fund balances 14,091,296. 34 13,072,60		34	Total liabilities and net assets/fund balances	<u> </u>		14,091,296.	34	13,072,602.

Form 990 (2016) Page **12**

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		5,7	79,8	367.			
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,6		$\frac{301.}{365.}$			
5									
6	Donated services and use of facilities	6			89,9	953.			
7	Investment expenses	7				0.			
8	Prior period adjustments	8				0.			
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		12,6	66,3	375.			
Part									
	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: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a						
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight						
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			3.7			
	the Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
SAFE & SOUND

Department of the Treasury

Employer identification number 94-2455072

Pa	rt I	Reason for Public Char	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	or	rganization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	rches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and sta						
5	L	An organization operated for		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6	_	A federal, state, or local government	_			-		
7	X		•	•	pport fro	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			5			
8	-	A community trust describe						
9		An agricultural research org				-	-	
		or university or a non-land-g	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	r the college or
10		university:	h, rosoiyos: (1) m.	ore then 224 to 0/ of ite	aunnart	from oo	ntributions momboral	oin food, and aroon
10		An organization that normal receipts from activities relat support from gross investm acquired by the organization	ed to its exempt fent income and up	unctions - subject to on the control of the control	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly sup	ported organizati	ons described in sec t	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a th	nrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	L	Type I. A supporting orga	nization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	supporting organization. Y	ou must complet	e Part IV, Sections A	and B.			
b	L	Type II. A supporting orga						
		control or management of			the sam	e persor	s that control or man	age the supported
	г	organization(s). You must	-					
С	L	Type III functionally integ						lly integrated with,
	Г	its supported organization						
d	L	Type III non-functionally i						
		that is not functionally inte	•	•			•	an attentiveness
_	Г	requirement (see instruction	•	-				l Toma III
е	L	Check this box if the orga						і, туре ііі
f	F	functionally integrated, or Enter the number of supported				organizai	ion.	
		Provide the following information						
		i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	` '	,	()	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(B)								
								
(C)								
(D)								
(E)								
Tot	al							

Schedule A (Form 990 or 990-EZ) 2016 Page **2**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,114,290.	4,605,902.	5,250,779.	9,157,886.	5,349,924.	28,478,781.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,114,290.	4,605,902.	5,250,779.	9,157,886.	5,349,924.	28,478,781.
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)						3,183,665.
6	Public support. Subtract line 5 from line 4.						25,295,116.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,114,290.	4,605,902.	5,250,779.	9,157,886.	5,349,924.	28,478,781.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,625.	103,930.	558,694.	548,775.	594,137.	1,870,161.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	25,199.	3,191.	7,952.	1,133.	2,422.	39,897.
11	Total support. Add lines 7 through 10						30,388,839.
12	Gross receipts from related activities, etc. (s	see instructions)				12	450,941.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•	•				02.04
14	Public support percentage for 2016 (li		•			14	83.24%
15	Public support percentage from 2015					15	76.60%
16a	331/3% support test - 2016. If the o	•					
	this box and stop here. The organization						• • • —
b	331/3% support test - 2015. If the co						
170	check this box and stop here. The organization of the stop had a stop here.						
ı / a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets t						
	organization			•	•		ipported □
h	10%-facts-and-circumstances test - 2						and line
~	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						
	supported organization						
18	Private foundation. If the organization						
. •	instructions		•				•

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Schedule A (Form 990 or 990-EZ) 2016 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
Ū	unrelated trade or business under section 513						
4							
4							
	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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	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						
С	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	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8,			mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen					1 1	,,,
17	Investment income percentage for 2016 (lin			13 column (f))		17	%
18	Investment income percentage for 2015 (iii						
тэа	331/3% support tests - 2016. If the org						. —
	17 is not more than 331/3%, check this			•			
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see insti	ructions

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Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? 11a 11b **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? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2016 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations m	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7) Their real	(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 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j			
,	and 4c.			
8	Breakdown of line 7:			
	DIEGRACIOWITOT IIITE 1.			
a b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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

SCHEDULE A, PART II - OTHER INCOME								
SCHEDOLE A, TAKT II OTHER INCOME								
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL		
OTHER INCOME	25,199.	3,191.	7,952.	1,133.	2,422.	39,897.		
TOTALS	25,199.	3,191.	7,952.	1,133.	2,422.	39,897.		

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

SAFE & SOUND			Employer Identification number
SAFE & SOUND			94-2455072
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 four	ndation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundati	on
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General	l Rule and a S	pecial Rule. See
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the yey or property) from any one contributor. Complete Parts I and II.		_
Special Rules			
regulations unde 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, total 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990	A (Form 990 c contributions	or 990-EZ), Part II, line of the greater of (1)
contributor, duri	ion described in section $501(c)(7)$, (8), or (10) filing Form 990 or sing the year, total contributions of more than \$1,000 <i>exclusively</i> for ational purposes, or for the prevention of cruelty to children or anim	religious, cha	aritable, scientific,
contributor, during contributions total contributions total contributions total contributions to the contribution of the contribution contribution contributions to the contribution of the contribution contribution of the contribution contribution contributions to the contribution of the contribution of the contribution contribution of the contr	ion described in section 501(c)(7), (8), or (10) filing Form 990 or sing the year, contributions exclusively for religious, charitable, etc., aled more than \$1,000. If this box is checked, enter here the total or an exclusively religious, charitable, etc., purpose. Don't compleinglies to this organization because it received nonexclusively religious or more during the year	purposes, but contributions te any of the p us, charitable,	no such that were received arts unless the etc., contributions
	nat isn't covered by the General Rule and/or the Special Rules do nust answer "No" on Part IV, line 2, of its Form 990; or check the		

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SAFE & SOUND

Employer identification number 94-2455072

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		\$ 275,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_		\$\$699,812.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$661,199.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization SAFE & SOUND

Employer identification number 94-2455072

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		
7		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization SAFE & SOUND

Employer identification number 94-2455072

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

JSA 6E1255 1.000

Name of organization SAFE & SOUND

Employer identification number
94-2455072

Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use d	the year from any ons completing Par e year. (Enter this in	one contributor. One contributor. One till, enter the total formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transf ad 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	
	Transferee's name, address, an	(e) Transf		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transf ad ZIP + 4	sfer of gift Relationship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047
20**16**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

ax) (see separate instructions), then	
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.	

	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.								
Nam	e of organization			Employer ide	ntification number					
SAF	'E & SOUND			94-245	5072					
Pai		organization is exempt under								
1	Provide a description of the	organization's direct and indirect	political campaign ac	ctivities in Part IV. (see i	instructions for definition					
	of "political campaign activit	ies")								
2		xpenditures (see instructions)								
3	Volunteer hours for political	campaign activities (see instructio	ns)							
Par	t I-B Complete if the c	organization is exempt under	section 501(c)(3).							
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 ▶ \$						
2		cise tax incurred by organization m								
3		a section 4955 tax, did it file Form	•							
					Yes No					
	If "Yes," describe in Part IV.									
Par	•	organization is exempt under		. ,,,	5).					
1		expended by the filing organization								
2										
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities									
3		enditures. Add lines 1 and 2. Er								
	line 17b									
4	Did the filing organization file	e Form 1120-POL for this year? and employer identification numb			Yes No					
5		s. For each organization listed, er								
		ributions received that were pron								
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	ace is needed, provide i	nformation in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
				filing organization's	contributions received and					
				funds. If none, enter -0	promptly and directly delivered to a separate					
					political organization. If					
					none, enter -0					
(1)										
,			1							
(2)										
. ,			1							
(3)										
(4)										
(5)			1							
(6)			_							
		1	1	1	1					

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-Ez	2) 2016 SAFE &	SOUND			94-2	455072 р	age 2		
Part II-A Complete section 50		on is exen	npt under section	501(c)(3) and	filed Form 5768 (elec	ction under			
name,	address, EIN, exp	enses, and	I share of excess lo	bbying expend	,	oup member's	3		
B Check ► if the fi	ling organization	n checked b	oox A and "limited	control" provisi	ons apply.				
	Limits on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated			
(The term	"expenditures" m	eans amour	nts paid or incurred.		organization's totals	group totals			
1a Total lobbying expend									
b Total lobbying expend	ditures to influence	a legislative	e body (direct lobbyii	ng)					
c Total lobbying expend	ditures (add lines 1	a and 1b) .							
d Other exempt purpos	e expenditures				6,850,611.				
e Total exempt purpose	e expenditures (ad	[6,850,611.						
f Lobbying nontaxable	amount. Enter th	e amount f	from the following	table in both					
columns.					492,531.				
If the amount on line 1	e, column (a) or (b) is	: The lobbyin	g nontaxable amount i	s:					
Not over \$500,000		20% of the	amount on line 1e.						
Over \$500,000 but not	over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000.					
Over \$1,000,000 but no	ot over \$1,500,000	\$175,000 pl	\$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but no	ot over \$17,000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.					
Over \$17,000,000		\$1,000,000							
g Grassroots nontaxab	le amount (enter 2	5% of line 1f)			123,133.				
h Subtract line 1g from	line 1a. If zero or I	ess, enter -0		[0.		0.		
i Subtract line 1f from	line 1c. If zero or le	ess, enter -0-			0.		0.		
j If there is an amour	nt other than zero	on either I	ine 1h or line 1i, c	id the organiza	tion file Form 4720				
reporting section 491						Yes	No		
			aging Period Under						
(Some organiz	ations that made	a section 50	1(h) election do no	have to compl	ete all of the five colum	ns below.			
	See	the separat	te instructions for li	nes 2a through	2f.)				
	Lob	bying Exper	nditures During 4-Ye	ear Averaging Pe	riod				
Calendar year (or fisca beginning in)	l year (a	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a Lobbying nontaxable an	nount	370,952.	385,941.	388,25	51. 492,531.	1,637,6	75.		
b Lobbying ceiling amoun (150% of line 2a, column						2,456,5	13.		
c Total lobbying expenditu	ures								
d Grassroots nontaxable a	mount	92,738.	96,485.	97,06	53. 123,133.	409,4	19.		
e Grassroots ceiling amou (150% of line 2d, column						614,1	29.		

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	d For	m 576	8		
<i></i>	seek "Voe" represent on lines to through the below provide in Port IV a detailed	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
c d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection			
	501(c)(6).	(=)(=)	, 0. 0				
	(// /					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (I	b) Pa	rt III-A,	line 3	B, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
_	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ng	4			
5	and political expenditure next year?			5			
	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ıp list): Part	I-A. lin	es 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	J	•	,,	,		
SCE	EDULE C, PART II-A:						
ELE	CTION MADE FOR YEAR ENDING DECEMBER 31, 2014, AND NOT REVOKED.						

Schedule C (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number SAFE & SOUND 94-2455072 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

Revenue included in Form 990, Part VIII, line 1

▶ \$

SAFE & SOUND 94-2455072 Schedule D (Form 990) 2016 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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): Public exhibition Loan or exchange programs а Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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? No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Additions during the year 5,000. 5,000. Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X 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. (b) Prior year (d) Three years back (a) Current year (c) Two years back (e) Four years back 10,000. 10,000. 10,000. 10,000. 10,000. 1a Beginning of year balance 136. c Net investment earnings, gains, 580. 552. -61. 64. and losses d Grants or scholarships Other expenditures for facilities 555. 552. 64. 25. 75. f Administrative expenses 10,000. 10,000. 10,000. 10,000. 10,000. g End of year balance 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 ▶ 100.0000 % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

					,	,				3					- 1					
4	Des	cribe	in	Part	: XIII	the	inte	nded	uses	of th	e or	gani	zatio	on's	enc	dowr	mer	nt fu	nds.	
		_	_	_					-											

4 Describe in Fart Ain the intended uses of the	ie organization s endo	willelit lulius.							
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	(d) Book value								
1a Land		2,102,159.		2,102,159.					
b Buildings		5,195,061.	602,085.	4,592,976.					
c Leasehold improvements									
d Equipment		137,719.	99,301.	38,418.					
e Other									
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)									

Schedule D (Form 990) 2016

SAFE & SOUND

Page 3 Schedule D (Form 990) 2016

Part VII Investments - Other Securities		0, 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. (Column (b) must equal Form 990, Part X, col. (B) line	12.) ▶	
Part VIII Investments - Program Related	d.	D, 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. (Column (b) must equal Form 990, Part X, col. (B) line	13.) ▶	
Part IX Other Assets.		2. De d. IV. P 44. L. O E 200. De d. V. P 45.
Complete if the organization a		O, 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.)	<u></u> ▶
Part X Other Liabilities. Complete if the organization a line 25.	nswered "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	ue
(1) Federal income taxes		
(2) COPIER LEASE PAYABLE		478.
(3) SECURITY DEPOSIT	17,	460.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (b)	B) line 25.) ▶ 32,	938.

Х

^{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 JSA 6E1270 1.000

Schedule D (Form 990) 2016 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,402,135.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	622,268.
3	Subtract line 2e from line 1	3	5,779,867.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c 5	5,779,867.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1.		3,113,001.
ıaıı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	41 11.	
1	Total expenses and losses per audited financial statements	1	7,375,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	524,450.
3	Subtract line 2e from line 1	3	6,850,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.5	
с 5	Add lines 4a and 4b	4c 5	6,850,611.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	0,030,011.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	art V, I mation	ine 4; Part X, line

JSA 6E1271 1.000

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Schedule D (Form 990) 2016 SAFE & SOUND 94-2455072 Page **5**

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND; ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS AS REQUIRED AND ALL APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013. HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATIONS BY TAX AUTHORITIES FROM FISCAL YEAR 2013 FORWARD. FOR THE YEAR ENDED DECEMBER 31, 2016, THERE WERE NO PENALTIES OR INTEREST RECORDED IN THE STATEMENTS OF ACTIVITIES.

PART V, LINE 4:

THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE SUPPORT IN MEETING THE OPERATING AND PROGRAM NEEDS OF SAFE & SOUND.

PART XI. LINE 2D:

RENTAL EXPENSE INCLUDED ON 990 PART VIII \$ 349,095.

PART XII, LINE 2D:

RENTAL EXPENSE INCLUDED ON 990 PART VIII \$ 349,095.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SAFE & SOUND

Part I

Inspection

Employer identification number

94-2455072

Form 990-EZ filers are r	not required to com	plete this p	oart.		,	
1 Indicate whether the organization	raised funds through	any of the	following	activities. Check a	II that apply.	
a X Mail solicitations		Solid	citation of r	non-government gi	ants	
b X Internet and email solicitation	ns f			government grants		
c X Phone solicitations				ising events		
d X In-person solicitations	`	,		ionig or cine		
 Did the organization have a writtee or key employees listed in Form 5 b If "Yes," list the 10 highest paid compensated at least \$5,000 by the second or the second or	990, Part VII) or entit individuals or entities	y in connec	ction with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1	GRANT					
MELISSA MARTIN-MOLLARD	WRITER		X	703,695.	33,335.	670,360.
2						
3						
4						
3						
6						
7						
8						
9						
10						
Total				703,695.	33,335.	670,360.
3 List all states in which the organ registration or licensing.				contributions or I	nas been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2016 Page **2**

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

		gross receipts greater than \$5,0	00.			
			(a) Event #1 BLUE RIBBON LUN	(b) Event #2 RUSSIAN RIVER	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	621,179.	53,145.		674,324
Ľ		Less: Contributions Gross income (line 1 minus	562,103.	53,145.		615,248
	Ŭ	line 2)	59,076.			59,076
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
r Expe	7	Food and beverages	51,009.	322.		51,331
Direct	8	Entertainment	23,023.			23,023
	9	Other direct expenses	8,593.	2,247.		10,840
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	through 9 in column (d) 0 from line 3, column (d)		85,194 -26,118
Pa						
		than \$15,000 on Form 990-E	Z, line 6a.	T T	·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
9 a b	ls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:	gaming activities in each	of these states?		Yes No
		Vere any of the organization's gaming lawyes," explain:	licenses revoked, suspe			Yes No
	_					

Sched	ule G (Form 990 or 990-EZ) 2016
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
., а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
PAR'	T I - ADDRESS
MEL	ISSA MARTIN-MOLLARD (53 MONTE VISTA AVE, OAKLAND, CA 94611)

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SAFE & SOUND 94-2455072 **Questions Regarding Compensation** Voc. No.

			162	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.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or réimbursement 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.					
	X Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study X 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					
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		X		
b						
c						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		X		
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					
а	compensation contingent on the net earnings of: The organization?	6a		X		
a 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				

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

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

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

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

	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATIE ALBRIGHT	(i) 174,566.	0.	0.	2,576.	871.	178,013.	0.
1CHIEF EXECUTIVE OFFICER	ii) 0 .	. 0 .	0.	0.	0.	0.	0.
	(i)						
_ 2	ii)						
	(i)						
_ 3	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
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	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
16	ii)						

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

94-2455072

Department of the Treasury Internal Revenue Service Name of the organization

SAFE & SOUND

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

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

SAFE & SOUND'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM AND IS REVIEWED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE CHIEF EXECUTIVE OFFICER PROVIDES A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS BEFORE FILING.

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

SAFE & SOUND REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICTS. A COPY OF THE RELEVANT POLICY IS PROVIDED TO THESE INDIVIDUALS ANNUALLY AS A REMINDER.

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

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVIEW FOR THE CHIEF EXECUTIVE OFFICER AND PERFORMS A SALARY REVIEW THAT TAKES INTO ACCOUNT COMPARABLE SALARY DATA FOR OTHER LOCAL NONPROFIT ORGANIZATIONS.

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

SAFE & SOUND HAS BEEN OPERATING FOR MORE THAN 40 YEARS. WHILE THE ORGANIZATION'S FILES CONTAIN THE TAX EXEMPTION DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, IT DOES NOT CONTAIN THE FORM 1023.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization Employer identification number SAFE & SOUND 94-2455072

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION POSTS ITS FINANCIAL STATEMENTS AND FORM 990 ON THEIR

WEBSITE.

FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 4:

SAFE & SOUND FILED A CERTIFICATE OF AMENDMENT TO ITS ARTICLES OF

INCORPORATION WITH THE CALIFORNIA SECRETARY OF STATE, EFFECTING THE

CORPORATION'S NAME CHANGE FROM THE SAN FRANCISCO CHILD ABUSE PREVENTION

CENTER TO SAFE & SOUND AS OF SEPTEMBER 26, 2017.

FORM 990, PART IX, LINE 24D:

ON JUNE 28, 2016, THE PREVENTION CENTER ACQUIRED 3450 THIRD STREET,
BUILDING 2, WHICH IS HOME TO OUR STRATEGIC PARTNERSHIP AND COMMUNITY
EDUCATION PROGRAMS. THE ACQUISITION OF THE PROPERTY WAS RECORDED AS AN
ASSET ACQUISITION. THE PURCHASE PRICE WAS \$4,000,000 PLUS CLOSING COSTS
OF APPROXIMATELY \$133,000. IN ADDITION, THERE WERE APPROXIMATELY \$57,000
OF IN-KIND LEGAL SERVICES RENDERED ASSOCIATED WITH THE PROPERTY
ACQUISITION WHICH WAS CAPITALIZED TO PROPERTY AND EQUIPMENT.

IN CONNECTION WITH THE PROPERTY ACQUISITION, THE PREVENTION CENTER

RECORDED NON-OPERATING WRITE-OFFS OF \$1,423,313, AS REPORTED ON THE

STATEMENT OF ACTIVITIES AS WRITE-OFFS DUE TO PROPERTY ACQUISITION. THESE

Name of the organization

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94-2455072

WRITE-OFFS ARE NON-CASH ITEMS WHICH DID NOT AFFECT OPERATING CASH FLOWS
AND ARE SUMMARIZED AS FOLLOWS:

\$ 35,223 WRITE-OFF OF UNAMORTIZED IN-KIND LEGAL ASSET RELATED TO

THE MASTER LEASE

1,517,837 WRITE-OFF OF LEASEHOLD IMPROVEMENTS UPON PURCHASE OF

PROPERTY

(129,747) WRITE-OFF OF STRAIGHT-LINE RENT LIABILITY RELATED TO THE

MASTER LEASE

\$1,423,313 TOTAL WRITE-OFFS DUE TO PROPERTY ACQUISITION

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILDREN & FAMILY SERVICES

WE PROVIDE HOLISTIC, STRENGTH-BASED SERVICES TO FAMILIES WITH CHILDREN IN OUR COMMUNITY.

INTEGRATED FAMILY SERVICES (IFS) - OUR INNOVATIVE NEW,

EVIDENCE-INFORMED IFS PROGRAM SERVES PARENTS AND CHILDREN IN

FAMILIES WITH MULTIPLE RISK FACTORS SUCH AS POVERTY, DOMESTIC

VIOLENCE AND MENTAL ILLNESS. USING A GROUNDBREAKING ASSESSMENT

MODEL, STAFF MEASURE THE LEVEL OF PROTECTIVE FACTORS SHOWN TO

REDUCE THE RISK OF CHILD ABUSE IN FAMILIES - PARENTAL RESILIENCE,

PARENTING KNOWLEDGE, SOCIAL CONNECTIONS, ACCESS TO BASIC NEEDS,

AND CHILDREN'S SOCIAL/EMOTIONAL LEARNING - AND THEN PROVIDE

TARGETED INTERVENTION TO STRENGTHEN THESE FACTORS AND THEREBY

REDUCE THE RISK OF ABUSE OCCURRING WITHIN THAT FAMILY IN THE

ATTACHMENT 1

Employer identification number 94-2455072

ATTACHMENT 1 (CONT'D)

FUTURE. IN 2016, 55 FAMILIES PARTICIPATED IN INTENSIVE SERVICES.

COUNSELING AND CRISIS SUPPORT - OUR COUNSELORS PROVIDE SUPPORTIVE INDIVIDUAL COUNSELING, CRISIS COUNSELING, SUPPORT GROUPS, AND EDUCATIONAL WORKSHOPS TO FAMILIES WHOSE RISK FACTORS DO NOT WARRANT THE INTENSIVE SUPPORT OF IFS AND TO FAMILIES THAT ARE TRANSITIONING OUT OF IFS SERVICES. IN 2016, THESE SERVICES REACHED 702 FAMILIES.

THERAPEUTIC CHILDREN'S PLAYROOM - OUR PLAYROOM PROVIDES FREE

THERAPEUTIC CHILDCARE, ASSESSMENTS, AND EARLY INTERVENTIONS TO

CHILDREN AND THEIR PARENTS, AS WELL AS SCHEDULED ACTIVITIES SUCH

AS AN EARLY LITERACY GROUP, PARENTING EDUCATION, FAMILY DINNERS,

AND OTHER PARENT-CHILD ACTIVITIES. IN 2016, OUR PLAYROOM RECEIVED

2,821 VISITS.

SAFESTART PROGRAM - SAFE & SOUND LEADS A CITYWIDE COLLABORATIVE EFFORT TO REDUCE THE EFFECTS OF VIOLENCE ON YOUNG CHILDREN AND TO FOSTER THEIR ABILITY TO OVERCOME ADVERSE CHILDHOOD EXPERIENCES AND THRIVE. IN 2016, COLLABORATIVE MEMBERS PROVIDED COUNSELING AND/OR INTENSIVE CASE MANAGEMENT TO 69 FAMILIES IMPACTED BY VIOLENCE AND TRAUMA.

TALK LINE (415.441.KIDS) - TRAINED VOLUNTEERS HANDLED 9,011 CALLS WITH PARENTS AND CAREGIVERS IN CRISIS AND PROVIDED ONGOING,

Name of the organization Employer identification number SAFE & SOUND 94-2455072

ATTACHMENT 1 (CONT'D)

ROUND-THE-CLOCK COUNSELING AND SUPPORT TO 277 PARENTS. THE TALK LINE OPERATES 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR, AND HAS PROVIDED SERVICE VIRTUALLY UNINTERRUPTED FOR 40 YEARS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY EDUCATION

WE TEACH CLASSES AND WORKSHOPS AS WELL AS DEVELOP CURRICULUM ON CHILD SAFETY AND SECURITY.

SAFE & SOUND PROVIDES MANDATED REPORTER TRAINING TO INSTRUCT CHILD-SERVING PROFESSIONALS TO IDENTIFY AND REPORT SUSPECTED ABUSE AND NEGLECT. IN 2016, 1,919 PROFESSIONALS RECEIVED MANDATED REPORTER TRAINING. THE CHILD SAFETY AWARENESS PROGRAM EDUCATES ELEMENTARY SCHOOL CHILDREN AND THEIR PARENTS IN SAFETY ISSUES AND HOW TO AVOID AND REPORT ABDUCTION AND ABUSE. SAFE & SOUND CONDUCTS LOCAL AND REGIONAL EFFORTS TO RAISE AWARENESS AROUND ISSUES OF CHILD ABUSE AND ABUSE PREVENTION. IN 2016, THE CHILD SAFETY AWARENESS PROGRAM REACHED 8,722 CHILDREN IN SAN FRANCISCO PUBLIC SCHOOLS AND 246 PARENTS. ADDITIONALLY, AS PART OF THE CITYWIDE COLLABORATIVE EFFORT, SAFESTART PROVIDED COMMUNITY TRAININGS ON THE IMPACT OF VIOLENCE ON CHILDREN, REACHING 234 SERVICE PROVIDERS AND 178 PARENTS IN 2016.

Name of the organization

SAFE & SOUND

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94-2455072

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

STRATEGIC PARTNERSHIPS

WE COLLABORATE WITH GOVERNMENT AGENCIES, COMMUNITY ORGANIZATIONS,

AND THE PRIVATE SECTOR TO COORDINATE CHILD ADVOCACY EFFORTS

THROUGHOUT THE BAY AREA AND ADVOCATE FOR LAWS, POLICIES, AND

PRACTICES THAT PUT KIDS FIRST AND ACTIVATE THE COMMUNITY.

SAFE & SOUND'S ROLE AS THE STATE-MANDATED CHILD ABUSE PREVENTION

COUNCIL PUTS US IN A UNIQUE POSITION TO PARTNER WITH PUBLIC AND

PRIVATE AGENCIES TO IDENTIFY GAPS AND IMPROVE THE ABUSE RESPONSE

SYSTEM, WHILE AT THE SAME TIME PROVIDING ON-THE-GROUND SUPPORT TO

CHILDREN WHO HAVE DISCLOSED ABUSE. OUR STAFF SERVE ON OR ADVISE

TASK FORCES AND COMMITTEES INCLUDING: THE GREATER BAY AREA

COALITION OF CHILD ABUSE COUNCILS, CHILD DEATH REVIEW, THE FAMILY

VIOLENCE COUNCIL, AND THE TASK FORCE ON THE COMMERCIAL SEXUAL

EXPLOITATION OF CHILDREN (CSEC).

BASED ON THIS HISTORY AND EXPERTISE, SAFE & SOUND SERVES AS THE LEAD AGENCY FOR THE CHILDREN'S ADVOCACY CENTER OF SAN FRANCISCO (CAC), WHICH IS A PUBLIC-PRIVATE PARTNERSHIP IN WHICH MULTIDISCIPLINARY TEAMS RESPOND TO INCIDENTS OF CHILD SEXUAL ABUSE, PHYSICAL ABUSE, AND EXPOSURE TO VIOLENCE IN A MODERN, CHILD-FRIENDLY FACILITY. THE CAC PROVIDES FORENSIC INTERVIEWS AND CARE TO CHILDREN WHO DISCLOSE ABUSE IN SAN FRANCISCO. THE CAC IS LOCATED AT 3450 THIRD STREET, WHICH HOUSES OUR STRATEGIC

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ATTACHMENT 3 (CONT'D)

PARTNERSHIP AND COMMUNITY EDUCATION PROGRAMS. IN 2016, 257

CHILDREN RECEIVED FORENSIC INTERVIEWS AND SUPPORT AT THE CAC AND

13 CITY DEPARTMENTS COLLABORATED WITH SAFE & SOUND TO PROTECT SAN

FRANCISCO'S CHILDREN.

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

FUNDRAISING EVENTS 617,297.

TOTAL 617,297.

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	59,076.	86,247.	-27,171.
TOTALS	59,076.	86,247.	-27,171.