

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHILDREN'S PLACE AT HOME SAFE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2840 SIXTH AVENUE SOUTH City or town, state or country, and ZIP + 4 LAKE WORTH, FL 33461 F Name and address of principal officer: DONNA BIASE SAME AS C ABOVE	D Employer identification number 59-1935485 E Telephone number 561-383-9800 G Gross receipts \$ 7,737,153. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HELPHOMESAFE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE SERVICES FOR AT RISK CHILDREN AND FAMILIES	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 163
6	Total number of volunteers (estimate if necessary)	6 0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,094,249.	3,511,411.
9	Program service revenue (Part VIII, line 2g)	3,891,292.	4,162,981.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	567.	536.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,799.	62,225.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,048,907.	7,737,153.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,384,182.	5,741,744.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,903,741.	1,941,061.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,287,923.	7,682,805.
19	Revenue less expenses. Subtract line 18 from line 12	-239,016.	54,348.
20	Total assets (Part X, line 16)	9,954,235.	9,779,155.
21	Total liabilities (Part X, line 26)	1,368,081.	1,136,955.
22	Net assets or fund balances. Subtract line 21 from line 20	8,586,154.	8,642,200.

Part II Signature Block

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

Sign Here	Signature of officer DONNA BIASE, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID J. THOMAS	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ HOLYFIELD & THOMAS, LLC Firm's address ▶ 125 BUTLER STREET WEST PALM BEACH, FL 33407	Firm's EIN ▶ Phone no. (561) 689-6000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHILDREN ARE OUR FUTURE AND DESERVE THE OPPORTUNITY TO DEVELOP WITHIN A NURTURING, SAFE AND POSITIVE ENVIRONMENT. HOME SAFE IS A NATIONALLY ACCREDITED LEADER IN PROACTIVELY MEETING THE NEEDS OF OUR COMMUNITY THROUGH INNOVATIVE AND RESPONSIVE SERVICES THAT EMPOWER, SHAPE AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,144,113. including grants of \$) (Revenue \$ 3,087,951.) SPECIALIZED THERAPEUTIC GROUP HOMES HAVE A COMPLETE ARRAY OF MENTAL HEALTH SERVICES THAT PROVIDE TRAUMA-SENSITIVE, INNOVATIVE TREATMENT TO EFFECTIVELY RESPOND TO THE COMPLEX AND ACUTE PSYCHIATRIC AND BEHAVIOR ISSUES BROUGHT ABOUT BY THE PHYSICAL, SEXUAL AND EMOTIONAL INJURIES SUSTAINED THROUGH ABUSE AND ABANDONMENT.

4b (Code:) (Expenses \$ 2,189,836. including grants of \$) (Revenue \$ 0.) HEALTHY BEGINNINGS PROGRAM SCREENS, ASSESS AND PROVIDES EARLY INTERVENTION SERVICES TO AT-RISK CHILDREN FROM BIRTH TO AGE FIVE THROUGHOUT PALM BEACH COUNTY. IT ENSURES THAT IDENTIFIED NEEDS ARE ADDRESSED THROUGH REFERRAL TO APPROPRIATE PROVIDERS IN THE COUNTY.

4c (Code:) (Expenses \$ 979,348. including grants of \$) (Revenue \$ 702,683.) ENHANCED GROUP HOME PROVIDES MENTAL HEALTH, SUBSTANCE ABUSE, AND SUPPORTIVE SERVICES DESIGNED TO MEET THE BEHAVIORAL HEALTH TREATMENT NEEDS OF VICTIMS OF CHILD ABUSE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 808,847. including grants of \$) (Revenue \$ 432,347.)

4e Total program service expenses 7,122,144.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		18
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PATRICIA JUNIOR - 561-383-9800**
2840 6TH AVE SOUTH, LAKE WORTH, FL 33461

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE NICHOLS PRESIDENT	1.00	X		X				0.	0.	0.
VAL PEREZ VICE-PRESIDENT	1.00	X		X				0.	0.	0.
DONNA BIASE TREASURER	1.00	X		X				0.	0.	0.
CHERIE COPENHAVER SECRETARY	1.00	X		X				0.	0.	0.
STEVEN BERNSTEIN PAST-PRESIDENT	1.00	X						0.	0.	0.
LAWRENCE M. ABRAMSON TRUSTEE	1.00	X						0.	0.	0.
ANN MARIE BARRY TRUSTEE	1.00	X						0.	0.	0.
WILLIAM BERGER TRUSTEE	1.00	X						0.	0.	0.
DEBBIE ELLMAN TRUSTEE	1.00	X						0.	0.	0.
LYNN HOLCOMB TRUSTEE	1.00	X						0.	0.	0.
WARD KELLOGG TRUSTEE	1.00	X						0.	0.	0.
REX B. KIRBY TRUSTEE	1.00	X						0.	0.	0.
DAVID M. LAYMAN TRUSTEE	1.00	X						0.	0.	0.
GLORIA D. PIERSON TRUSTEE	1.00	X						0.	0.	0.
CONG. THOMAS J. ROONEY TRUSTEE	1.00	X						0.	0.	0.
ALICE ROWE NELSON TRUSTEE	1.00	X						0.	0.	0.
DANIEL S. SCHWIMMER TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERTO VARGAS TRUSTEE	1.00	X						0.	0.	0.
MATTHEW LADIKA CHIEF EXECUTIVE OFFICER	40.00			X				127,455.	0.	7,753.
LINDA WYCKOFF CHIEF OPERATING OFFICER	40.00			X				102,252.	0.	1,651.
1b Sub-total								229,707.	0.	9,404.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								229,707.	0.	9,404.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(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**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	107,077.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	713,189.				
	e	Government grants (contributions)	1e	2,349,420.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	341,725.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,511,411.				
	Program Service Revenue	2 a	STGH BED RATE FEES	Business Code 624100	2,145,472.	2,145,472.		
b		CHILD & FAMILY CONNECT	624100	1,074,547.	1,074,547.			
c		OUT OF DISTRICT FEES	624100	669,066.	669,066.			
d		THERAPEUTIC INTERVENTI	624100	145,016.	145,016.			
e		CBHA FEES	624100	88,554.	88,554.			
f		All other program service revenue	624100	40,326.	40,326.			
g		Total. Add lines 2a-2f		4,162,981.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		536.			536.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMIN. ALLOCATION	561000	60,000.	60,000.				
b	OTHER MISC. REV.	561000	2,225.			2,225.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		62,225.					
12	Total revenue. See instructions.		7,737,153.	4,222,981.	0.	2,761.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	254,552.	239,164.	15,388.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,544,346.	4,269,646.	274,700.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	567,507.	556,970.	10,537.	
10 Payroll taxes	375,339.	355,415.	19,924.	
11 Fees for services (non-employees):				
a Management				
b Legal	10,739.	9,391.	1,348.	
c Accounting	39,122.	34,213.	4,909.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	230,955.	198,705.	32,250.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	102,992.	102,992.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,394.	126,337.	19,057.	
20 Interest	24,061.		24,061.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	348,922.	313,442.	35,480.	
23 Insurance	141,979.	127,018.	14,961.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a UTILITIES	150,486.	137,819.	12,667.	
b TELEPHONE	146,178.	131,570.	14,608.	
c PROGRAM SUPPLIES	145,169.	144,563.	606.	
d REPAIRS & MAINTENANCE	141,395.	126,460.	14,935.	
e MEALS	98,471.	98,357.	114.	
f All other expenses	215,198.	150,082.	65,116.	
25 Total functional expenses. Add lines 1 through 24f	7,682,805.	7,122,144.	560,661.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	4,100.	1	5,047.	
	2 Savings and temporary cash investments	204,915.	2	266,931.	
	3 Pledges and grants receivable, net	160,000.	3	0.	
	4 Accounts receivable, net	606,364.	4	725,163.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	74,318.	9	66,949.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,979,540.			
	b Less: accumulated depreciation	10b 2,797,852.	8,457,879.	10c	8,181,688.
	11 Investments - publicly traded securities		11	7,764.	
	12 Investments - other securities. See Part IV, line 11	5,971.	12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	440,688.	15	525,613.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,954,235.	16	9,779,155.		
Liabilities	17 Accounts payable and accrued expenses	564,009.	17	671,227.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	482,214.	23	462,590.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	321,858.	25	3,138.	
	26 Total liabilities. Add lines 17 through 25	1,368,081.	26	1,136,955.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,160,334.	27	8,194,300.	
	28 Temporarily restricted net assets	425,820.	28	447,900.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,586,154.	33	8,642,200.	
34 Total liabilities and net assets/fund balances	9,954,235.	34	9,779,155.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,737,153.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,682,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	54,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,586,154.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,698.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,642,200.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization THE CHILDREN'S PLACE AT HOME SAFE, INC.	Employer identification number 59-1935485
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9254020.	3942338.	1509714.	3094249.	3511411.	21311732.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9254020.	3942338.	1509714.	3094249.	3511411.	21311732.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						21311732.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9254020.	3942338.	1509714.	3094249.	3511411.	21311732.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,712.	561.	471.	567.	536.	5,847.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				62,803.	62,225.	125,028.
11 Total support. Add lines 7 through 10						21442607.
12 Gross receipts from related activities, etc. (see instructions)					12	13,189,068.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.39	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.68	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE CHILDREN'S PLACE AT HOME SAFE, INC.

Employer identification number

59-1935485

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at end of tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,099,145.	2,099,145.	2,099,145.		
b Contributions					
c Net investment earnings, gains, and losses	190,811.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	100,000.				
g End of year balance	2,189,956.	2,099,145.	2,099,145.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 96.00 %
 - c Term endowment 4.00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		989,874.		989,874.
b Buildings		8,617,483.	1,851,300.	6,766,183.
c Leasehold improvements		186,359.	23,972.	162,387.
d Equipment		162,831.	162,831.	0.
e Other		1,022,993.	759,749.	263,244.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,181,688.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	21,524.
(2) SPLIT INTEREST AGREEMENTS	504,089.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	525,613.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OTHER CURRENT LIABILITIES	3,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,138.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,737,153.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,682,805.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	54,348.
4	Net unrealized gains (losses) on investments	4	1,698.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,698.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	56,046.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,116,810.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,698.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,091,148.
e	Add lines 2a through 2d	2e	1,092,846.
3	Subtract line 2e from line 1	3	7,023,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	713,189.
c	Add lines 4a and 4b	4c	713,189.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,737,153.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,011,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,042,037.
e	Add lines 2a through 2d	2e	1,042,037.
3	Subtract line 2e from line 1	3	6,969,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	713,189.
c	Add lines 4a and 4b	4c	713,189.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,682,805.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: BOTH ORGANIZATIONS, HOME SAFE AND THE FOUNDATION, ARE

EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND HAVE BEEN CLASSIFIED AS PUBLICALLY SUPPORTED ORGANIZATIONS THAT

ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 501(A) OF THE CODE. INCOME

DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI) WOULD BE

TAXABLE. THERE WAS NO UBTI FOR THE YEAR ENDED JUNE 30, 2011.

ON JULY 1, 2009 THE ORGANIZATION ADOPTED FASB ASC 740-10, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. THIS PRONOUNCEMENT SEEKS TO REDUCE THE

Part XIV Supplemental Information (continued)

DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN ACCOUNT FOR INCOME TAXES. IT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION THAT AN ENTITY TAKES OR EXPECTS TO TAKE IN A TAX RETURN. AN ENTITY MAY ONLY RECOGNIZE OR CONTINUE TO RECOGNIZE TAX POSITIONS THAT MEET A "MORE LIKELY THAN NOT" THRESHOLD. THE ORGANIZATION ASSESSES ITS INCOME TAX POSITIONS BASED ON MANAGEMENT'S EVALUATION OF THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE. THE ORGANIZATION USES THE PRESCRIBED MORE LIKELY THAN NOT THRESHOLD WHEN MAKING ITS ASSESSMENT. AT ADOPTION, THE ORGANIZATION DID NOT RECORD ANY CUMULATIVE EFFECT ADJUSTMENT, AND THE ORGANIZATION DID NOT ACCRUE ANY INTEREST EXPENSE OR PENALTIES RELATED TO TAX POSITIONS. THERE ARE CURRENTLY NO OPEN FEDERAL OR STATE TAX YEARS UNDER AUDIT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED F/S: FOUNDATION REVENUE	1,151,148.
CONSOLIDATED F/S: FOUNDATION ELIMINATED OVERHEAD ALLOCATION	-60,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,091,148.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONSOLIDATED F/S: FOUNDATION GRANT	713,189.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED F/S: FOUNDATION EXPENSES	1,102,037.
CONSOLIDATED F/S: FOUNDATION ELIMINATED OVERHEAD ALLOCATION	-60,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,042,037.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM BERGER	MEMBER OF THE BOARD	7,328.	GREENSPOON		X
DAVID LAYMAN	MEMBER OF THE BOARD	411.	GREENBERG T		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM BERGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF THE BOARD WORKS FOR GREENSPOON MARDER, P.A.

(D) DESCRIPTION OF TRANSACTION: GREENSPOON MARDER WAS CONTRACTED FOR LEGAL MATTERS REGARDING SETTLEMENT OF A TRUST.

(A) NAME OF PERSON: DAVID LAYMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF THE BOARD WORKS FOR GREENBERG TRAUIG.

(D) DESCRIPTION OF TRANSACTION: GREENBERG TRAUIG WAS CONTRACTED FOR LEGAL MATTERS REGARDING FILING AND SWERVICE FEE FOR CPT MATTER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE CHILDREN'S PLACE AT HOME SAFE, INC.

Employer identification number

59-1935485

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH PROACTIVE INNOVATIVE SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENRICH THE LIVES OF CHILDREN AND FAMILIES.

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

FOSTER FAMILY SUPPORT SERVICES: PROVIDES COMPREHENSIVE FOSTER FAMILY
LICENSING AND SUPPORT PROGRAM, WHICH INCLUDES LICENSING FOSTER HOMES,
TRAINING FOSTER PARENTS, PLACING CHILDREN IN HOMES, AND PROVIDING
ONGOING SUPPORT.

EXPENSES \$ 292,407. INCLUDING GRANTS OF \$ 0. REVENUE \$ 281,997.

SAFETY NET PROGRAM: THE SAFETY NET PROGRAM OFFERS A FULL SPECTRUM OF
SERVICES FOR VICTIMS OF FAMILY VIOLENCE INCLUDING YEAR-ROUND ADULT,
TEEN AND CHILD SUPPORT GROUPS, INDIVIDUAL THERAPY, CRISIS INTERVENTION,
PREVENTATIVE EDUCATION AND COURT ADVOCACY.

EXPENSES \$ 237,932. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,796.

CHILD ADVOCACY CENTER: PROVIDES SERVICES TO VICTIMS OF CHILD
MALTREATMENT AND DOMESTIC VIOLENCE VICTIMS.

EXPENSES \$ 155,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMPREHENSIVE HEALTH ASSESSMENT: AN INDEPTH AND DETAILED ASSESSMENT OF
A CHILD'S EMOTIONAL, SOCIAL, BEHAVIORAL AND DEVELOPMENTAL FUNCTIONING
WITHIN THE FAMILY HOME, SCHOOL, AND COMMUNITY.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization THE CHILDREN'S PLACE AT HOME SAFE, INC.	Employer identification number 59-1935485
---	--

EXPENSES \$ 123,219. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88,554.

RECEIVED REVENUE THROUGH OVERHEAD ALLOCATIOON FROM RELATED ORGANIZATION.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 60,000.

FORM 990, PART VI, SECTION B, LINE 11: ONCE A DRAFT FORM OF THE 990 IS RECEIVED FROM THE PREPARER, IT IS REVIEWED BY FINANCE PERSONNEL AND THE CEO. AFTER THEY HAVE REVIEWED IT, THE FINANCE COMMITTEE REVIEWS IT. AFTER THEY HAVE APPROVED IT, THEY PRESENT IT TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS THAT THE PRESIDENT OF THE BOARD REVIEWS THEIR CURRENT SALARY. THIS REVIEW ALSO INCLUDES RECEIVING FEEDBACK FROM STAFF FROM PEER REVIEWS. ON OCCASSION, A SALARY SURVEY IS PERFORMED WITH SIMILAR NON-PROFITS. THE CHIEF EXECUTIVE OFFICER IS ALLOWED A MERIT INCREASE.

THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER KEY EMPLOYEES IS BASED ON MERIT AND THE OCCASIONAL SALARY SURVEY PERFORMED BY HUMAN RESOURCE PERSONNEL.

RECOMMENDATION ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization THE CHILDREN'S PLACE AT HOME SAFE, INC.	Employer identification number 59-1935485
---	--

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,698.

990 PAGE 12 LINE 2C

AUDIT REPORT REVIEW PROCESS

THE AUDIT REPORT IS REVIEWED AT THE ANNUAL AUDIT REPORT REVIEW MEETING AND IS PRESENTED BY THE INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 PAGE 1 LINE 6

NUMBER OF VOLUNTEERS

THE ORGANIZATION RETAINED NO VOLUNTEERS FOR THE FISCAL YEAR OTHER THAN THE UNCOMPENSATED MEMBERS OF THE BOARD.

GENERAL EXPLANATION ATTACHMENT PART IX, COLUMN D

FUNDRAISING

READERS SHOULD BE ADVISED THAT THE CHILDREN'S PLACE AT HOME SAFE, INC. ("HOME SAFE" EIN 59-1935485) IS RELATED AND SUPPORTED BY THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC. ("FOUNDATION" EIN 65-0462950). EACH ENTITY IS A 501(C)(3) CHARITY WITH AN OVERALL MISSION OF HELPING AT RISK CHILDREN AND FAMILIES. THE FOUNDATION IS PRIMARILY RESPONSIBLE FOR FUNDRAISING AND INVESTMENT RELATED ACTIVITIES, AND HOME SAFE IS RESPONSIBLE FOR CARRYING OUT THE PROGRAM AND OPERATING ACTIVITIES. ACCORDINGLY, READERS WILL NOTE SUBSTANTIALLY ALL OF THE FUNDRAISING EXPENSES ARE REPORTED ON THE FOUNDATION'S FORM 990 AND THE MAJORITY OF THE PROGRAM RELATED EXPENSES ARE SHOWN ON HOME SAFE'S FORM 990.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **THE CHILDREN'S PLACE AT HOME SAFE, INC.**
Employer identification number: **59-1935485**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC. - 65-0462950, 2840 SIXTH AVE SOUTH, LAKE WORTH, FL 33461	SUPPORTING ORG. FOR "THE CHILDREN'S PLACE AT HOME SAFE, INC."	FLORIDA	501(C)(3)	LINE 11A, I			X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.	C	713,189.	
(2) THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.	P	60,000.	
(3) THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.	E	40,666.	
(4)			
(5)			
(6)			

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LAND HOLDINGS							
	LAND							
2	LAND							
	01/01/99	L			989,874.			0.
	* 990 PAGE 10 TOTAL LAND							
					989,874.	0.	0.	0.
	* 990 PAGE 10 TOTAL -							
					989,874.	0.	0.	0.
	BUILDINGS AND STRUCTURES							
	BUILDINGS							
4	BUILDINGS							
	01/01/99	SL	39.00	16	8,617,483.		1,653,298.	198,002.
5	PROPERTY IMPROVEMENTS							
	01/01/99	SL	39.00	16	186,359.		19,194.	4,778.
	* 990 PAGE 10 TOTAL BUILDINGS							
					8,803,842.	0.	1,672,492.	202,780.
	* 990 PAGE 10 TOTAL -							
					8,803,842.	0.	1,672,492.	202,780.
	FURNISHINGS & OFFICE EQUIPMENT							
	FURNITURE & FIXTURES							
7	FURNISHING & EQUIPMENT							
	01/01/09	SL	7.00	16	924,933.		569,256.	132,133.
8	DONATED ARTWORK							
	01/01/09	SL	7.00	16	98,060.		44,351.	14,009.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					1,022,993.	0.	613,607.	146,142.
	* 990 PAGE 10 TOTAL -							
					1,022,993.	0.	613,607.	146,142.
	VEHICLES & TRANSPORT							
	TRANSPORTATION EQUIPMENT							
10	VEHICLES							
	01/01/00	SL	5.00	16	162,831.		162,831.	0.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT							
					162,831.	0.	162,831.	0.
	* 990 PAGE 10 TOTAL -							
					162,831.	0.	162,831.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					10,979,540.	0.	2,448,930.	348,922.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE CHILDREN'S PLACE AT HOME SAFE, INC.	Employer identification number 59-1935485
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2840 SIXTH AVENUE SOUTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKE WORTH, FL 33461	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PATRICIA JUNIOR

- The books are in the care of ▶ **2840 6TH AVE SOUTH - LAKE WORTH, FL 33461**
 Telephone No. ▶ **561-383-9800** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.