## Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2012
Open to Public Inspection

Α	For the	e 2012 calendar year, or tax year beginning	and	ending		
В	Check if applicabl	C Name of organization			D Employer identif	ication number
Г	Addre	S ORANGE COUNTY SAFE HOM	ES PROJECT, INC	_		
F	Name chang		OF ORANGE COUNT		14-1	679391
	Initial return	Number and street (or P.O. box if mail is not deli		Room/suite	E Telephone numbe	
Ē	Termir				The state of the s	562-5365
	Amend		9		G Gross receipts \$	1,373,153.
	Application	NEWDORGH, NI 12551			H(a) Is this a group r	eturn
	pendir	F Name and address of principal officer:KEL:	LYANN KOSTYAL-L	ARRIER	for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates in	cluded? Yes No
			(insert no.)	or 527	If "No," attach a	list. (see instructions)
		e: ► N/A			H(c) Group exemption	
			sociation Other	L Year	of formation: 1986	M State of legal domicile: NY
	art I	Summary	3.00=			
ce		Briefly describe the organization's mission or most	significant activities: ASSI	STING	VICTIMS OF	DOMESTIC
Governance	4	VIOLENCE				
Veri		Check this box Lift the organization discor	400000000			
ŝ		Number of voting members of the governing body				10
ళ		Number of independent voting members of the gov Total number of individuals employed in calendar y				34
ij		Total number of individuals employed in calendar y  Total number of volunteers (estimate if necessary)				10
Activities &		Total unrelated business revenue from Part VIII, col				0.
Ă		Net unrelated business taxable income from Form 9				0.
		Tot difficiated business taxable income from total	000 1, iiile 04		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,276,814.	881,499.
	1	Program service revenue (Part VIII, line 2g)			446,005.	435,195.
eve	1	Investment income (Part VIII, column (A), lines 3, 4,			145.	57.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			20,189.	40,621.
		Total revenue - add lines 8 through 11 (must equal			1,743,153.	1,357,372.
		Grants and similar amounts paid (Part IX, column (A			0.	0.
		Benefits paid to or for members (Part IX, column (A			0.	0.
Se		Salaries, other compensation, employee benefits (F			984,680.	944,655.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line		91.		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		509,470.	445,094.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX	Column (A), line 25)		1,494,150.	1,389,749.
- (0	19	Revenue less expenses. Subtract line 18 from line 1	12		249,003.	-32,377.
Vet Assets or und Balances				Beg	inning of Current Year	End of Year
sset Bala	20	, , , , , , , , , , , , , , , , , , , ,			918,682.	907,160.
et Ind	21	Total liabilities (Part X, line 26)			55,371.	76,226.
$ \perp$	22   art	Net assets or fund balances. Subtract line 21 from	line 20		863,311.	830,934.
		Signature Block			-44-4-4-4-4-4-4	1
		ties of perjury, I declare that I have examined this return, i ;, and complete. Declaration of preparer (other than officer				y knowledge and belief, it is
liue	, correct	, and complete. Declaration of prepare (other than office)	O A a C	icii preparer	lias ally kilowledge.	2:12
Sig	, \	Signature of officer	VOV		Date	2013
Her		KELLYANN KOSTYAL-LARRIE	ER. DIRECTOR			
ilei		Type or print name and title	IN DIRECTOR			
-			Preparer's signature	D	ate Check	PTIN
Paid	ık	GARY C THEODORE, CPA	61 Dale		8/16/13 if self-employ	D00120067
	arer	Firm's name NUGENT & HAEUSSLE			Firm's EIN	14-1567370
		Firm's address 101 BRACKEN ROAD			THIII S LIV	
		MONTGOMERY, NY 12	2549		Phone no. 8	45-457-1100
Max	the IR	S discuss this return with the preparer shown above			1	X Ves No

Form 8868	(Rev. 1-2013)					Page 2
• If you are	e filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check thi	s box		<b>▶</b> X
	complete Part II if you have already been granted an					2.
	e filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E			nal (no co	opies needed	1).
					g number, see	<del></del>
Type or	Name of exempt organization or other filer, see instru	ctions	Litter mer s	Laurence Control of the Control	identification nu	TANK SAME SAME
print	Name of exempt organization of other filer, see first to	CHOIIS		Litiployer	identification no	illiper (Ella) or
	RANGE COUNTY SAFE HOMES PRO		14-1679391			
File by the due date for		Casialas				
filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 649	Social sec	curity number (S	SN) 		
instructions.	City, town or post office, state, and ZIP code. For a for EWBURGH, NY 12551	oreign add	dress, see instructions.			
Enter the Ro	eturn code for the return that this application is for (file	a senara	ate application for each return)			0 1
		Т	T		••••••	
Application	1	Return	Application			Return
Is For		Code	ls For			Code
	r Form 990-EZ	01				
Form 990-B		02	Form 1041-A			08
Form 4720		03	Form 4720			09
Form 990-P		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
STOP! Do n	not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868.	
	DIANE REDLING		, , , , , , , , , , , , , , , , , , ,			
	s are in the care of ► BROADWAY - NEWI	BURGH	•		···	
	ne No. ► <u>(845)</u> 562-5340		FAX No. ▶			
	anization does not have an office or place of business					
If this is f	or a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	the whole group	o, check this
box ▶ _	」. If it is for part of the group, check this box ▶		ach a list with the names and EINs of	f all membe	ers the extension	n is for.
4 I requ	est an additional 3-month extension of time until	OVEM	BER 15, 2013.			
5 For ca	alendar year $2012$ , or other tax year beginning $\_$		, and endin	g		
6 If the	tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final re	eturn	
	Change in accounting period					
7 State	in detail why you need the extension					
THE	INFORMATION NEEDED TO FILE	E AN	ACCURATE RETURN IS	NOT A	AVAILABL	E AT
THI	S TIME.					
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonre	fundable credits. See instructions.	04.0000		8a	\$	0.
<b>b</b> If this	application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
	yments made. Include any prior year overpayment alle					
previo	ously with Form 8868.			8b	\$	0.
c Balan	ce due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
EFTPS	S (Electronic Federal Tax Payment System). See instru	ctions.		8c	\$	0.
			st be completed for Part II o			
Under penaltie	es of perjury, I declare that I have examined this form, includi	ng accomp	especial contents from the contribution of the profit state of contents and contribution to the contribution of the contributi		my knowledge an	d belief,
	ect, and complete, and that I am authorized to prepare this fo	rm.			フュス	9-13
Signature 🕨	GC 321 Title ▶ C	PA		Date	<b>&gt;</b> /2.00	1-1)

Form 8868 (Rev. 1-2013)

#### Form **8868** · (Rev. January 2013)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department								
• If you	are filing for an Auto	omatic 3-Month Extension, complet	te only Pa	art I and check this box		<b>•</b>	- X	
15th (0) #1.05 (00)		itional (Not Automatic) 3-Month Ex						
2000 March 1980		less you have already been granted a				m 8868.		
		u can electronically file Form 8868 if y					oration	
		or an additional (not automatic) 3-mor						
		ns listed in Part I or Part II with the exc						
Persona	al Benefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,	
		ick on e-file for Charities & Nonprofits						
Part	I Automatic	3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpo	ration required to file	Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete			
Part I or	nly						·	
	r corporations (includ come tax returns.	ling 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exempt	t organization or other filer, see instru	ctions.		Employer	identification num	ber (EIN) or	
print	ORANGE C	OUNTY SAFE HOMES PR	OTEC	T TNC		14-16793	91	
File by the	N	and room or suite no. If a P.O. box, se			Social se	curity number (SSI		
due date fi filing your return. See	P.O. BOX	649			Social Sei	sunty number (oor		
instruction	NEWBURGH	st office, state, and ZIP code. For a fo , $$ NY $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	reign add	lress, see instructions.				
Enter th	e Return code for the	e return that this application is for (file	a separa	te application for each return)			0 1	
Application Return Application							Return	
ls For			Code	Is For			Code	
Form 99	00 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 99	90-BL		02	Form 1041-A	08			
Form 47	720 (individual)		03	Form 4720	09			
Form 99	90-PF		04	Form 5227	10			
Form 99	90-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than		06	Form 8870			12	
<ul> <li>The I</li> <li>Telep</li> </ul>	books are in the care	DIANE REDLING of ► BROADWAY - NEWE 5) 562-5340	BURGH	, NY 12550 FAX No. ►				
		ot have an office or place of business					· []	
<ul><li>If this</li></ul>	s is for a Group Retu	rn, enter the organization's four digit (	Group Exe	emption Number (GEN)	f this is for	the whole group,	check this	
box 🕨	. If it is for part	of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension i	s for.	
1  r	request an automatic AUGUST 15	3-month (6 months for a corporation to file the exempted)		to file Form 990-T) extension of time tion return for the organization name		The extension		
	for the organization'	s return for:	Transfer (State )	-				
		ning		d anding				
▶	tax year begin	ning	, an	d ending				
2 If	the tax year entered Change in accou	in line 1 is for less than 12 months, cl unting period	heck reas	on: Initial return	Final retur	n		
	this application is for	Form 990-BL, 990-PF, 990-T, 4720, o See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.	
b If	this application is for	Form 990-PF, 990-T, 4720, or 6069,						
		ts made. Include any prior year overp t line 3b from line 3a. Include your pa			3b	\$	0.	
		ronic Federal Tax Payment System).			3с	\$	0.	

Form 990 (2012)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		20	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		100000	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	E		.,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
_	Schedule D, Parts XI and XII	12a	Δ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	The state of the s	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 21
-	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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals	-:-		
	located outside the United States? 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	17		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? 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		X
20a	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?	20h		

Form 990 (2012) ORANGE COUNTY SAFE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States on Part IX,		9	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			375250
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			15
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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
	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			65
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
race and	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	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									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
4a	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 account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а				X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v						
-	to file Form 8282?	7c		Х						
	If "Yes," indicate the number of Forms 8282 filed during the year			v						
- 2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ						
9		7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	•								
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8								
1,000	Did the organization make any taxable distributions under section 4966?	9a	.0000000000	000000000						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	00								
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		.000000000						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

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			X			
Sec	ction 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 10						
	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 independent1b 10						
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 supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
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		Х			
7a							
	more members of the governing body?	7a		Х			
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		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а		8a	Х	0000000000			
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 at the						
0.50	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	2000000000000			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
- 5	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
	Other officers or key employees of the organization	15b		X			
*	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	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	.0000000000	-00000000000			
Sec	tion C. Disclosure	100		-			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le				
-	for public inspection. Indicate how you made these available. Check all that apply.	ريماند .					
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion.					
_0	DIANE REDLING - (845) 562-5340	1011. IP	-				
	BROADWAY, NEWBURGH, NY 12550						

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-orm	uuii	(2012)	
OHIL	220	120121	

ORANGE COUNTY SAFE HOMES PROJECT, INC.

14-1679391

Page 7

# 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.

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

- 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 in heither the organization in	T arry rolated	I go	11111111	101	1 001	про	iiou	Tarif Carront Cincory		
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			is bot	h an	compensation	compensation	amount of
	week	-	cer ar	dad	Trecto	Trus	lee)	from	from related	other
	(list any	acto						the	organizations (W-2/1099-MISC)	compensation
	hours for	or di	28			ated		organization		from the
	related	stee	truste			bens		(W-2/1099-MISC)		organization
	organizations	la tr	onal		aloye	S 8				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		8	organizations
	line)	Ĕ	Si.	8	3	프声	윤			
(1) ALEXIS S. SINGH	2.00	-								
PRESIDENT		X		X	<u> </u>			0.	0.	0.
(2) DR. MARIE CANTU	2.00									
SECRETARY		X		X				0.	0.	0.
(3) KIM LEAKE	2.00									
TREASURER		X		Х				0.	0.	0.
(4) WILLIAM COLE	2.00				T					
DIRECTOR		Х						0.	0.	0.
	2.00	72		-	-	$\vdash$				
(5) CHRISTINE FITZGERALD	2.00	Х						0.	0.	0.
DIRECTOR	2.00	Λ		-	-	-	_	0.	0.	<u> </u>
(6) JEFFRY FRIEDMAN	2.00									
DIRECTOR		X			<u> </u>		_	0.	0.	0.
(7) MELANIE RICHARDS	2.00									_
DIRECTOR		X			Ŀ			0.	0.	0.
(8) SHARON WORTHY-SPIEGL	2.00						1.1151200			444
DIRECTOR		X						0.	0.	0.
(9) MARIE VEGA-BRYNE	2.00									
DIRECTOR		X						0.	0.	0.
(10) LIZ O'HALLORAN	2.00					Г				
DIRECTOR		X						0.	0.	0.
							-			
					$\vdash$	1	-	· · · · · · · · · · · · · · · · · · ·		
		-			$\vdash$		-			
					$\vdash$	-	-			
- Andrews - Andr						_				
						_				
	1									

Cotton A. Omocia, Di	cotors, rrustees, rey Li	npio	yccs	, 011	uii	gne	31 (	Joinpensated Linploye	es (continueu)							
(A) Name and title	(B) Average	2			Average Position						(D) Reportable	(E) Reportable	(F) Estimated			
TOTAL OF THE	hours per	bo	lo not o ox, unle fficer ar	ss pe	erson	is bot	h an	compensation	compensation	amount of						
	week (list any	_		luau	11001	Jirdus	100)	from the	from related organizations	other compensation						
	hours for related	individual trustee or director	28			sated		organization	(W-2/1099-MISC)	from the						
	organization	trustee	al trust		aak	suduc		(W-2/1099-MISC)		organization and related						
	below line)	Jividual	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations						
	illej	<u> </u>	트	5	S.	훈늄	<u>e</u>									
		+	-				-									
		$\dashv$														
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		$\dashv$														
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		1														
		+														
		+	T				-									
		1	Ш													
		-														
1b Sub-total								0.	0.	0.						
c Total from continuation shee						ightharpoons		0.	0.	0.						
d Total (add lines 1b and 1c)							// F	0.	0.	0.						
2 Total number of individuals (incompensation from the organized)		.hose	e liste	dat	oove	e) wh	o re	eceived more than \$100	,000 of reportable	0						
Somponoation from the organiz		1000								Yes No						
3 Did the organization list any for					•											
line 1a? If "Yes," complete Sch 4 For any individual listed on line					tion	d		per componentian from t	ho organization	3 X						
and related organizations great										4 X						
5 Did any person listed on line 1a	a receive or accrue compe	ensat	tion fi	rom	any	unre	elate	ed organization or indivi	dual for services							
rendered to the organization? / Section B. Independent Contracto		ile J	for su	ich p	oers	on	••••			5 X						
Complete this table for your five		ndep	ende	nt co	ontr	actor	rs th	hat received more than 9	\$100,000 of compens	ation from						
the organization. Report compe																
Name a	(A) nd business address	NI	ONE	,				(B) Description of se	envices C	(C) ompensation						
9		144	OIVE		105		+	2000, p. 101, 01		omponioation						
							1									
	and a grand or to the		-				+									
							+	· · · · · · · · · · · · · · · · · · ·								
2 Total number of independent co		not li	mitec	i to t	_		ed	above) who received me	ore than							
\$100,000 of compensation from	n the organization				0					Form 000 (2012)						

		Check if Schedule O cont	tains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1	a Federated campaigns	1a	10,350	•			
ira our		<b>b</b> Membership dues	1b					
S, C		c Fundraising events		101/12014 203-00				
Gift	1	d Related organizations						
imi,		e Government grants (contribut	tions) 1e	837,953.				
rio r		f All other contributions, gifts, gran	its, and					
ig #	1	similar amounts not included abo	ve 1f	33,196				
Contributions, Gifts, Grants and Other Similar Amounts		9 Noncash contributions included in lines	1a-1f. \$					
<u>8</u>		h Total. Add lines 1a-1f		<b></b>	881,499.			
				Business Code				
Se	2	PER DIEM FEES		624200	435,195.	435,195.		
e S	1	ь						
n S	'	e						
Re	d							
Program Service Revenue		e						
ш.	All other program service revenue			425 105				
		g Total. Add lines 2a-2f			435,195.			
	3	Investment income (including			57.			F 7
		other similar amounts)			57.			57.
	4	Income from investment of tax						
	5	Royalties	100 Sept. 100 Se					
	6 a	Gross rents	(i) Real	(ii) Personal	-			
	0 6	Gross rents  Less: rental expenses						
		Rental income or (loss)						
	,	Net rental income or (loss)	W	<b>D</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	· `	assets other than inventory	(i) occurries	(ii) Other				
	,	Less: cost or other basis						
		and sales expenses	1					
		Gain or (loss)						
		Net gain or (loss)		<b>D</b>				
anne		Gross income from fundraising including \$	g events (not					
Other Reven		contributions reported on line	1c). See					
erF		Part IV, line 18	а	56,402.				
Ë	Ŀ	Less: direct expenses	b	15,781.				
•	•	Net income or (loss) from fund	Iraising events	<b></b>	40,621.			40,621.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<b>&gt;</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b			*****				
	c							
		All other revenue			l li			
	12	Total. Add lines 11a-11d Total revenue. See instructions.			1.357.372	435 105	0.	40,678.
	14	I DIGITE VEHILE. DEE HISTIUCHONS.			11 1 2 1 1 2 1 6 0	エンフリエノフ。	0.	TU, U/O.

#### 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 to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ... Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 775,412. 7,754. Other salaries and wages 728,887. 38,771. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 944. 94,446. 88,780. 4,722. Other employee benefits ..... 74,797. 70,309. 3,740. 748. 10 Payroll taxes Fees for services (non-employees): a Management ..... 183,697. 174,447. 9,250. b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 6,743. 472. 6,271. Office expenses 13 Information technology 14 Royalties 15 83,410. 79,239. 4,171. 16 Occupancy 19,037. 19,037. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,115. 669. 446. 19 Conferences, conventions, and meetings 3. 3. 20 Interest Payments to affiliates ..... 21 1,920. 23,994. 22,074. 22 Depreciation, depletion, and amortization ..... 17,138. 14,567. 2,571 23 Insurance 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.) ...... COMMUNICATION 22,188. 21,744. 444. REPAIRS & MAINTENANCE 20,964. 13,976. 6,988. 19,077. 19,077. SPECIAL PROGRAMS 4,747. 18,988. 14,241. UTILITIES 28,740. 2,582. 26,113. 45. All other expenses 1,389,749. 1,293,635. 86,623. 9,491. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 241,950. 328,378. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 444,625. 387,058. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ...... 6 7 Notes and loans receivable, net 8 Inventories for sale or use 24,101. 5,796. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 566,445. basis. Complete Part VI of Schedule D ...... 10a 384,701. 203,822. 181,744. 10c Less: accumulated depreciation \_\_\_\_\_\_10b 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 4,184. 4,184. Other assets. See Part IV, line 11 15 15 918,682. 907,160. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 55,371. 64,351. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 11,875. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 \_iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D ..... 55,371. 76,226. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 863,311. 830,934. 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and 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 ..... Retained earnings, endowment, accumulated income, or other funds 32 32 863,311. 830,934. 33 33 Total net assets or fund balances 918,682. 907,160. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

orn	1 990 (2012) ORANGE COUNTY SAFE HOMES PROJECT, INC.	14-167	79391	Pag	ge <b>12</b>
Pa	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	1,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,389		
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	863	3,3	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	830	9,0	34.
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

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

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**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.

2012

Open to Public Inspection

Name of the organization

ORANGE COUNTY SAFE HOMES PROJECT, INC.

Employer identification number 14-1679391

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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III - Non-functionally integrated c \_\_\_\_ Type III - Functionally integrated a \_\_\_\_ Type I b L \_\_ Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ORANGE COUNTY SAFE HOMES PROJECT, INC. 14-1679391 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(4)(A)(iv)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					3 A - 3 A -	
	membership fees received. (Do not						
	include any "unusual grants.")	944,777.	886,057.	1022335.	1276814.	881,499.	5011482.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	944,777.	886,057.	1022335.	1276814.	881,499.	5011482.
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)		***				
	Public support. Subtract line 5 from line 4.						5011482.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	944,777.	886,057.	1022335.	1276814.	881,499.	5011482.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	475	270		145	F.7	1 100
	and income from similar sources	475.	370.	55.	145.	57.	1,102.
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.)						5012584.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (ana inatroptio				12	159,465.
	First five years. If the Form 990 is for	)		d fourth or fifth to			137,403.
13	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2012 (I			olumn (f))		14	99.98 %
	Public support percentage from 2011	10					99.97 %
	33 1/3% support test - 2012. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						contractor and annual
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶ □
					Saha	dula A /Farm 000	or 000 E7 2012

### 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.)

Se	ction A. Public Support	30.00		100			
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
1000	merchandise sold or services per-	9					
	formed, or facilities furnished in				+		
	any activity that is related to the						
	organization's tax-exempt purpose				<del> </del>	-	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	8					65
	or expended on its behalf						
5	The value of services or facilities			1			
-	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5					<del> </del>	
78	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
	Gross income from interest,	ø					
	dividends, payments received on		1				
	securities loans, rents, royalties						
2	and income from similar sources		-				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
42	assets (Explain in Part IV.)					<del> </del>	
	Total support. (Add lines 9, 10c, 11, and 12.)		f	.) f		504/-\/0\	
14	First five years. If the Form 990 is for				The state of the s		ation,
-	check this box and stop here						
	ction C. Computation of Publ			(0)		T <sub>4</sub> =1	
	Public support percentage for 2012 (I					15	%
-	Public support percentage from 2011	The second secon		***************************************		16	%
	ction D. Computation of Inves					Tant	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
28	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	zation	▶□
b	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012 Open to Public Inspection

Name of the organization

ORANGE COUNTY SAFE HOMES PROJECT, INC.

Employer identification number 14-1679391

Pa	organizations Maintaining Donor Advis		ls or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, li	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		ised funds		
3	are the organization's property, subject to the organization				
6	Did the organization inform all grantees, donors, and donor				
6	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?				
Da	rt II Conservation Easements. Complete if the conservation				
1	Purpose(s) of conservation easements held by the organiza		1 4117, 1110 11		
	Preservation of land for public use (e.g., recreation of		istorically important land area		
	Protection of natural habitat		rtified historic structure		
		Fleseivation of a ce	Tilled Historic Structure		
•	Preservation of open space  Complete lines 2a through 2d if the organization held a qua	olified accompation contribution in the form	a of a concentation accoment on the last		
2		alified conservation contribution in the form	n of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
_	Total number of concentration concentration				
	Total number of conservation easements		·······		
b					
a	Number of conservation easements included in (c) acquired				
_	listed in the National Register				
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by tr	le organization during the tax		
	year -	accompation located			
4	Number of states where property subject to conservation e				
5	Does the organization have a written policy regarding the p violations, and enforcement of the conservation easements				
	Staff and volunteer hours devoted to monitoring, inspecting				
6	Amount of expenses incurred in monitoring, inspecting, and				
7					
8					
•	In Part XIII, describe how the organization reports conserva				
9	include, if applicable, the text of the footnote to the organization				
	1997 A TORREST CONTRACT CONTRA	Zation's illiancial statements that describes	s the organization's accounting for		
Dai	conservation easements.  It III Organizations Maintaining Collections	of Art. Historical Treasures, or 0	Other Similar Assets		
	Complete if the organization answered "Yes" to Form		outer outline 7 toosto.		
1a	If the organization elected, as permitted under SFAS 116 (		ement and balance sheet works of art.		
	historical treasures, or other similar assets held for public e				
	the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements the financial statement is statement.		ario or posito del vice, provide, in rate viti,		
h	If the organization elected, as permitted under SFAS 116 (A		nt and halance sheet works of art historical		
D	treasures, or other similar assets held for public exhibition,				
	relating to these items:	education, or research in furtherance of p	abile service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X				
0	If the organization received or held works of art, historical t				
2			iai gairi, provide		
	the following amounts required to be reported under SFAS		<b>&gt;</b> \$		
	Revenues included in Form 990, Part VIII, line 1				
D	Assets included in Form 990, Part X		Ψ		

Sche	dule D (Form 990) 2012 ORANGE	COUNTY SAF	E HOMES PI	ROJECT,	INC.	14-1	L679391	Page 2
	TIII Organizations Maintaining C							
3	Using the organization's acquisition, accessi							
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	n's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's o	collection?			Yes	No No
Pai	1 IV Escrow and Custodial Arran		THE PROPERTY OF THE PARTY OF TH				V, line 9, or	5.1.783
	reported an amount on Form 990, Pa		-					
1a	Is the organization an agent, trustee, custod		diary for contribution	ns or other ass	sets not inc	cluded		
	on Form 990, Part X?						Yes	No
_	If "Yes," explain the arrangement in Part XIII			••••••				
D	ii res, explain the arrangement in Fart Alli	and complete the lo	illowing table.				Amount	
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						— -	
	Did the organization include an amount on F						Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.							Ш
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to F	orm 990, Part I	V, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
-	and programs						1	
f	Administrative expenses					J. S. A. Albana		***************************************
	End of year balance							
g	Provide the estimated percentage of the cur	ront year and balanc	o /line 1a column	(a)) held as:				
2	Board designated or quasi-endowment	5	%	(a)) Held as.				
a		%						
D	Permanent endowment							
C	Temporarily restricted endowment	%						
223	The percentages in lines 2a, 2b, and 2c shot							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administer	ed for the	organization	[ <del>,</del>	
	by:							es No
	(i) unrelated organizations						3a(i)	+-
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.					
	Description of property	(a) Cost or o	ther (b) Cos	st or other	(c) Accu	umulated	(d) Book	/alue
	29 590 095 (400	basis (investr	nent) basis	s (other)	depre	ciation		
1a	Land			14,000.			14	,000.
	Buildings		24	49,099.	18	0,799.	68	,300.
	Leasehold improvements	Parameter 1		76,909.		1,712.	55	,197.
	Equipment			25,001.		1,289.		,712.
	Other			1,436.		901.		535.
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), line				181	,744.
			.,	1-//				

Schedule D (Form 990) 2012

	(Form 990) 2012					PROJECT,	INC.	14-167	9391	Page 3
	Investments - C									
(a) Descrip	otion of security or catego	TY (including name o	f security)	(b) Book	value	(c) Method of	valuation: Co	ost or end-of-year	market v	/alue
(1) Financi	al derivatives									
(2) Closely	held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)							***			
(F)						#				
(G)		Talista Valley								
(H)						74.4				
(l)										
	b) must equal Form 990,									
Part VIII	Investments - P		ated. See Fo				1 1: 0			
	(a) Description of inve	estment type		(b) Book	value	(c) Method of	valuation: Co	ost or end-of-year	market v	/alue
(1)										
(2)										
(3)										
(4)										-
(5)										
(6)										
(7)										
(8)									)	
(9)					-					
(10)		B 137 1 751 P	1016							
	b) must equal Form 990, Other Assets. S									
Part IX	Other Assets. S	ee Form 990, Pa	(a) Desc	crintion				(h	) Book va	alue
			(4) Desc	Silption				۵,	) BOOK VE	
(1)										
(2)								-		
(3)										
<u>(4)</u> (5)										
(6)										****
(7)				-						
(8)										
(9)			-			-			·	
(10)			2 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		- Harris (1997)					*
	ımn (b) must equal For	m 990. Part X. o	ol. (B) line 15.	.)						
Part X	Other Liabilities									
1.		scription of liabil			(1	b) Book value				
	deral income taxes									
(2)			,			2.0				
(3)										
(4)				-			_			
(5)			•							
(6)		A150 A150 A150 A150 A150 A150 A150 A150								
(7)										
(8)										
(9)			***************************************							
(10)				Also to						
(11)										
	ımn (b) must equal For	m 990, Part X, c	ol. (B) line 25.	)	▶					
	(ASC 740) Footnote, In					anization's financi	al statements	s that reports the	organiza	ation's

ORANGE COUNTY SAFE HOMES PROJECT, INC.

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2012

14-1679391 Page 3

Sche	edule D (Form 990) 2012 ORANGE COUNTY SAFE HOMES P	ROJECT, I	NC. 14-1	1679391	Page 4
	TXI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return		
1	Total revenue, gains, and other support per audited financial statements		1	1,357,	372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,357,	372.
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.)	4b			
С	Add lines 4a and 4b		4c		0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,357,	372.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per Retu	rn	
1	Total expenses and losses per audited financial statements		1	1,389,	749.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	The state of the s				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1			1,389,	749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
53	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,389,	749.
	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II. lines 1a and 4: F	Part IV. lines 1b and 2	b: Part V. line	4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			, ,	1,1 4.1
ν, ππ	62, 1 dit 71, illios 20 dito 45, dito 1 dit 711, illios 20 dito 1517 liso 5511, pisto tillo partic	<b>P</b> (, )			
-				505 000-00-0	
		1 (0.00		***	
1-0			3041, 21, 19, 19, 19, 19, 19, 19, 19, 19, 19, 1		
				100000000000000000000000000000000000000	

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

	COUNTY SAFE HOMES				14-16/9	
Part I Fundraising Activities required to complete this par	Complete if the organization answ t.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  or oral agreement with any individua art VII) or entity in connection with prividuals or entities (fundraisers) pure	ation of ation of I fundra I (include profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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			
		+				
		-				
		-				
Total			. ▶			
3 List all states in which the organization or licensing.				s or has been notifie	d it is exempt from re	egistration

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events ANNUAL (add col. (a) through DINNER LOVE GENTLY col. (c)) (event type) (total number) (event type) Revenue 6,322. 56,402. 35,162. 14,918. Gross receipts 2 Less: Contributions 35,162. 6,322. 14,918. 56,402. Gross income (line 1 minus line 2) ..... 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 11,103. 205. 417. 11,725. Food and beverages 8 Entertainment ..... 2,744. 310. 1,002. 4,056. 9 Other direct expenses 15,781, 10 Direct expense summary. Add lines 4 through 9 in column (d) 40,621. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012 ORANGE COUNTY SAFE HOMES PROJECT, INC. 14-1679391 Page 2

Sch	redule G (Form 990 or 990-EZ) 2012 ORANGE COUNTY SAFE HOMES PROJECT, INC. $14-1$								
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed								
	to administer charitable gaming?	Yes	No						
	Indicate the percentage of gaming activity operated in:								
	The organization's facility	1	%						
	An outside facility	13b	<u>%</u>						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name ►								
	Address								
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No						
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount								
	of gaming revenue retained by the third party ▶\$								
C	If "Yes," enter name and address of the third party:								
	Name		11						
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation ▶ \$								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	Yes	No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		#1						
	organization's own exempt activities during the tax year ▶ \$								
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information								
		0							

#### 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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ORANGE COUNTY SAFE HOMES PROJECT, INC.

Employer identification number 14-1679391

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD PRESIDENT REVIEWS THE 990
BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: POLICIES ARE REVIEWED ANNUALLY BY
THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE OF THE
ORGANIZATION.
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.