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# ARMANINO LLP

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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and e	nding Jt	л 30, 2016				
	heck if pplicable:	C Name of organization		D Employer ider	ntifica	ation number		
	Address	COMPASS FAMILY SERVICES						
Name change		Doing business as	94-1156622					
	] Initial return		Room/suite					
	Final return/	49 POWELL STREET, 3RD FLOOR		415-644-0504				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	_	10,948,157.			
L	Amende	BAN FRANCIBCO, CH 94102	H(a) Is this a grou					
	Applica tion pending			I .		Yes X No		
_		SAME AS C ABOVE	F07	H(b) Are all subordina		ist. (see instructions)		
		mpt status:     501(c)(3)	r 527	H(c) Group exem				
		e: ▶ www.compass-sf.org  organization: X Corporation Trust Association Other ▶	I Vear			State of legal domicile: CA		
		Summary	L I Gai	or formation.	IVI	State of legal dofficite.		
		Briefly describe the organization's mission or most significant activities: SEE SCH	EDULE O					
ce	' '	Shelly describe the organization's mission of most significant dottvitios.						
Activities & Governance	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its ne	t asse	ets.		
veri	1	Number of voting members of the governing body (Part VI, line 1a)			3	20		
g		Number of independent voting members of the governing body (Part VI, line 1b)			4	20		
≪		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)			5	131		
itie		Fotal number of volunteers (estimate if necessary)			6	250		
ctiv		Fotal unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
A	bl	Net unrelated business taxable income from Form 990-T, line 34			7b	0.		
			_	Prior Year	-	Current Year		
Ф	8 (	Soften Dution 3 and grants (Care vin, into 11)		9,120,5		10,618,747.		
Revenue	9 F	Program service revenue (Part VIII, line 2g)		41,8	_	35,867.		
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				64,805. -4,769.		
П	111 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-40,2 9,174,6		10,714,650.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,174,0	0.	1,725,849.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		5,577,8	-	6,286,193.		
60	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
Fxnenses	16a	Total fundraising expenses (Part IX, column (A), line 25)	al fundraising fees (Part IX, column (A), line 11e)					
Exp	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,491,9	62.	2,328,932.		
	100	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,069,8	41.	10,340,974.		
		Revenue less expenses. Subtract line 18 from line 12		104,8	32.	373,676.		
Jr –	S	Total do 1000 gripol court canada and	Ве	eginning of Current Y	'ear	End of Year		
ets (	20	Total assets (Part X, line 16)		11,152,4	54.	11,716,066.		
Ass	21	Total liabilities (Part X, line 26)		764,8		936,920.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		10,387,5	68.	10,779,146.		
I P	art II	Signature Block						
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best	of my	knowledge and belief, it is		
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	the	2/12		
	- 1	Signature of officer		Date	71			
Sig		ERICA KISCH, EXECUTIVE DIRECTOR		2410				
He	ere	Type or print name and title			-			
_			T	Date ch	eck [	PTIN		
Pa	id	Print/Type preparer's name  RATY BROWN  Preparer's signature  ACTUSTOR		T10117 1	f-employ	P00650274		
	eparer	Firm's name ARMANINO LLP		Firm's EI		94-6214841		
	e Only	Firm's address 12657 ALCOSTA BLVD, STE. 500						
03	o only	SAN RAMON, CA 94583-4600		Phone no	0.925	5-790-2600		
M	ay the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No		

X.

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	COMPASS FAMILY SERVICES HELPS HOMELESS FAMILIES AND THOSE AT IMMINENT	_
	RISK TO ACHIEVE HOUSING STABILITY, ECONOMIC SELF-SUFFICIENCY, AND	_
	WELL-BEING.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	1
	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	ř.
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ including grants of \$ / The value of \$	)
	COMPASS SF HOME PROVIDES LONG-TERM RENTAL SUBSIDIES,	_
	ONE-TIME/SHORT-TERM RENTAL ASSISTANCE GRANTS, AS WELL AS SUPPORT	_
	SERVICES THAT ENABLE FAMILIES IN DANGER OF HOMELESSNESS TO MAINTAIN	_
	THEIR HOUSING AND RAPIDLY RE-HOUSES HOMELESS FAMILIES. WHILE RECEIVING	_
	THE SUBSIDY, CLIENTS WORK TOWARDS LONG-TERM ECONOMIC SELF-SUFFICIENCY	_
	THROUGH EDUCATION OR EMPLOYMENT TRAINING.	_
		_
		_
		_
		_
		_
	(S. ) \( \( \) \(\	_
4b	(Code: ) (Expenses \$	, )
	COMPASS CHILDREN'S CENTER IS A NATIONALLY ACCREDITED EARLY CHILD	-
	DEVELOPMENT PROGRAM FOR HOMELESS AND EXTREMELY LOW-INCOME CHILDREN AGES	_
	0-5, AND THEIR FAMILIES.	-
		_
		_
		_
		_
		_
		_
		_
		_
	(Code: ) (Expenses \$ 2,000,762. including grants of \$ ) (Revenue \$	,
4c	(Code:) (Expenses \$ 2,000,762. including grants of \$ 0. ) (Revenue \$ COMPASS CONNECTING POINT: A FAMILY RESOURCE CENTER IS THE CENTRALIZED	
	INTAKE, ASSESSMENT AND COUNSELING CENTER FOR SAN FRANCISCO FAMILIES	
	FACING A HOUSING CRISIS. THE PROGRAM PROVIDES A COMPREHENSIVE RANGE OF	
	SERVICES INCLUDING CRISIS INTERVENTION, PLACEMENT ON THE FAMILY SHELTER	
	WAITING LIST, HOUSING COUNSELING AND RENTAL ASSISTANCE, FOOD, HYGIENE	
	SUPPLIES, AND TRANSPORTATION ASSISTANCE. THE PROGRAM ALSO HELPS TO	
	BUILD STRONGER, HEALTHIER FAMILIES, THROUGH THE PROVISION OF MENTAL	
	HEALTH/CRISIS SERVICES, PARENTING EDUCATION AND SUPPORT GROUPS,	
	CHILDCARE SUBSIDIES AND CASE MANAGEMENT, AND DEVELOPMENTAL ACTIVITIES	
	FOR CHILDREN.	
44	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ 2,298,013. including grants of \$ 0.) (Revenue \$ 25,691.)	
4e	Total program service expenses   8,868,087.	
	- 000 rea	

Form 990 (2015) COMPASS FAMILY SEE
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	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes." complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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,			
u	Part VI	11a	X	
h	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		Х
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? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
2.5	foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
000	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I	17	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes." complete Schedule G, Part II	18	Х	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
		Forn	ո <b>99</b> 0	(2015)

Page 4 COMPASS FAMILY SERVICES Part IV | Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ...... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

X

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Form 990 (2015) COMPASS FAMILY SERVICES

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
	2	ï			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	160			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		e gaming		77	
	(gambling) winnings to prize winners?			1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		121			
	filed for the calendar year ending with or within the year covered by this return	2a	131		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	Λ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			0-		X
За	Did the organization have annotated business great			3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C	)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	utnorit	y over, a	10		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount	)?	4a		
b	If "Yes," enter the name of the foreign country:		/EDAD\			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			5a		Х
5a	vas tile organization a party to a promoted tax oriente.			5b		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file. Form 2006 T2			5c		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	orgar	ization solicit	30		
6a	any contributions that were not tax deductible as charitable contributions?	o.gai		6a		Х
į.	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
D	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contr	vices pr	ovided to the payor?	7a	Х	
				7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	8		
	sponsoring organization have excess business holdings at any time during the year?			P		
9	Sponsoring organizations maintaining donor advised funds.			9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			- JB		
10	Section 501(c)(7) organizations. Enter:	10a				
a	2	10b				
b 11	Section 501(c)(12) organizations. Enter:					
11	Gross income from members or shareholders	11a				
a h	Gross income from other sources (Do not net amounts due or paid to other sources against					
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	128	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			138	1	
	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	1	1			
	organization is licensed to issue qualified health plans	13b		_		
c	Enter the amount of reserves on hand	13c				X
148	Did the organization receive any payments in mass.			14		
k	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eO.			THE RESERVE	0 (2015)

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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in deficultie 6. 666 instructions			X
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management		Yes	No
	20		165	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
	officer, director, trustee, or key employee?	-2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	_
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			
10	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		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	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		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
19	statements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	ERICA KISCH - 415-644-0504			
	49 POWELL STREET 3RD FLOOR SAN FRANCISCO CA 94102			

Form 990 (2015)

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizati (A)	(B)	Ju		(0				(D)	(E)	(F)
Name and Title	Average	(do		Posi	ition		ne	Reportable	Reportable	Estimated
	hours per	box,	(do not check more than one box, unless person is both an				an	compensation	compensation	amount of
	week		officer and a director/trustee)				ee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			Highest compensated employee		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	truste	Institutional trustee		yee	mper		(11 = 11 = 11 = 1		and related
	below	idual	ution	-a	Key employee	est co oyee	ıer		-	organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) LISA ODYNIEC	2.00									
CHAIR OF THE BOARD	I	Х		Х				0.	0.	0.
(2) BETH GASSEL	2.00									
VICE CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(3) CHRISTOPHER WAGNER	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) BRIAN MCINERNEY	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) MICHELLE BATTELLE	2.00									0
BOARD MEMBER		Х			_	_	_	0.	0.	0.
(6) JEFF CAIN	2.00									
BOARD MEMBER		Х	_		<u> </u>			0.	0.	0
(7) LISA CARDONE	2.00									
BOARD MEMBER		Х	_	_	$\vdash$	_		0.	0.	0
(8) SHAWN CROSS	2.00	1	l							0
BOARD MEMBER		Х	-	-		-	_	0.	0.	0
(9) ROBERT DAORO	2.00	-							0.	0
BOARD MEMBER		Х	-	-	$\vdash$	-	_	0.	0.	0
(10) ALISON ENGEL	2.00	-							0.	0
BOARD MEMBER		Х	-	-	+	-	-	0.	0.	
(11) NANCY FIELD	2.00	١١						0.	0.	0
BOARD MEMBER	2.00	Х	-	+	+	-	-	0.	٠.	
(12) KELLY FLANNERY	2.00	┨,,,						0.	0.	0
BOARD MEMBER	2.00	Х	+	+	+	+	-	<del>                                     </del>		
(13) DENNIS GIBBONS	2.00	x		1				0.	0.	0
BOARD MEMBER	2.00	Λ	+-	+	+	+	+	·	-	
(14) DOUG GOELZ	2.00	- ↓						0.	0.	0
BOARD MEMBER	2,00	Х	+	+	+	+	$\vdash$			, ,
(15) SLOAN KLEIN	2.00	x						0.	0.	0
BOARD MEMBER	2.00	- A	-	+	+	+	+	-	1	
(16) MICHAEL MCCARTHY	2.00	x			1			0.	0.	. 0
BOARD MEMBER	2.00	A	+	+	+	+	H			
(17) ROSALIND NAVARRO SOLON BOARD MEMBER	2.00	x						0	0.	. 0
DOARD REFIDER			_				_			Form 990 (201

101111990 (2013)	MILY SERVICES	-	_		_				74 11			, ac	go
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	loye	ees,	and	Hig	ghes	t Co	mpensated Employee	s (continued)			New York	
(A) Name and title	(B) Average hours per week	box.	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee Officer Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC)	on d						
(18) ANNE PARISH	2.00												
BOARD MEMBER		X						0.		0.			0.
(19) KATIE TRAINA	2.00												0
BOARD MEMBER		Х						0.		0.			0.
(20) STEPHANIE ZEPPA	2.00												0
BOARD MEMBER		Х						0.		0.			0.
(21) KEN GREGORY	2.00	1											0
BOARD MEMBER (THRU 11/30/15)		Х						0.		0.			0.
(22) NANCY CONNERY	2.00								-				0
BOARD MEMBER (THRU 1/31/16)		X					_	0.		0.			0.
(23) ERICA KISCH	40.00	-						100 550		_		15 (	010
PRESIDENT/EXECUTIVE DIRECTOR				Х	_	_	_	129,658.		0.		15,9	,13.
(24) CARRIE HOOK	40.00	-						00 520		0.		10 '	260.
FINANCE DIRECTOR		_	-	Х	-	_	-	92,532.		0.		10,2	.002
		1											
					F								
4b Cub total			_				•	222,190.		0.		26,3	179.
1b Sub-total  c Total from continuation sheets to Par								0.		0.			0.
d Total (add lines 1b and 1c)								222,190.		0.		26,	179.
Total (add lines is and ic)      Total number of individuals (including by	ut not limited to the	2056	liste	ed al	hove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
compensation from the organization		1000				-,	1000						1
compensation from the organization			Т									Yes	No
3 Did the organization list any former offi	cer, director, or tr	uste	e, ke	ev ei	mple	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J f											3		X
4 For any individual listed on line 1a, is th	e sum of reportat	ole c	omp	ensa	ation	n and	d otl	her compensation from	the organization				
and related organizations greater than 9											4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion 1	from	any	y uni	relat	ed organization or indivi	dual for services	3			

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

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the caleridar year ending v  (A)  Name and business address	(B) Description of services	(C) Compensation
EIS CONSULTING GROUP 1445 MANZANITA AVENUE, SANTA ROSA, CA 95404	IT SERVICES	183,615.
CHEFABLES P.O. BOX 288, SOUTH SAN FRANCISCO, CA 94083	CATERING SERVICES / MEAL PROVIDER	104,665.

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

Form 990 (2015) COMPASS FAME

		Check if Schedule O conta	ins a response o	r note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a		100			4 4 5
an		Membership dues		7				The same
Q SI		Fundraising events		279,688.				7.35
ifts Ir A		Related organizations						
nila nila		Government grants (contribution		6,933,869.				100
Sir		All other contributions, gifts, grant						
uti,		similar amounts not included abov		3,405,190.				
E		Noncash contributions included in lines 1		219,178.	100			
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			10,618,747.	200		
0 0		Total: / Ida Inios / Id I		Business Code				
	2 a	PROGRAM SERVICE FEES		624200	35,867.	35,867.		
Program Service Revenue	2 a b							
ie								
m Sep	c							
gra	d							
Pro	e	All other program service rever	nue -					
-		Total. Add lines 2a-2f	3030033000	•	35,867.			
	3	Investment income (including						
	3	other similar amounts)			51,219.			51,219.
	4	Income from investment of tax						
		Royalties			377			
	5	noyaities	(i) Real	(ii) Personal				
	0 -	Creas vents	(i) Hear	(ii) i ci soriai			100	
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of	140,217.	(ii) Other				Service and
		assets other than inventory	140,217.					55 (52 5
	b	Less: cost or other basis	126,631.					
		and sales expenses	12 506					
		Gain or (loss)			13,586.	7 1 1	10.1511	13,586.
		Net gain or (loss)			20,000.			
e	8 a	Gross income from fundraising				4.0		= -
eni		including \$ 279						
Other Revenu		contributions reported on line		48,302.				Tuesday of the second
e		Part IV, line 18		106 076		4	1	A 480 L
oth		Less: direct expenses		100,070.	-58,574.		-115	-58,574.
		Net income or (loss) from fund			00,012.			
	9 8	a Gross income from gaming ac						
	١.	Part IV, line 19						1000
		b Less: direct expenses						
		Net income or (loss) from gam						
	10 8	a Gross sales of inventory, less						200
		and allowances						100
		b Less: cost of goods sold						
		Net income or (loss) from sale		Rusinosa Cada				
	20.00	Miscellaneous Revenu a OTHER REVENUE	ie	Business Code 624200	53,805.			53,805.
					-5,000			
		b						
	1 '	C						
	1	d All other revenue			53,805.			
	12	e Total. Add lines 11a-11d Total revenue See instructions.			10,714,650.		0.	60,036.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising **(B)** Program service expenses (A) Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 782,900. 782,900. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 942,949. 942,949 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members Compensation of current officers, directors, 31,143. 18,427. 260,092 210,522 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) 329,926. 4,529,525. 3,644,727. 554.872. Other salaries and wages ..... 7 Pension plan accruals and contributions (include 16,378. 9,171. 144,363. 169,912, section 401(k) and 403(b) employer contributions) 51,211. 91,459 948,821 806,151. Other employee benefits 9 20,393. 36,421. 377,843. 321,029. 10 Payroll taxes Fees for services (non-employees): a Management Legal 1,322. 14,591. 28,071. 43,984 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,368. 92,741. 48,203 column (A) amount, list line 11g expenses on Sch O.) 145,312. 12 Advertising and promotion 23,727. 21,735 119,628 74.166. Office expenses 13 3,923. 73,053. 62,467. 6,663 Information technology 14 15 Royalties 41,399. 496,619. 51,026. 589,044. 16 Occupancy 492 510. 18,799 19,801. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 12,843 6,613 403. 19,859 Conferences, conventions, and meetings ..... 19 567 567. 20 Payments to affiliates \_\_\_\_\_ 21 1,111. 279,891 278,013 767 22 Depreciation, depletion, and amortization ..... 1,866. 9,701 51.843. 40,276. Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) .... 2,265. 635,172. 30. 637,467. PROGRAM EXPENSE 34,649. 37,555. 276,279. 348,483. MISCELLANEOUS С d All other expenses e 547,577. 8.868.087 925,310. 10,340,974. 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)

Form 990 (2015)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any lin	e in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			96,351.	1	1,195,441.
	2	Savings and temporary cash investments		I	2,449,348.	2	1,660,284.
	3	Pledges and grants receivable, net		581,555.	3	719,139.	
	4	Accounts receivable, net		1,072,937.	4	1,147,660.	
	5	Loans and other receivables from current and fo					
	"	trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
	"	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
Assers	7	Notes and loans receivable, net			7		
200	7	Inventories for sale or use			8		
•	8		1	36,782.	9	42,506.	
	9		i I		,		
	10a	Land, buildings, and equipment: cost or other	100	8,515,077.			
	١.	basis. Complete Part VI of Schedule D		3,236,826.	5,434,906.	10c	5,278,251.
	10.0				1,458,680.	11	1,619,519
	11	Investments - publicly traded securities	2,200,000,	12			
	12	Investments - other securities. See Part IV, line 1		13			
	13	Investments - program-related. See Part IV, line		14			
	14	Intangible assets		1	21,895.	15	53,266
	15	Other assets. See Part IV, line 11		11,152,454.	16	11,716,066	
_	16	Total assets. Add lines 1 through 15 (must equ			683,248.		853,918
	17	Accounts payable and accrued expenses			005,240.	17	033,310
	18	Grants payable	47 250	18	49,574		
	19	Deferred revenue			47,358.	19	49,374
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former					
Ĕ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of	24 000		22 420
		Schedule D			34,280.	25	33,428
	26	Total liabilities. Add lines 17 through 25			764,886.	26	936,920
		Organizations that follow SFAS 117 (ASC 958	), check h	nere 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 ar			5,000,076		7 000 000
nce	27	Unrestricted net assets			6,988,876.	27	7,099,999
ala	28	Temporarily restricted net assets			3,314,942.	28	3,595,397
d E	29	Permanently restricted net assets	83,750.	29	83,750		
E E		Organizations that do not follow SFAS 117 (A					
o		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
188	31	Paid-in or capital surplus, or land, building, or e				31	
et A	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
ž	33	Total net assets or fund balances			10,387,568.	33	10,779,146
	1	Total liabilities and net assets/fund balances			11,152,454.	34	11,716,066

MATERIAL PROPERTY.	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		714,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	340,	
3	Revenue less expenses. Subtract line 2 from line 1	3		373,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,	387,	568.
5	Net unrealized gains (losses) on investments	5		17,	902.
6	Donated services and use of facilities	6			
7	Investment expenses	7	10.7		
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	10,	779,	146.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sched	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2015)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

2015 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

COMPASS FAMILY SERVICES

Employer identification number

Part I	Reason for Public C	harity Status (A	II organiz	zations must co	mplete thi	s part.) See	e instructions.	
The organ	nization is not a private founda							
1	A church, convention of chu						(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii). (A	Attach Sc	chedule E (Form	990 or 99	0-EZ).)		
3	A hospital or a cooperative h						).	
4	A medical research organiza	ation operated in con	junction	with a hospital	described	in section	170(b)(1)(A)(iii). Enter t	he hospital's name,
	city, and state:							
5	An organization operated fo	r the benefit of a coll	ege or ur	niversity owned	or operate	ed by a gov	vernmental unit describe	d in
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local gov	10	ental uni	t described in	section 17	O(b)(1)(A)(	v).	
7 X	An organization that normal							ublic described in
	section 170(b)(1)(A)(vi). (Co							
8	A community trust describe		1)(A)(vi).	(Complete Part	t II.)			
9	An organization that normal					ontribution	ns, membership fees, and	gross receipts from
	activities related to its exem							
	income and unrelated busin							
	See section 509(a)(2). (Con							
10	An organization organized a	and operated exclusiv	ely to te	st for public sat	fety. See	section 50	9(a)(4).	
11	An organization organized a	and operated exclusiv	vely for th	ne benefit of, to	perform th	ne function	s of, or to carry out the p	ourposes of one or
	more publicly supported org	ganizations described	d in sect	tion 509(a)(1) o	r section 8	509(a)(2). S	See section 509(a)(3). C	heck the box in
	lines 11a through 11d that of	describes the type of	supporti	ing organization	and com	olete lines	11e, 11f, and 11g.	
а	Type I. A supporting orga	nization operated, su	pervised	d, or controlled	by its supp	orted orga	anization(s), typically by g	iving
	the supported organizatio	n(s) the power to reg	jularly ap	point or elect a	majority o	f the direct	tors or trustees of the su	pporting
	organization. You must c	omplete Part IV, Se	ctions A	and B.				
b	Type II. A supporting orga	anization supervised	or contro	olled in connect	ion with its	s supporte	d organization(s), by havi	ng
	control or management of	f the supporting orga	nization	vested in the sa	ame perso	ns that cor	ntrol or manage the supp	orted
	organization(s). You must	t complete Part IV, S	Sections	A and C.				
С	Type III functionally integ	grated. A supporting	g organiz	ation operated	in connect	ion with, a	nd functionally integrated	d with,
	its supported organization	n(s) (see instructions)	. You m	ust complete l	Part IV, Se	ctions A, I	D, and E.	
d	Type III non-functionally	integrated. A supp	orting or	ganization oper	ated in cor	nnection w	ith its supported organiz	ation(s)
	that is not functionally into	egrated. The organization	ation ger	nerally must sat	isfy a distr	ibution req	uirement and an attentiv	eness
	requirement (see instructi	ons). You must com	nplete Pa	art IV, Sections	A and D,	and Part \	<b>/</b> .	
е	Check this box if the orga	nization received a v	vritten de	etermination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated, or	Type III non-function	nally integ	grated supporti	ng organiz	ation.		
f En	ter the number of supported o	rganizations						
g Pro	ovide the following information				Visa la tha a	vacnization	(-) A	(vi) Amount of
	(i) Name of supported organization	(ii) EIN		of organization ed on lines 1-9	listed i		(v) Amount of monetary support (see	other support (see
	organization			ee instructions))	governing		instructions)	instructions)
					Yes	No		
					-			
		-					77.32	
						-		
_								

Schedule A (Form 990 or 990-EZ) 2015 COMPASS FAMILY SERVICES

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	8,011,511.	8,636,902.	9,329,495.	9,120,528.	10,618,747.	45,717,183.
2	Tax revenues levied for the organ-					- 17	
	ization's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	8,011,511.	8,636,902.	9,329,495.	9,120,528.	10,618,747.	45,717,183.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1.					
	supported organization) included	3.45				P. Barrier	
	on line 1 that exceeds 2% of the	100	4 5 1	<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.65	
	amount shown on line 11,						
	column (f)						1,012,401.
6	Public support. Subtract line 5 from line 4.						44,704,782.
	tion B. Total Support		V.1				
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	8,011,511.	8,636,902.	9,329,495.	9,120,528.	10,618,747.	45,717,183.
	Gross income from interest,						199
•	dividends, payments received on					1.50	5.0
	securities loans, rents, royalties						
	and income from similar sources	29,333.	34,365.	39,347.	44,853.	51,219.	199,117.
a	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	21,144.	93,382.	95,432.	56,602.	102,107.	368,667.
11	Total support. Add lines 7 through 10						46,284,967.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	213,488.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and sto	n here					<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2015 (			olumn (f))		14	96.59 %
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14			15	97.73 %
16	33 1/3% support test - 2015. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	16a 33 1/3% support test - 2015. 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						
1	b 33 1/3% support test - 2014. 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						
17:	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
1	10% -facts-and-circumstances tes	t - 2014. If the or	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts-and-circu	umstances" test, ch	neck this box and	stop here. Explai	n in Part VI how th	ne
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box a	and see instruction	s
					Sch	edule A (Form 99	0 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 COMPASS FAMILY SERVICES 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		- 1			(1) 004 = T	(f) Total
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and					1, 6	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,			-	1 1		
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			_			
5 The value of services or facilities						
furnished by a governmental unit to				100	Design Co.	
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>b</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		7.00				
amount on line 13 for the year		i i				
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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	(4) 2311					
10a Gross income from interest,				1.75		
dividends, payments received on					E	. 1
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
1. Annual 1. Ann						
c Add lines 10a and 10b						
activities not included in line 10b,			1.3		1	
whether or not the business is					- 17	
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is f</li></ul>	or the organization	's first second the	hird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	or trie organization	i o mot, occoria, ti				<b>&gt;</b>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2015	(line 9 column (f)	divided by line 13	column (f))		15	
15 Public support percentage for 2015	(line o, column (i)	rt III. line 15	,		16	
16 Public support percentage from 20 Section D. Computation of Investigation	estment Incom	ne Percentag	е			
17 Investment income percentage for	2015 (line 100 col	ump (f) divided by	line 13. column (f	))	17	
17 Investment income percentage for	2015 (IIIIe TUC, COI	A Dart III line 17	,	,,	18	
18 Investment income percentage from 19a 33 1/3% support tests - 2015. If the	ha ergenization dia	n, rait iii, iiile 17	ox on line 14 and l	ine 15 is more thar		17 is not
19a 33 1/3% support tests - 2015. If the	ne organization did	he organization a	ualifies as a nublic	ly supported organ	ization	▶□
more than 33 1/3%, check this box b 33 1/3% support tests - 2014. If the	and stop nere.	the organization q	on line 14 or line	19a, and line 16 is r	more than 33 1/3%	
<b>b 33 1/3% support tests - 2014.</b> If the line 18 is not more than 33 1/3%, cl	ne organization did	aton here. The	organization qualifi	es as a publicly sur	oported organization	n
line 18 is not more than 33 1/3%, c	neck this box and	stop nere. The	10a or 10h chool	k this hox and see	instructions	
line 18 is not more than 33 1/3%, c	tion did not check	a box on line 14,	19a, or 19b, check	k this box and see	instructions	

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### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No	
1			
2			
0-			
3a			
3b			
3c			
4a			
4b			
4c			
5a			
5b			
5c			
English English			
6			
7			
8			
9a			1
9b			1
9c			
10a	1		1
401			

	TIV   Supporting Organizations (continued)			
	Continued/		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		1a		
i.e.	A family member of a person described in (a) above?	1b		
	A family member of a person described in (a) above:	1c		
	tion B. Type I Supporting Organizations			
Sec	tion B. Type i Supporting Organizations		Yes	No
	Divide the transfer of any or more supported organizations have the power to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	Ma
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		976	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
·	The state of the Authorities Took On the Proof of Indian			
ŀ				
	The second of th	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	The state of the superior time and initial during the tay year directly further the exempt purposes of			
ć	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
	activities but for the organization's involvement.			
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .			
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		-	_

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov. 20, 1970. See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must con	mplete Sec	tions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	10 May 196	
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	200	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		17 11 11 11 11 11 11
5	Income tax imposed in prior year	5	100	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		1000 400 4	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anization (see
8	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	(continued)	O
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
secti	on E - Distribution Allocations (see instructions)			
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			1 4 4 5 5 3
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		100	
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
_	and 4c.  Breakdown of line 7:			Page 1
_8_				
a	The comparison of the control of the			
b				
	Excess from 2013			
_	Excess from 2014			
е	Excess from 2015			· /= 000 000 F7) 00

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Part VI Supplemental Information. Provide the explanat Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2 (See instructions.)	, 9c, 11a, 11b, and 11c; Pa	art IV, Section B, lines 1 and 2; Part IV, Bb: Part V. line 1: Part V. Section B, line	e 1e; Part V,
	INCOME:		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER	INCOLL!		
FUNDRAISING INCOME			
2012 AMOUNT: \$ 58,255.			
2013 AMOUNT: \$ 73,856.			
2014 AMOUNT: \$ 43,871.			
2015 AMOUNT: \$ 48,302.			
2013 AMOUNT: 9 40,302.			
MICELLANEOUS REVENUE			
2011 AMOUNT: \$ 21,144.			
2012 AMOUNT: \$ 35,127.			
2013 AMOUNT: \$ 21,576.			13336
2015 AMOUNT: \$ 53,805.			. 117.
		The state of the s	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2015

Employer identification number Name of the organization 94-1156622 COMPASS FAMILY SERVICES Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

COMPASS FAMILY SERVICES

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for
(-)	(b)	(c)	noncash contributions.) (d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Hamo, addison, and an	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MPASS I	FAMILY SERVICES	94-1156622
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 791,364. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 303,787. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio
		\$   Person   Payroll   Noncash   (Complete Part II for noncash contributions
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$\$ Person Payroll Noncash (Complete Part II for noncash contributions
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No.	Name, address, and ZiF + 4	Person Payroll Noncash (Complete Part II for noncash contribution

Name of organization

COMPASS FAMILY SERVICES

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,			
		_   \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
			1 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

Employer	identification	number

n) No. from	Use duplicate copies of Part III if additional space	is needed.	or the year. (Enter this info. once.)  \$
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047 Inspection

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number 94-1156622

Par	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	5.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or co	lonor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par		nization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a hi	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	m of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	the second secon	er 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	he organization during the tax
	vear >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expen	nse statement, and balance sneet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
	conservation easements.	Art Historical Transures or	Other Similar Assets
Pa	conservation easements.  Int III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Ominar Access.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	toward and balance shoot works of art
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue sta	erance of public sorvice, provide in Part XIII
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furth	erance of public service, provide, in that Am,
	the text of the footnote to its financial statements that describ	es these items.	ent and balance sheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC	2 958), to report in its revenue statem	public sonvice provide the following amounts
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		\$
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	ar other similar assets for finar	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for final	iciai gairi, provido
	the following amounts required to be reported under SFAS 1	TO (ASC 930) relating to these items.	<b>&gt;</b> \$
	a Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

cned	ule D (Form 990) 2015 COMPASS FAM	ILY SERVICES				94-11566		Page 2
Part	III Organizations Maintaining Co	ollections of Art, I	Historical Trea	sures, or Oth	ner Similar A	Assets	(continued,	)
3	Using the organization's acquisition, accession	n, and other records, o	check any of the fo	llowing that are a	significant use	of its coll	ection item	าร
	(check all that apply):							
а	Public exhibition	d	Loan or exch	ange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
ļ	Provide a description of the organization's co	llections and explain he	ow they further the	organization's e	xempt purpose	in Part XI	II.	
5	During the year, did the organization solicit or	receive donations of a	art, historical treasu	ures, or other sim	ilar assets		_	
	to be sold to raise funds rather than to be ma	intained as part of the	organization's colle	ection?		-	Yes	No
ALCOHOLD DO	Escrow and Custodial Arrang	gements. Complete	if the organization	answered "Yes"	on Form 990, I	Part IV, lin	e 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for contributions	or other assets r	not included			¬.,
	on Form 990, Part X?						Yes	N
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table:					
					- 19	<i>F</i>	Amount	_
С	Beginning balance				1c			
d	Additions during the year				1d			_
е	Distributions during the year				1e			
f	Ending balance				1f		V [	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	1, for escrow or cu	stodial account li	ability?		Yes L	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been p	provided on Part	XIII			
ar	t V Endowment Funds. Complete			m 990, Part IV, II	ne IU.	ara baak	(e) Four year	are had
		(a) Current year	(b) Prior year	(c) Two years bac 293,58		6,421.		6,66
1a	Beginning of year balance	368,946.	360,699.	293,50	4. 23	0,421.	20	0,00
b	Contributions		0.047	67 11	5 3	7,163.		-24
	Net investment earnings, gains, and losses	4,430.	8,247.	67,11	.5.	7,103.		
C								
c d	Grants or scholarships							
	Grants or scholarships Other expenditures for facilities							
d								
d	Other expenditures for facilities		260.046	360 69	29 29	13 584	25	6 42
d e	Other expenditures for facilities and programs  Administrative expenses End of year balance	373,376.	368,946.	360,69	99. 29	3,584.	25	6,42
d e f	Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)		99. 29	3,584.	25	6,42
d e f g	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end balance			99. 29	3,584.	25	6,42
d e f g	Other expenditures for facilities and programs  Administrative expenses End of year balance  Provide the estimated percentage of the cur Board designated or quasi-endowment  Permanent endowment	rent year end balance	(line 1g, column (a)		99. 29	3,584.	25	6,42
d e f g 2	Other expenditures for facilities and programs  Administrative expenses End of year balance  Provide the estimated percentage of the cur Board designated or quasi-endowment  Permanent endowment   22.43  Temporarily restricted endowment	rent year end balance	(line 1g, column (a)		99. 29	3,584.	25	6,42
d e f g a b c	Other expenditures for facilities and programs  Administrative expenses End of year balance  Provide the estimated percentage of the cur Board designated or quasi-endowment  Permanent endowment   22.43  Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c, sho	rent year end balance	(line 1g, column (a) _%	) held as:			25	6,42
d e f g a b c	Other expenditures for facilities and programs  Administrative expenses End of year balance  Provide the estimated percentage of the cur Board designated or quasi-endowment  Permanent endowment   22.43  Temporarily restricted endowment	rent year end balance	(line 1g, column (a) _%	) held as:				
d e f g a b c	Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the cur Board designated or quasi-endowment  Permanent endowment 22.43  Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c shown and the possess of the cur board designated or quasi-endowment  Are there endowment funds not in the possess of the cur board designated or quasi-endowment.	rent year end balance  % 77.57  would equal 100%. ession of the organization	(line 1g, column (a) _% ion that are held ar	) held as: nd administered f	or the organiza	tion	Ye	es M
d e f g a b c	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment 22.43 Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse by:  (i) unrelated organizations	ment year end balance when the second of the organization of the o	(line 1g, column (a) _% ion that are held ar	) held as: nd administered f	or the organiza	tion	Ye 3a(i)	es M
d e f g 2 a b c 3a	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations	ment year end balance when the second of the organization of the o	(line 1g, column (a) _% ion that are held ar	) held as: nd administered f	or the organiza	tion	3a(i) 3a(ii)	es M
d e f g 2 a b c 3a	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organiz	rent year end balance  % 77.57 % ould equal 100%. ession of the organizations listed as require	(line 1g, column (a) % ion that are held ar	) held as: nd administered f	or the organiza	tion	Ye 3a(i)	es M
d e f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	when the organizations listed as require erganization's endow	(line 1g, column (a) % ion that are held ar	) held as: nd administered f	or the organiza	tion	3a(i) 3a(ii)	es M
d e f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  rt VI Land, Buildings, and Equipment	77.57 % ould equal 100%. ession of the organizations listed as require e organization's endownent.	(line 1g, column (a) % ion that are held ar d on Schedule R? ment funds.	) held as:	or the organiza	tion	3a(i) 3a(ii)	es M
d e f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	rent year end balance  % 77.57 %  build equal 100%. ession of the organizations listed as require e organization's endownent. ed "Yes" on Form 990,	(line 1g, column (a) %  ion that are held are don Schedule R? //ment funds.	) held as:  nd administered f	or the organiza	tion	3a(i) 3a(ii) 3b	es I
d e f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  rt VI Land, Buildings, and Equipment	rent year end balance  % 77.57 %  build equal 100%. ession of the organizations listed as require e organization's endownent. ed "Yes" on Form 990,  (a) Cost or ot	(line 1g, column (a) %  ion that are held are don Schedule R? //ment funds.  Part IV, line 11a. Sher (b) Cos	held as:  nd administered f  See Form 990, Pat or other	or the organiza	tion	3a(i) 3a(ii)	
d e f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answere	rent year end balance  % 77.57 %  build equal 100%. ession of the organizations listed as require e organization's endownent. ed "Yes" on Form 990,	(line 1g, column (a) %  ion that are held are don Schedule R? //ment funds.  Part IV, line 11a. Sher (b) Cos	held as:  nd administered f  See Form 990, Pat or other (other)	or the organiza	tion	3a(i) 3a(ii) 3b	es N
f g 2 a b c 3a b 4	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  22.43  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answere	water end balance water year end balance water 57 % would equal 100%. Session of the organizations listed as require a organization's endownent.  The water	d on Schedule R?  ment funds.  Part IV, line 11a. Sher (b) Cosent) basis	See Form 990, Pat or other (other)	or the organiza art X, line 10. (c) Accumulate depreciation	ed	3a(i) 3a(ii) 3b (d) Book v	es M
f g 2 a b c 3a	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  Tt VI Land, Buildings, and Equipm  Complete if the organization answere  Description of property  Land  Buildings	warrent year end balance  /// /// /// /// /// /// /// /// // //	d on Schedule R?  ment funds.  Part IV, line 11a. Sher (b) Cosent) basis	See Form 990, Pat or other (other) 588,000.	art X, line 10.  (c) Accumulate depreciation	ed 882.	(d) Book v	value 88,0
d e f g 2 a b c c 3a b 4 Pa	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Permanent endowment  The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  Tt VI Land, Buildings, and Equipm  Complete if the organization answere  Description of property  Land  Buildings	warrent year end balance  /// /// /// /// /// /// /// /// // //	d on Schedule R?  ment funds.  Part IV, line 11a. Sher (b) Cosent) basis	See Form 990, Pat or other (other) 588,000. 5,965,073. 999,830.	art X, line 10.  (c) Accumulate depreciation  2,681, 244,	ed 882.	(d) Book v	value 888,00
d e f g 2 a b c 3a b 4 Pa	Other expenditures for facilities and programs  Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  Tt VI Land, Buildings, and Equipm  Complete if the organization answere  Description of property  Land  Buildings	rent year end balance  // // // // // // // // // // // // /	d on Schedule R?  ment funds.  Part IV, line 11a. Sher (b) Cosent) basis	See Form 990, Pat or other (other) 588,000.	art X, line 10.  (c) Accumulate depreciation	ed 882.	(d) Book v	es N

Schedule D (Form 990) 2015 COMPASS FAMILY SEF	RVICES		94-1156	622 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year	r market value
1) Financial derivatives	1000			
2) Closely-held equity interests				
3) Other				
(A)			The state of the s	
(B)				
(C)			2 / 2 18	
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			49 To 15 U.S.	100
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11c. See Form 990, Part >	(, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-yea	r market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)	- 1			
(7)				
(8)			V <sub>n</sub> L	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11d. See Form 990, Part	X, line 15.	
	Description		(	(b) Book value
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	7 1100			
(9)	15)		<b>&gt;</b>	
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	19.7			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11e or 11f. See Form 990	), Part X, line 25.	
(a) Description of liability		(b) Book value	4 15 12	
li ,				
(1) Federal income taxes (2) CLIENT FUNDS HELD IN TRUST		33,428.		
(2)				
(3)	1 1 1 1 1 1			
<u>(4)</u>				
(5)	12	77.0		
(6)				

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

33,428.

(7)(8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part			10 736 600
1	Total revenue, gains, and other support per audited financial statements		1	10,736,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	45.000	
а	Net unrealized gains (losses) on investments		17,902.	
b	Donated services and use of facilities		4,048.	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		0-	21,950.
е	Add lines 2a through 2d			10,714,650.
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا		
а		41-		
b			4c	0.
С	Add lines 4a and 4b	- 10 )	5	10,714,650.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. liner XII Reconciliation of Expenses per Audited Financia	Statements With Ex		n.
Pa	Complete if the organization answered "Yes" on Form 990, Part	IV. line 12a.		
_	Total expenses and losses per audited financial statements		1	10,345,022.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2		2a	4,048.	F.,
a	- · · · · · · · · · · · · · · · · · · ·			
b	Other losses			
d				
0	Add lines 2a through 2d		2e	4,048.
3	Subtract line 2e from line 1			10,340,974.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	9-3 P		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	0.
	, Add iii loo ta diid ib			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			10,340,974.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.	line 18.)	5	10,340,974.
Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and	5 2b; Part V, line 4; Part	10,340,974.
Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.	and 4; Part IV, lines 1b and	5 2b; Part V, line 4; Part	10,340,974.
Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and	5 2b; Part V, line 4; Part	10,340,974.
Provide lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	and 4; Part IV, lines 1b and	5 2b; Part V, line 4; Part	10,340,974.
Provide lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and	5 2b; Part V, line 4; Part	10,340,974.
Provide state of the state of t	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII   Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:	and 4; Part IV, lines 1b and ide any additional informat	5 2b; Part V, line 4; Part	10,340,974.
Provide state of the state of t	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	and 4; Part IV, lines 1b and ide any additional informat	5 2b; Part V, line 4; Part	10,340,974.
Provide state of the state of t	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII   Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the VIII of the VIIII o	and 4; Part IV, lines 1b and ide any additional informational informational informational information in the state of the	5 2b; Part V, line 4; Part	10,340,974.
Provide state of the state of t	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. art XIII   Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:	and 4; Part IV, lines 1b and ide any additional informational informational informational information in the state of the	5 2b; Part V, line 4; Part	10,340,974.
PAR COM	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:  MPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTAPPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANICAL PROPERTY OF	and 4; Part IV, lines 1b and ide any additional information and information and idea and additional information. THE	5 2b; Part V, line 4; Part	10,340,974.
PAR COM	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII   Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:  MPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTAPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANICOUMENT ACCOUNT IS INTENDED TO ACCUMULATE AS MUCH PRINCE	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:  MPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTAPPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANICAL PROPERTY OF	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII   Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:  MPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTAPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANICOUMENT ACCOUNT IS INTENDED TO ACCUMULATE AS MUCH PRINCE	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII   Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the V, LINE 4:  MPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTAPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANICOUMENT ACCOUNT IS INTENDED TO ACCUMULATE AS MUCH PRINCE	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part to prove the v	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part to prove the v	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part to prove the v	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF ENI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part of the part to prove the very supplemental part to prove the v	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF ENII WHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII   Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the time of the time of the part to prove the time of the part to prove the part to pro	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and information and infor	5 2b; Part V, line 4; Part	10,340,974.
PAR COM PUF ENII WHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the time of the part to prove the part to part to prove the part to prove the part to p	and 4; Part IV, lines 1b and ide any additional information and information and information and information and idea and information and infor	5 2b; Part V, line 4; Part	10,340,974.
PAR COMMUNICATION WHITE PAR COMMUNICATION CO	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the time of the part to prove the part to part to prove the part to prove the part to prove the part to	and 4; Part IV, lines 1b and ide any additional information and any additional information and any additional information. The cipal as possible,  Going operations  N 501(C)(3) OF THE	5 2b; Part V, line 4; Part	10,340,974.
PAR COMMUNICATION WHITE PAR COMMUNICATION CO	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII   Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the time of the time of the part to prove the time of the part to prove the part to pro	and 4; Part IV, lines 1b and ide any additional information and any additional information and any additional information. The cipal as possible,  Going operations  N 501(C)(3) OF THE	5 2b; Part V, line 4; Part	10,340,974.
PAR COM WHITE PAR COM TINE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Lart XIII Supplemental Information.  Wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the time of the part to prove the part to part to prove the part to prove the part to prove the part to	and 4; Part IV, lines 1b and ide any additional information and any additional information and any additional information. The cipal as possible,  Going operations  N 501(C)(3) OF THE	5 2b; Part V, line 4; Part	10,340,974.

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number 94-1156622

	g Activities. mplete this part.	Complete if the organizat	ion answe	ered "Ye	es" on	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
1 Indicate whether the o a Mail solicitation b Internet and em c Phone solicitati d In-person solici 2 a Did the organization h key employees listed b If "Yes," list the ten h compensated at least	nail solicitations ions tations nave a written or in Form 990, Pa ighest paid indiv	e f f g oral agreement with any rt VII) or entity in connect iduals or entities (fundrais	Solicitate Solicitate Special individual ion with p	tion of tion of fundra (includ	non-go govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address o or entity (fundrai		(ii) Activity		fundr have 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		Marin.	
								337
								7 35 1
								fi d
								4 2 21 -
					F a			
3 List all states in which or licensing.	n the organizatio	n is registered or licensed	I to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
								-11:11
					-			

Schedule G (Form 990 or 990-EZ) 2015 COMPASS FAMILY SERVICES 94-1156622 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col. (a) through SPRING EVENT col. (c)) (total number) (event type) (event type) 327,990. 327,990. Gross receipts ..... 279,688. 279,688. 2 Less: Contributions 48,302 48,302. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6,420. 6,420. Rent/facility costs 48,302. 48,302. Food and beverages 52,154. 52,154. Entertainment ..... Other direct expenses 106,876. 10 Direct expense summary. Add lines 4 through 9 in column (d) -58,574. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue

ses	2	Cash prizes								
zxpens	3	Noncash prizes								-
Direct Expenses	4	Rent/facility costs								-
	5	Other direct expenses		% [	Yes	% [	Yes	%		
	6	Volunteer labor	Yes No	%	No No		No No			
	Ent	Net gaming income summary. Subtract line ter the state(s) in which the organization concate organization licensed to conduct gaming a No," explain:	7 from line 1, colducts gaming act	lumn (d) ivities: of these sta	ites?				Yes	□ No
		ere any of the organization's gaming licenses Yes," explain:					ır?		Yes	□ No

	9	4-1156	623	2	Page 3
Sche	edule G (Form 990 or 990-EZ) 2015 COMPASS FAMILY SERVICES 9  Does the organization conduct gaming activities with nonmembers?		,	Yes	No
11	Does the organization conduct gaming activities with nonmerribers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
12	to administer charitable gaming?	[	,	Yes	No
40	Indicate the percentage of gaming activity conducted in:				
13	The organization's facility	1:	3a		%
a	An outside facility	13	3b		%
1/I	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
14	Effet the flame and address of the posterior				
	Name				
	Address		_		
		Г	-	Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			165	140
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
	of gaming revenue retained by the third party > \$				
(	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Gaming manager compensation				
	Description of services provided				
	Description of services provided P				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
-	to be site blad distributions from the gaming proceeds to			1 v	No
	retain the state gaming license?	l		res	NO
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or opening	ne			
	s and a state of the state of t		0.0	Oh '	10h 15h
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, IIIIe	5 9,	90,	100, 100,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).				
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chedule G (Form 990 or 990-EZ) COMPASS FAMILY SERVICES	94-1156622	Page 4
Part IV   Supplemental Information (continued)		
		23_

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 94-1156622

Schedule I (Form 990) (2015) S ASSISTANCE FOR FAMILIES. SUBCONTRACT TO PROVIDE (h) Purpose of grant CASE MANAGEMENT AND RENTAL SUBSIDIES TO or assistance FAMILIES IN NEED X Yes ONE-TIME RENTAL Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ASSISTANCE ASSISTANCE RENTAL RENTAL (f) Method of valuation (book, FMV, appraisal, other) FMV FMV 625,638. 157,262. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 0 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 94-3342323 501(C)(3) 94-1498472 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN COMPASS FAMILY SERVICES criteria used to award the grants or assistance? 1 (a) Name and address of organization EVICTION DEFENSE COLLABORATIVE 1338 MISSION STREET, 4TH FL. SAN FRANCISCO, CA 94103 or government SAN FRANCISCO, CA 94109 CATHOLIC CHARITIES CYO Name of the organization 990 EDDY STREET Part Part II

532101

Page 2

94-1156622

COMPASS FAMILY SERVICES

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance RENTAL SUBSIDIES TO FAMILIES IN NEED (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 942,949. FMV (d) Amount of non-cash assistance 0 THE ELIGIBILITY REQUIREMENTS FOR THE SUBSIDY OR RENTAL (c) Amount of cash grant APPROVAL. FOR SUBSIDIES, ONE-TIME RENTAL ASSISTANCE OR SECURITY DEPOSITS. TO ASSISTANCE PROGRAMS. IF ACCEPTED INTO THE PROGRAM, THE FAMILY WILL WORK THE CASE MANAGERS SUBMIT SUBSIDY OR HOUSING BARRIER REQUESTS THE COMPASS SF HOME PROGRAM DIRECTOR OR ASSISTANT PROGRAM DIRECTO FOR APPROVAL, REQUEST MUST HAVE APPROPRIATE DOCUMENTATION BEFORE GETTING WITH THEIR CASE MANAGERS ON HOUSING SEARCH AND/OR REMOVING BARRIERS WE NEED PROOF OF OWNERSHIPS (DEED OR TAX BILL); WHEN APPLICABLE 162 (b) Number of recipients (a) Type of grant or assistance TO MEET RENTAL SUBSIDIES PART I, LINE 2: CLIENTS NEED HOUSING. Part IV Part III

532102 10-28-15

## SCHEDULE M (Form 990)

Internal Revenue Service

Department of the Treasury

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

94-1156622 COMPASS FAMILY SERVICES Types of Property Part I (d) (c) (b) (a) Method of determining Noncash contribution Number of Check if noncash contribution amounts amounts reported on contributions or applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications ..... 4 199,500.FMV X Clothing and household goods ..... 5 Cars and other vehicles 6 Boats and planes ..... 7 Intellectual property 8 19,678.FMV Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous ..... 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles ..... 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 Taxidermy ..... 21 22 Historical artifacts Scientific specimens ..... 23 Archeological artifacts 24 25 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

COMPAGE BAMTIV SERVICES	94-1156622	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items received.	32b, and 33, and whether the organed, or a combination of both. Also co	ization omplete
this part for any additional information.		
		1.1
HEDULE M, PART I, COLUMN (B):		
IS NUMBER REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF		
EMS CONTRIBUTED.		
		-
	The state of the s	
	The state of the s	. 1-1
		2.44
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		·
		- 222) (

### 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number 94-1156622

FORM 990, PART I, LINE 1:	
COMPASS FAMILY SERVICES PROVIDES A BROAD CONTINUUM OF SERVICES THAT	
HELP HOMELESS AND AT-RISK FAMILIES TO FIND AND MAINTAIN STABLE HOUSING	-
AND BUILD STRONG, HEALTHY FAMILIES.	-
- 5,200 FAMILIES CALLED OUR HOTLINE.	-
- WE SERVED MORE THAN 3,400 PARENTS AND CHILDREN THROUGHOUT THE YEAR	_
AND PREVENTED 77 FROM BECOMING HOMELESS.	_
- 747 FAMILIES RECEIVED DROP-IN GOODS, INCLUDING HYGIENE ITEMS,	_
DIAPERS AND TRANSPORTATION ASSISTANCE.	_
- WORKING HAND-IN HAND WITH OUR CLIENT FAMILIES, CASE MANAGERS	_
PROVIDED 21,347 COUNSELING, EDUCATION / EMPLOYMENT, AND GOAL-SETTING	_
SESSIONS.	_
- 675 FAMILIES REQUIRED INTENSIVE CASE MANAGEMENT SERVICES - THIS	_
INCLUDES CRISIS INTERVENTION AND IMMEDIATE MENTAL HEALTH COUNSELING.	_
- MENTAL HEALTH SERVICES INCLUDE CRISIS COUNSELING, THERAPEUTIC	_
SHADOWING IN CHILDCARE PROGRAMS, SUPPORT GROUPS, AND PSYCHOTHERAPY FOR	_
INDIVIDUALS, COUPLES AND CHILDREN.	_
- 2,816 MENTAL HEALTH SESSIONS WERE PROVIDED TO PARENTS AND CHILDREN.	_
- 143 FAMILIES WERE PROVIDED TEMPORARY OR TRANSITIONAL SHELTER.	_
- 548 FAMILIES WERE PLACED INTO LONG-TERM HOUSING.	_
- 98% OF FAMILIES WHO WERE PREVIOUSLY HOUSED REMAINED STABLE UP TO 12	_
MONTHS AFTER EXITING COMPASS SERVICES.	_
- WE PROVIDED 210,000 HOURS OF HIGH QUALITY, ENRICHED CHILDCARE IN	_
PROGRAMS SPECIALLY TAILORED TO MEET THE NEEDS OF CHILDREN LIVING	_
EXTREME POVERTY OR HOMELESSNESS.	
- VOLUNTEERS CONTRIBUTED 7,040 HOURS OF THEIR TIME.	

APPEARANCE OF A CONFLICT, THE MATTER IS HANDLED IN ACCORDANCE WITH COMPASS

CONFLICT OF INTEREST POLICY. THE POLICY IS REDISTRIBUTED EACH JUNE AND

Name of the organization  COMPASS FAMILY SERVICES	94-1156622
EVERY BOARD MEMBER IS REQUIRED TO SIGN IT ANNUALLY.	
THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND ALL EMPLOYEES.	
ITEMS COVERED INCLUDE FINANCIAL INTERESTS, INSIDE INFORMATION, GIFTS AND	
FAVORS, AND DIRECT REPORTING RELATIONSHIPS WITH FAMILY MEMBERS. ANY	
CONFLICTS FOR THE BOARD SHOULD BE REPORTED TO THE BOARD CHAIR, ACTION FOR	
CONFLICTS VARIES FROM SIMPLE DISCLOSURE TO DIRECTED ACTION.	
WHERE A POTENTIAL CONFLICT OF INTEREST EXISTS, IT SHALL BE THE	
RESPONSIBILITY OF THE PERSON INVOLVED OR ANY OTHER PERSON WITH KNOWLEDGE TO	
NOTIFY THE BOARD OF TRUSTEES OF THE CIRCUMSTANCES RESULTING IN THE	
POTENTIAL CONFLICT SO THAT THE BOARD MEMBERS CAN PROVIDE SUCH GUIDANCE AND	
TAKE SUCH ACTION AS IT SHALL DEEM APPROPRIATE. NO TRUSTEE WHO DIRECTLY OR	
INDIRECTLY IS INVOLVED IN A POTENTIAL CONFLICT IS CONSIDERED, NOR SHALL THE	
TRUSTEE VOTE ON ANY ACTION OF THE BOARD REGARDING THAT POTENTIAL CONFLICT.	-
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SALARIES ARE DETERMINED BY THE	
EXECUTIVE COMMITTEE. THERE WERE NO INCREASES DURING THE YEAR OTHER THAN	
ACROSS THE BOARD. COMPASS HAS A WRITTEN COMPENSATION REVIEW POLICY. THE	
PRIMARY SOURCE FOR COMPARABLE DATA IS THE NORTHERN CALIFORNIA NONPROFITS	
COMPENSATION AND BENEFITS SURVEY.	7, 1
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNANCE DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE	
AVAILABLE UPON REQUEST. THE AUDITED AND INTERIM FINANICAL STATEMENTS ARE	
AVAILABLE ON THE COMPASS FAMILY SERVICES WEBITE AND UPON REQUEST.	

Schedule O (Form 990 or 990-EZ) (2015)	Pa	
Name of the organization  COMPASS FAMILY SERVICES		Employer identification number 94-1156622
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		
		Cit Charles