

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ^{LLP}

12657 Alcosta Blvd., Suite 500
San Ramon, CA 94583
ph 925.790.2600
fx 925.790.2601

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: COMPASS FAMILY SERVICES
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
49 POWELL STREET, 3RD FLOOR
City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94102
F Name and address of principal officer: ERICA KISCH
SAME AS C ABOVE

D Employer identification number: 94-1156622

E Telephone number: 415-644-0504

G Gross receipts \$: 10,948,157.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.COMPASS-SF.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1914

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer ERICA KISCH, EXECUTIVE DIRECTOR
Date: 5/17/17

Paid: Print/Type preparer's name KATY BROWN, Preparer's signature, Date 5/11/17, Check if self-employed, PTIN P00650274
Preparer: Firm's name ARMANINO LLP, Firm's EIN 94-6214841
Use Only: Firm's address 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600, Phone no. 925-790-2600

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 2,529,721. including grants of \$ 1,725,848.) (Revenue \$ 500.) 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.

4b (Code:) (Expenses \$ 2,039,591. including grants of \$ 0.) (Revenue \$ 9,676.) 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.

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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,298,013. including grants of \$ 0.) (Revenue \$ 25,691.)

4e Total program service expenses 8,868,087.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 contain various questions about organizational activities and reporting requirements, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

X

Section A. Governing Body and Management

Form section A containing questions 1a through 9 with Yes/No columns and a grid for responses.

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

Form section B containing questions 10a through 16b with Yes/No columns and a grid for responses.

Section C. Disclosure

Form section C containing questions 17 through 20 regarding public inspection and records.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA ODYNIC CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(2) BETH GASSEL VICE CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(3) CHRISTOPHER WAGNER TREASURER	2.00	X		X				0.	0.	0.
(4) BRIAN MCINERNEY SECRETARY	2.00	X		X				0.	0.	0.
(5) MICHELLE BATTELLE BOARD MEMBER	2.00	X						0.	0.	0.
(6) JEFF CAIN BOARD MEMBER	2.00	X						0.	0.	0.
(7) LISA CARDONE BOARD MEMBER	2.00	X						0.	0.	0.
(8) SHAWN CROSS BOARD MEMBER	2.00	X						0.	0.	0.
(9) ROBERT DAORO BOARD MEMBER	2.00	X						0.	0.	0.
(10) ALISON ENGEL BOARD MEMBER	2.00	X						0.	0.	0.
(11) NANCY FIELD BOARD MEMBER	2.00	X						0.	0.	0.
(12) KELLY FLANNERY BOARD MEMBER	2.00	X						0.	0.	0.
(13) DENNIS GIBBONS BOARD MEMBER	2.00	X						0.	0.	0.
(14) DOUG GOELZ BOARD MEMBER	2.00	X						0.	0.	0.
(15) SLOAN KLEIN BOARD MEMBER	2.00	X						0.	0.	0.
(16) MICHAEL MCCARTHY BOARD MEMBER	2.00	X						0.	0.	0.
(17) ROSALIND NAVARRO SOLON BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE PARISH BOARD MEMBER	2.00	X						0.	0.	0.
(19) KATIE TRAINA BOARD MEMBER	2.00	X						0.	0.	0.
(20) STEPHANIE ZEPPA BOARD MEMBER	2.00	X						0.	0.	0.
(21) KEN GREGORY BOARD MEMBER (THRU 11/30/15)	2.00	X						0.	0.	0.
(22) NANCY CONNERY BOARD MEMBER (THRU 1/31/16)	2.00	X						0.	0.	0.
(23) ERICA KISCH PRESIDENT/EXECUTIVE DIRECTOR	40.00			X				129,658.	0.	15,919.
(24) CARRIE HOOK FINANCE DIRECTOR	40.00			X				92,532.	0.	10,260.
1b Sub-total								222,190.	0.	26,179.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								222,190.	0.	26,179.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	279,688.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,933,869.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,405,190.				
	g Noncash contributions included in lines 1a-1f: \$		219,178.				
	h Total. Add lines 1a-1f		10,618,747.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624200	35,867.	35,867.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		35,867.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,219.			51,219.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		126,631.			
		c Gain or (loss)		13,586.			
	d Net gain or (loss)		13,586.			13,586.	
	8 a Gross income from fundraising events (not including \$ 279,688. of contributions reported on line 1c). See Part IV, line 18	a		48,302.			
		b Less: direct expenses		106,876.			
c Net income or (loss) from fundraising events			-58,574.			-58,574.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE		624200	53,805.			53,805.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			53,805.				
12 Total revenue. See instructions.			10,714,650.	35,867.	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	782,900.	782,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	942,949.	942,949.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	260,092.	210,522.	31,143.	18,427.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,529,525.	3,644,727.	554,872.	329,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	169,912.	144,363.	16,378.	9,171.
9 Other employee benefits	948,821.	806,151.	91,459.	51,211.
10 Payroll taxes	377,843.	321,029.	36,421.	20,393.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,984.	28,071.	14,591.	1,322.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	145,312.	92,741.	48,203.	4,368.
12 Advertising and promotion				
13 Office expenses	119,628.	74,166.	21,735.	23,727.
14 Information technology	73,053.	62,467.	6,663.	3,923.
15 Royalties				
16 Occupancy	589,044.	496,619.	51,026.	41,399.
17 Travel	19,801.	18,799.	492.	510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,859.	12,843.	6,613.	403.
20 Interest	567.		567.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,891.	278,013.	767.	1,111.
23 Insurance	51,843.	40,276.	9,701.	1,866.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	637,467.	635,172.	30.	2,265.
b MISCELLANEOUS	348,483.	276,279.	34,649.	37,555.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,340,974.	8,868,087.	925,310.	547,577.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	96,351.	1	1,195,441.
	2	Savings and temporary cash investments	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36,782.	9	42,506.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,515,077.		
	b	Less: accumulated depreciation	10b 3,236,826.	10c	5,278,251.
	11	Investments - publicly traded securities	1,458,680.	11	1,619,519.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,895.	15	53,266.
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,152,454.	16	11,716,066.	
Liabilities	17	Accounts payable and accrued expenses	683,248.	17	853,918.
	18	Grants payable		18	
	19	Deferred revenue	47,358.	19	49,574.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,280.	25	33,428.
	26	Total liabilities. Add lines 17 through 25	764,886.	26	936,920.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,988,876.	27	7,099,999.
	28	Temporarily restricted net assets	3,314,942.	28	3,595,397.
	29	Permanently restricted net assets	83,750.	29	83,750.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	10,387,568.	33	10,779,146.	
34	Total liabilities and net assets/fund balances	11,152,454.	34	11,716,066.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,714,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,340,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	373,676.
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	
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.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,011,511.	8,636,902.	9,329,495.	9,120,528.	10,618,747.	45,717,183.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,012,401.
6 Public support. Subtract line 5 from line 4.						44,704,782.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,011,511.	8,636,902.	9,329,495.	9,120,528.	10,618,747.	45,717,183.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,333.	34,365.	39,347.	44,853.	51,219.	199,117.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,144.	93,382.	95,432.	56,602.	102,107.	368,667.
11 Total support. Add lines 7 through 10						46,284,967.
12 Gross receipts from related activities, etc. (see instructions)					12	213,488.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.59	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.73	%
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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 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		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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 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, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes 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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
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:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 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.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

2012 AMOUNT: \$ 58,255.

2013 AMOUNT: \$ 73,856.

2014 AMOUNT: \$ 43,871.

2015 AMOUNT: \$ 48,302.

MICELLANEOUS REVENUE

2011 AMOUNT: \$ 21,144.

2012 AMOUNT: \$ 35,127.

2013 AMOUNT: \$ 21,576.

2014 AMOUNT: \$ 12,731.

2015 AMOUNT: \$ 53,805.

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

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number

94-1156622

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

COMPASS 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) Total contributions	(d) Type of contribution
1		\$ 402,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 363,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,271,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 771,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 542,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 241,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMPASS FAMILY SERVICES	Employer identification number 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) Total contributions	(d) Type of contribution
7		\$ 791,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 303,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMPASS FAMILY SERVICES

94-1156622

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization COMPASS FAMILY SERVICES	Employer identification number 94-1156622
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number

94-1156622

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	368,946.	360,699.	293,584.	256,421.	256,663.
b Contributions					
c Net investment earnings, gains, and losses	4,430.	8,247.	67,115.	37,163.	-242.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	373,376.	368,946.	360,699.	293,584.	256,421.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 22.43 %
 - c Temporarily restricted endowment 77.57 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		588,000.		588,000.
b Buildings		5,965,073.	2,681,882.	3,283,191.
c Leasehold improvements		999,830.	244,110.	755,720.
d Equipment		826,928.	310,834.	516,094.
e Other		135,246.		135,246.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,278,251.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT FUNDS HELD IN TRUST	33,428.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,736,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	17,902.	
b	Donated services and use of facilities	2b	4,048.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	21,950.	
3	Subtract line 2e from line 1	3	10,714,650.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,714,650.	

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

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

1	Total expenses and losses per audited financial statements		1	10,345,022.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,048.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	4,048.	
3	Subtract line 2e from line 1	3	10,340,974.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,340,974.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

COMPASS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTABLISHED FOR THE PURPOSE OF PROVIDING A PERMANENT ENDOWMENT FOR THE ORGANIZATION. THE ENDOWMENT ACCOUNT IS INTENDED TO ACCUMULATE AS MUCH PRINCIPAL AS POSSIBLE, WITH THE EVENTUAL GOAL OF HELPING TO SUPPORT COMPASS' ON-GOING OPERATIONS WHILE LEAVING THE ACCUMULATED PRINCIPAL INTACT.

PART X, LINE 2:

COMPASS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER THE RELATED CALIFORNIA CODE SECTIONS.

Part XIII Supplemental Information *(continued)*

COMPASS BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS.

Lined area for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		SPRING EVENT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	327,990.		327,990.
	2	Less: Contributions	279,688.		279,688.
	3	Gross income (line 1 minus line 2)	48,302.		48,302.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	6,420.		6,420.
	7	Food and beverages	48,302.		48,302.
	8	Entertainment	52,154.		52,154.
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			106,876.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-58,574.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

2015

Open to Public Inspection

SCHEDULE I (Form 990)
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.

Department of the Treasury
 Internal Revenue Service

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

Employer identification number
 94-1156622

Name of the organization

COMPASS FAMILY SERVICES

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any grants and other assistance to Domestic Organizations and Domestic Governments.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES CYO 990 EDDY STREET SAN FRANCISCO, CA 94109	94-1498472	501(C)(3)	0.	625,638. FMV		RENTAL ASSISTANCE	RENTAL SUBSIDIES TO FAMILIES IN NEED
EVICTION DEFENSE COLLABORATIVE 1338 MISSION STREET, 4TH FL. SAN FRANCISCO, CA 94103	94-3342323	501(C)(3)	0.	157,262. FMV		RENTAL ASSISTANCE	SUBCONTRACT TO PROVIDE CASE MANAGEMENT AND ONE-TIME RENTAL ASSISTANCE FOR FAMILIES.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

1.
 0.

COMPASS FAMILY SERVICES

Schedule I (Form 990) (2015) Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENTAL SUBSIDIES	162	0.	942,949.	FMV	RENTAL SUBSIDIES TO FAMILIES IN NEED

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

CLIENTS NEED TO MEET THE ELIGIBILITY REQUIREMENTS FOR THE SUBSIDY OR RENTAL ASSISTANCE PROGRAMS. IF ACCEPTED INTO THE PROGRAM, THE FAMILY WILL WORK WITH THEIR CASE MANAGERS ON HOUSING SEARCH AND/OR REMOVING BARRIERS TO HOUSING. THE CASE MANAGERS SUBMIT SUBSIDY OR HOUSING BARRIER REQUESTS TO THE COMPASS SF HOME PROGRAM DIRECTOR OR ASSISTANT PROGRAM DIRECTO FOR APPROVAL. REQUEST MUST HAVE APPROPRIATE DOCUMENTATION BEFORE GETTING APPROVAL. FOR SUBSIDIES, ONE-TIME RENTAL ASSISTANCE OR SECURITY DEPOSITS, WE NEED PROOF OF OWNERSHIPS (DEED OR TAX BILL); WHEN APPLICABLE,

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number

94-1156622

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		199,500. FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	19,678. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Lined area for supplemental information.

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

2015

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.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

COMPASS FAMILY SERVICES

Employer identification number

94-1156622

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

COMPASS CLARA HOUSE, A TWO-YEAR TRANSITIONAL HOUSING PROGRAM, SUPPORTS FAMILIES AS THEY PURSUE THEIR EDUCATION, EMPLOYMENT, AND HOUSING GOALS TO ACHIEVE INDEPENDENCE AND SELF-SUFFICIENCY.

COMPASS FAMILY SHELTER PROVIDES HOMELESS FAMILIES WITH TEMPORARY SHELTER AND A COMPREHENSIVE RANGE OF SUPPORT SERVICES THAT ENABLE THEM TO SECURE AND MAINTAIN PERMANENT HOUSING, IMPROVE THEIR EMPLOYMENT PROSPECTS, AND ADDRESS THE UNDERLYING ISSUES THAT CONTRIBUTED TO THEIR CURRENT INSTABILITY.

COMPASS CLINICAL SERVICES PROVIDES MENTAL HEALTH SERVICES AND SERVICE COORDINATION TO COMPASS FAMILIES AND CLINICAL SUPPORT TO STAFF ACROSS THE AGENCY.

EXPENSES \$ 2,298,013. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25,691.

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

A DRAFT OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD AND REVIEWED BY THE FINANCE COMMITTEE IN GREATER DETAIL PRIOR TO BEING SUBMITTED TO THE IRS.

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

THE POLICY APPLIES TO DIRECTORS, OFFICERS AND EMPLOYEES (INSIDERS) AND REQUIRES INSIDERS TO DISCLOSE CONFLICTS AS THEY ARISE. AT THE BEGINNING OF EACH FISCAL YEAR, ALL DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE QUESTIONNAIRE. IN THE EVENT OF A CONFLICT, OR THE 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

Employer identification number

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.

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

GOVERNANCE DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE

AVAILABLE UPON REQUEST. THE AUDITED AND INTERIM FINANCIAL STATEMENTS ARE

AVAILABLE ON THE COMPASS FAMILY SERVICES WEBSITE AND UPON REQUEST.

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.