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DLN: 93493287010173

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013							
B Ch	eck if a	applicable	C Name of organization She Is Safe Inc	D Employ	er iden	itification number				
☐ Add	dress c	change		22-38	86094	ļ				
∏ Na		=	Doing Business As							
Init	tial reti	urn	Number and street (or P O box if mail is not delivered to street address) Room/suite 11095 Houze Road No 100	E Telephor	ne numb	per				
Г Тег				(770)	552-1	400				
_		l return	City or town, state or country, and ZIP + 4 Roswell, GA 30076							
j Ap	plicatio	n pending		G Gross re	ceipts \$	1,120,718				
				this a group i filiates?	return	for				
			11095 Houze Road No 100 Roswell, GA 30076							
			n(b) A			ded? 「Yes 「No (see instructions)				
I Ta	x-exer	mpt status	▼ 501(c)(3)	Froup exemption						
J W	ebsit	:e:► ww	w SheIsSafe org	roup exemption	on nun	iber 🕶				
K For	m of o	rganızatıon	✓ Corporation Trust Association Other ► L Year of	of formation 200	2 M	State of legal domicile PA				
Pa	rt I	Sum	mary							
ance	1		escribe the organization's mission or most significant activities afe works to free and empower women and girls in high risk places around the wor	ld						
Activities & Governance	2	Check th	nis box 🕌 if the organization discontinued its operations or disposed of more tha	ın 25% of its i	net as:	sets				
න න්	3	Number	of voting members of the governing body (Part VI, line 1a)		3	6				
<u>&</u>	4	Number	of independent voting members of the governing body (Part VI, line 1b) $$. $$. $$.	[4	5				
Ē	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	16				
Ş	6	Total nu	mber of volunteers (estimate if necessary)		6	400				
			related business revenue from Part VIII, column (C), line 12		7a	0				
	Ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	0				
		C b		Prior Year	30	Current Year				
ā	8		butions and grants (Part VIII, line 1h)	1,117,7	0	1,120,560				
Rayenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	1	70	158				
2	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0				
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							
				1,117,9	_	1,120,718				
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)	328,5		336,881				
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0				
8	15	5-10)	es, other compensation, employee benefits (Part IX, column (A), lines	466,1	99	533,915				
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	1,0	00	500				
ੜੇ	Ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 79,772							
ш.	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	255,3	5 5	318,550				
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,051,0	62	1,189,846				
	19	Reven	ue less expenses Subtract line 18 from line 12	66,8	_	-69,128				
Not Assets or Fund Balances			Begin	ning of Curren Year	t	End of Year				
25. 25. 27.	20	Total	assets (Part X, line 16)	375,2	64	294,035				
걸	21	Totall	labilities (Part X, line 26)	14,3	90	2,289				
	22		sets or fund balances Subtract line 21 from line 20	360,8	74	291,746				
Unde my k	nowle	alties of	ature Block perjury, I declare that I have examined this return, including accompanying sche- belief, it is true, correct, and complete Declaration of preparer (other than officer nowledge							
		****		2013-10-14						
Sigr Her			gnature of officer Date							
Her	C		ele Rickett President & CEO or print name and title							
			Print/Type preparer's name Preparer's signature Date	CHECK! II	PTIN	006				
Paid	d	<u> </u>	Oavid C Moja Firm's name ► Capin Crouse LLP	self-employed Firm's EIN ► 36-	P00747					
Pre	nar		•							

Use Only

Firm's address ► 1255 Lakes Parkway STE 130

Lawrenceville, GA 30043 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (678) 518-5301

✓ Yes 厂No

	<u> </u>					
Par	Statement of P Check if Schedule (_	-	lishments Jestion in this Part II	ı	
1	Briefly describe the organ	ızatıon's mıssıon				
	s Safe works to prevent, re to build a life of freedom, fa			ls from abuse and ex	ploitation in high risk places ai	round the world, equippin
2	Did the organization under the prior Form 990 or 990	-EZ?		rvices during the yea	r which were not listed on	
	If "Yes," describe these ne	w services on Sch	edule O			
3	Did the organization cease services?			t changes in how it co	onducts, any program	
4		(3) and 501(c)(4)	organizations	are required to repoi	nree largest program services, rt the amount of grants and allo	
4a	(Code) (Expenses \$	417,777	ıncludıng grants of \$	139,793) (Revenue \$)
	and grow in Christ India-Indoi received micro-loans to start s	nesia-South Sudan -5,4 mall businesses, educa lls-220 women in self l	162* women in te their children help groups rece	self help groups received l , or cover other emergenc ived skills in crisis manage	narginalized women gain economic lit ife skills training, peer support, and h y needs-759 women in self-help grou ement, proper treatment and recourse	eard the gospel -2,301 wome ps received vocational training
4b	(Code) (Expenses \$	357,181	ıncludıng grants of \$	119,517) (Revenue \$)
	vulnerable to trafficking, and 6	1 girls were rescued fr focus on building bette	om being trafficler lives for them	ked across the border into selves -3,340 school age	rafficking survivors China-Nepal-Indi India -231 women and girls received children received education in self-es	I shelter, counseling and
	(Code) (Expenses \$	231,823	ıncludıng grants of \$	77,571) (Revenue \$)
	Education Projects Focus on a nonformal educational program were set on a path toward a b skills-37 women were equippe	t-risk children and wor is, and help for low-in righter future through o d to help women start	men leaders with come families to education, perso micro-enterprise	n an emphasis on education keep children in school S nal care and improved nu- e self-help groups-85 Chris	onal opportunities for girls This include Sudan-India-Indonesia-Mali-China-N A trition -20 women leaders were equi stian leaders received abuse and expl themselves and their children Each co	Africa -4,762 at-risk children oped to teach health related oitation awareness training-32
4d	Other program services	Describe in Sched	ule O)			
	(Expenses \$		ding grants of	f\$) (Revenue \$)
	Total program service ex		1,006,781		· · · · · · · · · · · · · · · · · · ·	·
	p9. a sei vice ex	r -	1,000,01			

Part IV Checklist of Required Schedule
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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^{\square}	9		No
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^{\bullet}	10		No
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, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

OTTI	330 (2012)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı		
_		28a		No
В	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	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	38	Yes	

аı	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Ti res, indicate the number of Forms 8282 filed during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	ال و		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ν
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
Ь	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13		12c	Yes	ļ
	Did the organization have a written whistleblower policy?	12c 13	Yes Yes	
14	Did the organization have a written whistleblower policy?	\vdash		
	Did the organization have a written whistleblower policy?	13	Yes	
15	Did the organization have a written whistleblower policy?	13 14	Yes	
15 a	Did the organization have a written whistleblower policy?	13 14 15a	Yes Yes Yes	
15 a	Did the organization have a written whistleblower policy?	13 14	Yes	
15 a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
b 16a	Did the organization have a written whistleblower policy?	13 14 15a	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

▶Brian Weldon 11095 Houze Road Suite 100 Roswell, GA (770) 552-1400

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

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, or 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) A verage hours per week (list any hours	(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	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Michele Rickett	60 00	х		х				72,000	0	12,424
President/CEO				<u> </u>						
(2) Mike Landrum Board Chair/Treasurer	13 00	х		x				0	0	0
(3) Carol Shipley Pennington	7 00									
Board Member/Secretary		Х		Х				0	0	O
(4) Beth Birmingham	7 00									
Board Member		Х						0	0	0
(5) Greg Blair	7 00									
		Х						0	0	0
Board member (6) Paul Fahnestock	7 00									
	, 00	х						0	0	0
Board member (7) Millie Clarke	7 00	<u> </u>								
	7 00	х						0	0	a
Board Member (part year)										
(8) Daniel Rickett Exec Vice President/Intern'l	60 00			x				33,892	0	41,241
(9) Brian Weldon	60 00									
Vice President/Operations				X				65,186	0	223

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

(A) Name and Title	hours per more than one box, unless compensation compensation week (list person is both an officer any hours and a director/trustee) organization (W- organizations (W- organizations)				. '	(F) Estimated amount of othe compensation from the organization ar							
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizati relati organiza	ed
							Ļ						
1b Sub-Total				•			F						
			` .	٠.	٠.		•		171,078		0		53,888
Total number of individuals (ind \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
——————————————————————————————————————												1	
3 Did the organization list any fo	rmer officer, dir	ector o	r trus	tee.	kev	emplo	vee	. or hiahest	compen	sated employee		Yes	No
on line 1a? If "Yes," complete So						• •	•		• •		3		No
For any individual listed on line organization and related organi individual											4		No
5 Did any person listed on line 1s services rendered to the organ									anızatıon	or individual for	4		No_
services rendered to the organ	izacioni i i i i i i i	, compi	ete Si	LIIEU	uie J	101 Su	спр	erson .		[5		No
Section B. Independent Co Complete this table for your five		ensate	d inde	nen	dent	contr	acto	rs that rec	awad mo	re than \$100 000	of		
compensation from the organiz	ation Report co									thin the organizati			
Na	(A) ame and business	address							Des	(B) cription of services		(C Comper	
											\pm		
											\mp		
2 Total number of independent cor		٠ ا			a d +			and above)	b.a. wa.a.a		#		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	Ш	Statement o		nco to any avanture	in thic Part VIII			_
		CHECK IT SCHEDI	ule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership du	es 1b					
Gra	С	Fundraising eve	ents 1c					
ffs, r A	d		rations 1d					
nia Ila		Government grants						
ms,	е							
utic ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above	1,120,560				
d ij	g	Noncash contribute 1a-1f \$	ons included in lines					
ind in	h	Total. Add lines	s 1a-1f		1,120,560			
				Business Code				
Program Serwde Revenue	2a							
.e.	Ь							
l es	С							
re.	d							
8	е							
 ⊘	f	All other progra	im service revenue					
Ě	g	Total. Add lines	s 2a – 2f					
	3		ome (including dividen		158			158
	4		ar amounts)					
	5	Royalties	·					
			(ı) Real	(11) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7-	Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other						
	_	than inventory						
	b	Less cost or other basis and						
	С	sales expenses Gaın or (loss)						
	d	Net gain or (los	s)					
	8a	Gross income f						
Other Revenue		events (not inc \$	iuding					
e ve		of contributions See Part IV, lin	reported on line 1c)					
r Č		See raiciv, iii	a .					
the	b	Less direct ex	penses b					
•	С		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities					
		· · · · · · · · · · · · · · · · ·	а					
	b		penses b					
	C		(loss) from gamıng actı 	vities				
	10a	Gross sales of returns and allo						
			a					
			oods sold b					
	С	Net income or (Miscellaneous	(loss) from sales of inv	entory 🛌 Business Code				
	11a	macenaneous	S NEVERIUE	Dusiness Code				
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	T-4-1	Caa Imahuushama					

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al			olete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)		<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	27,934	27,934		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	308,947	308,947		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	226,484	182,418	32,277	11,789
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	279,210	234,246	7,036	37,928
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	1,272	817	385	7
10	Payroll taxes	26,949	20,467	2,839	3,643
l1	Fees for services (non-employees)				
а	Management				
b	Legal	336		336	
С	Accounting	15,808	7,904	7,904	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	500			50
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	18,546	12,519	4,170	1,85
L2	Advertising and promotion				
.3	Office expenses	81,633	50,953	15,298	15,38
L 4	Information technology	14,064	7,121	6,943	
.5	Royalties				
L6	Occupancy	29,100	17,460	11,640	
L7	Travel	109,182	103,456	2,863	2,86
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L 9	Conferences, conventions, and meetings	19,133	13,393		5,74
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,235		8,235	
23	Insurance	3,367		3,367	
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)				
а	Associates/volunteers	9,631	9,631		
b	Books	8,968	8,968		
c	Equipment	547	547		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,189,846	1,006,781	103,293	79,77
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 Fig. 1f following SOP 98-2 (ASC 958-720)	,,-	,,	,	

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			245,573	1	164,373
	2	Savings and temporary cash investments			101,303	2	107,416
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L		trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L	ing employers		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		4,022	8	1,176	
	9	Prepaid expenses and deferred charges		3,958	9	4,109	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	ь	Less accumulated depreciation	10b	43,738	20,408	10c	16,961
	11	Investments—publicly traded securities		11			
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			375,264	16	294,035
	17	Accounts payable and accrued expenses			14,390	17	2,289
	18	Grants payable				18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
65	21	Escrow or custodial account liability Complete Part IV of Schedu	ule D			21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie					
Liabili		persons Complete Part II of Schedule L				22	
Ξ	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 and other liabilities not included on lines 17-24) Complete Part	XofSc	hedule			
		D				25	2.2-
	26	Total liabilities. Add lines 17 through 25			14,390	26	2,289
<u>د</u> ف		Organizations that follow SFAS 117 (ASC 958), check here ▶ Iines 27 through 29, and lines 33 and 34.	and co	omplete			
<u> </u>	27	Unrestricted net assets			205,300	27	171,139
ល ប	28	Temporarily restricted net assets		•	155,574	28	120,607
=	29	Permanently restricted net assets		•		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e ► ┌	and			
2	30	Capital stock or trust principal, or current funds				30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32	
ž	33	Total net assets or fund balances		•	360,874	33	291,746
_	34	Total liabilities and net assets/fund balances			375,264	34	294,035

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	.20,718
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	.89,846
3	Revenue less expenses Subtract line 2 from line 1	3			-69,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	360,874
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	91,746
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed or	j		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493287010173

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

She Is Safe Inc

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Ра	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	nanization	s must com	nlete this	nart) See		<u> </u>		
				te foundation becaus						mad action	٠.		
1				on of churches, or a			= -			_			
2	_		•	in section 170(b)(1					(-)(-)(-)	-			
3	,		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	,		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
-	•	hospita	al's name, ci	ty, and state					•				
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or d	perated by	a governme	ntal unıt des	cribed in		
section 170(b)(1)(A)(iv). (Complete Part II)													
6	Γ	A fede	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	굣			at normally receives			support from	n a governm	iental unit or	from the ger	neral public		
8	\vdash			on 170(b)(1)(A)(vi). described in sectio n			mplete Part I	Ι)					
9	,			at normally receives					ibutions, mei	mbership fee	s, and gross		
-	•	_		ities related to its e					•	-			
		•		oss investment inco	· ·	=							
				janızatıon after June						,			
10	Г			ganized and operated									
11	Ė	_		ganized and operated	•				. , . ,		the nurnoses of		
	·	one or the box	more public <u>ct</u> hat descri	ly supported organiz bes the type of supp b Type II c	atıons descr or <u>tı</u> ng organ	ibed in sect ization and	tion 509(a)(1 complete line) or section es 11e th <u>ro</u>	n 509(a)(2) ugh 11h	See section	509(a)(3). Check		
e	Γ	othert		ox, I certify that the on managers and ot									
f		If the c	rganization	received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppor	tıng organızatıo <u>n,</u>		
			this box	2006				.			Г		
g			august 17, 2 ng persons?	2006, has the organ	ization accep	oted any gir	t or contribut	ion from an	y or the				
				rectly or indirectly o	ontrols, eith	er alone or	together with	persons d	escribed in (i	п)	Yes No		
		and (III) below, the	governing body of th	e supported	organizatio	n?			11	g(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				119	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	y(iii)		
h		Provide	e the followi	ng information about	the supporte	ed organiza	tion(s)				<u> </u>		
) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did yo	u notify	(vi) Is	s the	(vii) A mount of		
_	uppo		(,	organization	organizati		the organ		organiza		monetary		
OI	ganiz	ation		(described on	col (i) list		ın col (i)		col (i) or		support		
				lines 1-9 above or IRC section	your gove docume	_	suppo	rt [?]	in the	US?			
				(see	docume	IIL '							
				instructions))	Vac	Ne	V	l NI-	V _C -	N-	\dashv		
					Yes	No	Yes	No	Yes	No	+		
Total													

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 891,631 812,665 1,071,500 1,117,739 1,120,560 5,014,095 include any "unusual grants ") 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 891,631 812,665 1,071,500 1,117,739 1,120,560 5,014,095 Total. Add lines 1 through 3 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 Public support. Subtract line 5 from 5,014,095 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 891,631 812,665 1,071,500 1,117,739 1,120,560 5,014,095 Amounts from line 4 Gross income from interest, dividends, payments received on 1,210 33 40 170 158 1,611 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 5,015,706 through 10) Gross receipts from related activities, etc (see instructions) 12 12 2,381 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 970 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 99 950 % 16a 33 1/3% support test—2012. 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 b 33 1/3% support test—2011. 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 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493287010173

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

emai r	Revenue Service F- Attach to For	m 990. ► See separate instructions.	Inspection
	ne of the organization is Safe Inc		Employer identification number
Par	TI Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		22-3886094 unds or Accounts. Complete if t
	organization answered Tes to Form 550	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (durıng year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advised Yes N
	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the beneficonferring impermissible private benefit?		
ar	Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a G	certified historic structure
	easement on the last day of the tax year	·	
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified history	` ,	2c
	Number of conservation easements included in (c) acc historic structure listed in the National Register		2d
	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	ed by the organization during
	the tax year ▶		
	Number of states where property subject to conservat	ion easement is located ▶	<u> </u>
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and Yes N
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the year
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	s during the year
	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	rtion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemeters.	e footnote to the organization's financial	
rt	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Other Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or research in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ets held for public exhibition, education,	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		or financial gain, provide the
	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	meraded in rolling your die A		- Ψ

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	itori	<u>cai ii</u>	<u>reasur</u>	es, or O	<u>tne</u>	r Similar As	sets (continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	re a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o										
Do	assets to be sold to raise funds rather than t									Γ Yes	No
Fell	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	יו ג	es to rolling	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	ford	ontribi	utions or	other ass	ets n	iot	┌ Yes	Г No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_				
							-		An	nount	
С	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 Fo	orm 990, Part X, Iır	ne 21?)						│ Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete i								t IV, line 10. Three years back	(=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	von en ha als
1a	Beginning of year balance	(a)Current year	(B) Prior	year	B (C)IW	о уеатѕ васк	(a)	niee years back	(e)rour	years back
b	Contributions										
c	Net investment earnings, gains, and losses										_
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a)) he	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses organization by	_	zatıon	that	are hel	d and ad	lmınıstered	for	the	Yes	s No
	(i) unrelated organizations		•					•	3a	_	
	(ii) related organizations								3a(_	
ь 4	Describe in Part XIII the intended uses of th							•	3	<u> </u>	
	t VI Land, Buildings, and Equipme					10.					
	Description of property		/	T (a) Cost		(b)Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book value
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment						60	,699	43,	738	16,961
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	ımn (B), line	10(c).)			🛌		16,961

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,120,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	1,120,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,120,718
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	1,189,846
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	1,189,846
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,189,846

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2013 and 2012, the Mission had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. The organization files information tax returns in the U.S. and various states. The Organization is generally no longer subject to U.S. federal and state income tax examinations by tax authorities for years before 2009.

DLN: 93493287010173

OMB No 1545-0047

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Inspection

Nam	ne (of t	he	orga	ınıza	tıor
She	Ιs	Sa	fe I	nc		

Employer identification number

22-3886094

Part I	General Information on Activities Outside the United States. C	Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	

1	For grantmakers. 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	<u>~</u>	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3	Activites per Region (The follow	ung Part I, line 3	B table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	East Asia / Pacific	0	0	Grants to recipients located in region		87,002
	Middle East and North Africa	0	0	Grants to recipients located in region		15,952
	South Asia	0	0	Grants to recipients located in region		166,923
	Sub-Saharan Africa	0	0	Grants to recipients located in region		39,070
	East Asia and the Pacific	0	0	Program Services	Antı-Trafficking Project, Economic Empowerment and Education Project	18,309
	South Asia	0	0	Program Services	Anti-Trafficking Project, Economic Empowerment and Education Project	18,661
	Sub-Saharan Africa	0	0	Program Services	Anti-Trafficking Project, Economic Empowerment and Education Project	9,634
3a	Sub-total	0	0			355,551
	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	0	0			355,551
For Pa	aperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2012

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV line 15 for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

	rare I V II	110 ±0, 101 all	Todipidiic Willo Todo	Trea more than \$570	Joor Fart II can be	aapneacea n aaand	mar opace io necaca	•	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				Relief, education and care for displaced and orphaned children		Wire Transfer			
				Leadership training for women		Wire Transfer			
			South Asia	Training and microloans for women self-help groups	18,112	Wire Transfer			
			East Asia and the Pacific	Training and microloans for women self-help groups Relief, education and care for orphaned children	34,422	Wire Transfer			
				Rescue and restore girls from trafficking	31,000	Wire Transfer			
				Training and microloans for women self-help groups	31,040	Wire Transfer			
				Prevent, rescue and restore girls from trafficking	80,000	Wire Transfer			
			South Asia	Training and microloans for women self-help groups	18,208	Wire Transfer			
			Sub-Saharan Africa	Education, training, and health care for women and children	28,798	Wire Transfer			
			South Asıa	Training and microloans for women self-help groups		Wire Transfer			
			Pacific	Relief, education and care for orphaned children	21,580	Wire Transfer			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

11

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

		ditional information (see instructions).
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants O utside the U S		Schedule F, Part I, Line 2 Grant disbursements are governed by annually updated Memorandums of Understanding (MOUs) we establish with our partners. The MOU defines the relationship, the budget/funding agreed upon for the year, as well as the reporting requirements set in place. As funds are available to meet the MOU budgets, they are sent quarterly via international wire transfers and tracked individually in disbursement reports.
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Foreign expenditures are accounted for in accordance with accrual basis of accounting through regular progress reports documenting that funds were spent according to the agreed upon MOU
		Schedule F (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493287010173

Governments and Individuals in the United States Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization She Is Safe Inc						Employer identification	on number
Sile 15 Sale Tilc						22-3886094	
Part I General In	formation on Grants and	l Assistance					
	n maintain records to substanti						▽ Yes ┌ N
	used to award the grants or as: he organization's procedures fo:						j• res j r
<u> </u>	Other Assistance to Gov				nnlete if the orga	nization answered "Y	es" to
	art IV, line 21, for any recip						
(a) Name and address organization	of (b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
or government		п аррпсавіе		assistance	(book, FMV, appraisal, other)		
		<u> </u>					
		_					
		+					
			<u> </u>				
	f section 501(c)(3) and governr f other organizations listed in th						
	t Notice see the Instructions for I			Cat No FOOFED			lo I /Form 000\ 2012

Procedure for Monitoring

Grants in the U ${\sf S}$

Part I, Line 2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or as:	sistance	(b) Number of recipients		(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Assist foreign partner wh displaced for safety	no was	1		27,934			
Part IV Supplemen	ntal Informa	tion.	· ·				
Complete this part to provide			ne 2,	Part III, column (b), and	d any other additional in	formation	
Identifier	Return Referen	œ	Expla	anation			

Schedule I, Part I, Line 2 Use of the funds is monitored by maintaining a close relationship with the recipient

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As Filed Data -

DLN: 93493287010173

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
She Is Safe Inc

Employer identification number

22-3886094

ldentifier	Return Reference	Explanation							
	Form 990, Part VI, Section A, line 2	Michele Rickett, President and CEO, and Daniel Rickett, Executive Vice President, are married							
	Form 990, Part VI, Section B, line 11	Form 990 was prepared by an independent CPA firm and reviewed by the organization's top management An electronic version of Form 990 was provided to the Board of Directors prior to being filed with the IRS							
	Form 990, Part VI, Section B, line 12c	All employees are required to promptly disclose to an officer any situation that may involve or give the appearance of involving a conflict of interest. The specific situation will be reviewed and, if deemed to represent a potential or actual conflict, will be presented to the Chief Executive Officer for whatever action may be appropriate. All transactions involving board members, senior management, and others in leadership positions must be reported and approved by the board in advance. The interested party is excused during the process of board deliberation and voting. The audit committee of the board performs an annual review of potential and known related party transactions through annual conflict of interest questionnaires.							
	Form 990, Part VI, Section B, line 15	The independent Board of Directors sets compensation for the President and Executive Vice-President They review compensation as changes are made and the deliberation is recorded in corporate Minutes. The Minutes indicate that the board (1) considered compensation for the President/CEO and Executive Vice. President (2) using comparable data such as the ECFA Salary Survey or GuideStar compensation Report, and (3) recorded their decision in the Minutes. The last compensation study was performed during the 6/30/12 fiscal year. The independent executive team reviewed and approved the Vice President of Operations compensation using comparable data from ECFA and GuideStar. This decision was documented in the signed personnel action form during the 6/30/12 fiscal year.							
	Form 990, Part VI, Section C, line 19	These documents are available upon request. The audited financial statements are also posted on the organization's wiebsite.							
Explanation of Responsibility	Form 990, Part XII, Line 2c	The organization's Board assumes responsibility for oversight of the audit of its financial statements and selection of its independent accountant. This process has not changed since the prior year.							