

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Christian City Home For Children, Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **7345 Red Oak Rd.**
 City or town, state or province, country, and ZIP or foreign postal code: **Union City, GA 30291-2338**

D Employer identification number: **** - *** 0688**

E Telephone number: **770-964-3301**

G Gross receipts \$: **1,842,259.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **www.christiancity.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1989** **M** State of legal domicile: **GA**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **See Schedule O**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	24
6 Total number of volunteers (estimate if necessary)	6	23
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,670,757.	1,287,743.
9 Program service revenue (Part VIII, line 2g)	286,563.	427,342.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,829.	22.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,314.	105,142.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,056,463.	1,820,249.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	959,829.	1,007,280.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	60,392.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,288,421.	1,283,197.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,248,250.	2,290,477.
19 Revenue less expenses. Subtract line 18 from line 12	808,213.	-470,228.
20 Total assets (Part X, line 16)	Beginning of Current Year 5,308,082.	End of Year 5,359,957.
21 Total liabilities (Part X, line 26)	1,680,206.	2,202,309.
22 Net assets or fund balances. Subtract line 21 from line 20	3,627,876.	3,157,648.

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: **Leonard M. Romano, Sr., CEO** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Jennifer Chapman** Date: **03/22/16** Check if self-employed PTIN: **P01244585**
 Preparer's signature: *Jennifer Chapman*
 Firm's name: **Mauldin & Jenkins, LLC** Firm's EIN: **** - *** 2043**
 Firm's address: **P.O. Box 1877**
Macon, GA 31210 Phone no. **478-464-8000**

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: See Schedule O

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 \$ 1,687,281. including grants of \$) (Revenue \$ 427,342.) Children's Village provides life changing hope for children who are victims of neglect, abuse or abandonment through licensed residential care. Our mission is to be a safe haven for children and to provide them with a loving, nurturing environment. The Children's Village distinctive includes: full-time house parents dedicated solely to the children under their care, counseling for the children and their families, and modeling the importance of family living. Other components of the Children's Village include:

1. SafePlace which is a crisis intervention program providing a safe haven for children who have run away from a dangerous home situation. The program operates 24/7 and serves 81 locations in Coweta, Douglas,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,687,281.