

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

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](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CHILD CRISIS ARIZONA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 817 N. COUNTRY CLUB DRIVE City or town, state or province, country, and ZIP or foreign postal code MESA, AZ 85201 <b>F Name and address of principal officer:</b> TORRIE A. TAJ SAME AS C ABOVE	<b>D Employer identification number</b> 86-0324144 <b>E Telephone number</b> 480-834-9424 <b>G Gross receipts \$</b> 9,553,765. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CHILDCRISISAZ.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1976 <b>M State of legal domicile:</b> AZ

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>BREAKING THE CYCLE OF CHILD ABUSE AND NEGLECT.</b> 2 Check this box <input type="checkbox"/> 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) ..... <b>3</b> 25 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 25 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> 147 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 2744 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. 7b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>4,716,683.</b> 9 Program service revenue (Part VIII, line 2g) ..... <b>1,839,144.</b> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>25,252.</b> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>181,469.</b> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>6,762,548.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>4,852,115.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>1,900.</b> 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>630,022.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,596,329.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>6,450,344.</b> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>312,204.</b>	<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>4,535,398.</b> 21 Total liabilities (Part X, line 26) ..... <b>287,809.</b> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>4,247,589.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>4,535,398.</b>	<b>10,430,932.</b>
		<b>287,809.</b>	<b>1,054,105.</b>
		<b>4,247,589.</b>	<b>9,376,827.</b>

**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.

<b>Sign Here</b>	Signature of officer TORRIE A. TAJ, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name COLETTE KAMPS, CPA Preparer's signature COLETTE KAMPS, CPA Date 02/15/16 Check if self-employed <input type="checkbox"/> PTIN P00367616 Firm's name ▶ HENRY & HORNE, LLP Firm's EIN ▶ 86-0133881 Firm's address ▶ 2055 E WARNER RD, STE 101 TEMPE, AZ 85284 Phone no. (480) 839-4900	

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: TO BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT BY STRENGTHENING FAMILIES AND ADDRESSING THE SOCIAL, PSYCHOLOGICAL, AND DEVELOPMENTAL NEEDS OF EACH CHILD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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.

4a (Code: ) (Expenses \$ 3,000,209. including grants of \$ ) (Revenue \$ 1,732,960.) EMERGENCY CHILDREN'S SHELTERS: CHILD CRISIS ARIZONA SHELTERS ARE LOCATED IN PHOENIX AND MESA, AND NOW ARE STRONGER TOGETHER, OFFERING SERVICES FOR UP TO 71 CHILDREN, RANGING FROM BIRTH TO 11 YEARS. CHILDREN ARE ADMITTED DUE TO NEGLECT, ABANDONMENT, ABUSE AND PARENTAL INCARCERATION. CHILDREN ARE PLACED IN THE SHELTERS BY THE DEPARTMENT OF CHILD SAFETY (DCS) OR BY FAMILIES IN NEED. SPECIALLY TRAINED STAFF AND VOLUNTEERS PROVIDE CARE AND SUPPORT FOR THE CHILDREN. THE SHELTERS ARE ABLE TO ADDRESS DEVELOPMENTAL DELAYS, MEDICAL NEEDS AND PROVIDE COUNSELING AND THERAPY. OUR SHELTERS ARE HOME-LIKE FACILITIES PROVIDING: SUPERVISED CARE - 24 HOURS A DAY, SEVEN DAYS A WEEK, BALANCED MEALS AND HEALTHY SNACKS, CLOTHING AND PERSONAL-CARE ITEMS, AND ATTENTION TO MEDICAL SCREENINGS

4b (Code: ) (Expenses \$ 2,332,407. including grants of \$ ) (Revenue \$ ) EARLY HEAD START AND PRESCHOOL: CHILD CRISIS ARIZONA OPERATES A YEAR-ROUND EARLY HEAD START AND PRESCHOOL PROGRAM LOCATED IN PHOENIX. IT SERVES 93 TODDLERS AGES ONE TO FIVE IN A CLASSROOM SETTING. LOW TEACHER CHILD RATIOS AND SMALL GROUP SIZES ENSURE THAT SERVICES ARE INDIVIDUALIZED AND THAT CHILDREN HAVE OPPORTUNITIES TO FORM HEALTHY ATTACHMENTS WITH THEIR TEACHERS. CHILDREN RECEIVE MYRIAD OPPORTUNITIES TO DEVELOP THE PHYSICAL, SOCIAL AND EMOTIONAL SKILLS THEY WILL NEED TO SUCCEED IN SCHOOL. THE PROGRAM HAS FAMILY SUPPORT SPECIALISTS WHO WORK WITH FAMILIES THROUGH PRENATAL, HOME-BASED AND CENTER-BASED VISITS THAT HELP BUILD STRONG HOME AND CLASSROOM CONNECTIONS.

4c (Code: ) (Expenses \$ 957,431. including grants of \$ ) (Revenue \$ 928,654.) FOSTER AND ADOPTION: THERE ARE MORE THAN 18,000 CHILDREN IN ARIZONA'S FOSTER CARE SYSTEM, AND THE NEED FOR STRONG, WELL-PREPARED FOSTER AND ADOPTIVE FAMILIES TO CARE FOR THESE CHILDREN CONTINUES TO GROW. CHILD CRISIS ARIZONA IS COMMITTED TO HELPING CHILDREN IN OUT-OF-HOME CARE BY LICENSING AND CERTIFYING PARENTS FOR FOSTER CARE AND ADOPTION. THE RANGE OF SERVICES AND SUPPORT ALONG WITH REALISTIC TRAINING PREPARES FAMILIES FOR THE PLACEMENT OF CHILDREN OF ALL AGES AND BACKGROUNDS. WE SERVE SINGLE AND TWO-PARENT FAMILIES OF ALL RELIGIOUS BELIEFS, ETHNICITIES AND SEXUAL ORIENTATIONS. WE HOLD FAMILY EVENTS THROUGHOUT THE YEAR INCLUDING HOLIDAY-THEMED PARTIES, FAMILY ZOO DAY, SUMMER CAMP AND OFF-SITE EVENTS IN AN EFFORT TO ENCOURAGE OUR FAMILIES TO BUILD SUPPORTIVE RELATIONSHIPS WITH ONE ANOTHER. IN ADDITION, WE PROVIDE

4d Other program services (Describe in Schedule O.) (Expenses \$ 869,665. including grants of \$ ) (Revenue \$ 202,058.)

4e Total program service expenses 7,159,712.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 480-834-9424 817 N. COUNTRY CLUB DRIVE, MESA, AZ 85201

**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) SAM ESPINOSA DIRECTOR (THROUGH 12/14)	1.00	X					0.	0.	0.	
(2) CAROL DAVIDSON MCGRADY DIRECTOR (THROUGH 12/14)	1.00	X					0.	0.	0.	
(3) CASSIE BROEMMER DIRECTOR (THROUGH 3/15)	1.00	X					0.	0.	0.	
(4) KRISTINE KUNKEL CAMPBELL DIRECTOR (THROUGH 3/15)	1.00	X					0.	0.	0.	
(5) SUZANNE DICKEY DIRECTOR (THROUGH 3/15)	1.00	X					0.	0.	0.	
(6) STEPHEN B. GALASSO DIRECTOR (THROUGH 3/15)	1.00	X					0.	0.	0.	
(7) MARC CURRIE DIRECTOR (THROUGH 3/15)	1.00	X					0.	0.	0.	
(8) LOUIS J. BASILE JR. DIRECTOR	1.00	X					0.	0.	0.	
(9) ASH HACHMEISTER DIRECTOR	1.00	X					0.	0.	0.	
(10) CYNTHIA COFFMAN DIRECTOR (SINCE 9/14)	1.00	X					0.	0.	0.	
(11) R. LEE FRALEY DIRECTOR	1.00	X					0.	0.	0.	
(12) JESSICA KEENAN DIRECTOR	1.00	X					0.	0.	0.	
(13) ANNAPURNA GANESH, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(14) LAUREN KIESLING DIRECTOR	1.00	X					0.	0.	0.	
(15) HON. CHRISTOPHER J. GLOVER DIRECTOR	1.00	X					0.	0.	0.	
(16) HUNTER MARCKWALD DIRECTOR	1.00	X					0.	0.	0.	
(17) BRYAN N. SANDLER DIRECTOR	1.00	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) MARY RILEY MICHEL DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) MICHELLE SIROTT DIRECTOR	1.00	X						0.	0.	0.
(20) TIMOTHY J. STOCKER DIRECTOR	1.00	X						0.	0.	0.
(21) NINA J. MULLINS DIRECTOR	1.00	X						0.	0.	0.
(22) EILEEN SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(23) LISA NORTUM DIRECTOR	1.00	X						0.	0.	0.
(24) STANLEY Y. WANG DIRECTOR	1.00	X						0.	0.	0.
(25) CLIFF RICHESON DIRECTOR	1.00	X						0.	0.	0.
(26) MARIA WILLIAMS DIRECTOR (SINCE 9/14)	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								211,356.	0.	15,359.
<b>d Total (add lines 1b and 1c)</b>								211,356.	0.	15,359.

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 <b>former</b> 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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 193,352.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 776,240.					
	<b>d</b> Related organizations .....	<b>1d</b> 500,000.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 2,429,815.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,550,683.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	977,602.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	6,450,090.				
	<b>Program Service Revenue</b>	<b>2 a</b> DCS CONTRACT	Business Code 624100	2,510,120.	2,510,120.		
<b>b</b> GRIC CONTRACT		624100	252,545.	252,545.			
<b>c</b> FORT MCDOWELL CONTRACT		624100	71,688.	71,688.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		▶	2,834,353.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	4,565.			4,565.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 776,240. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 235,438.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 194,685.				
		<b>c</b> Net income or (loss) from fundraising events .....	▶	40,753.			40,753.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....		▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
Miscellaneous Revenue		Business Code					
<b>11 a</b> OTHER INCOME	900099	29,319.	29,319.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	29,319.				
<b>12 Total revenue.</b> See instructions. ....	▶	9,359,080.	2,863,672.	0.	45,318.		

**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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	246,495.		202,749.	43,746.
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	5,131,965.	4,515,254.	329,189.	287,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,549.	97,341.	17,057.	12,151.
9 Other employee benefits	618,736.	551,348.	37,785.	29,603.
10 Payroll taxes	438,773.	371,514.	40,673.	26,586.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	46,950.		46,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,599.			6,599.
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.)	162,716.	59,857.	96,851.	6,008.
12 Advertising and promotion	96,766.	7,968.		88,798.
13 Office expenses	256,355.	154,542.	56,936.	44,877.
14 Information technology	57,815.	33,097.	18,774.	5,944.
15 Royalties				
16 Occupancy	348,914.	304,558.	33,899.	10,457.
17 Travel	71,020.	61,222.	8,358.	1,440.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,865.	62,159.	4,339.	4,367.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,073.	200,768.	21,685.	1,620.
23 Insurance	92,012.	77,323.	10,850.	3,839.
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 <b>PROGRAM SUPPLIES</b>	218,843.	218,843.		
b <b>IN-KIND CHILDCARE SUPPL</b>	201,583.	201,583.		
c <b>FOOD AND MEDICATIONS</b>	136,625.	136,625.		
d <b>MISCELLANEOUS</b>	127,076.	105,710.	14,603.	6,763.
e All other expenses	49,702.			49,702.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,730,432.	7,159,712.	940,698.	630,022.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	743,528.	<b>1</b>	1,064,274.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	811,013.	<b>3</b>	1,731,817.
	<b>4</b> Accounts receivable, net .....	292,883.	<b>4</b>	1,232,898.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	185,921.	<b>8</b>	431,092.
	<b>9</b> Prepaid expenses and deferred charges .....	100,471.	<b>9</b>	85,569.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,358,545.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,744,558.	2,129,638.	<b>10c</b> 5,613,987.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	271,944.	<b>15</b>	271,295.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,535,398.	<b>16</b>	10,430,932.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	287,809.	<b>17</b>	1,054,105.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	287,809.	<b>26</b>	1,054,105.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,288,627.	<b>27</b>	7,458,097.
	<b>28</b> Temporarily restricted net assets .....	958,962.	<b>28</b>	1,918,730.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,247,589.	<b>33</b>	9,376,827.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,535,398.	<b>34</b>	10,430,932.	

**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	9,359,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,730,432.
3	Revenue less expenses. Subtract line 2 from line 1	3	628,648.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,247,589.
5	Net unrealized gains (losses) on investments	5	-510.
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	4,501,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,376,827.

**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
b 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	
c 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	
b 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	

Form 990 (2014)



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,411,202.	2,136,506.	4,597,709.	4,883,474.	6,490,843.	20,519,734.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,411,202.	2,136,506.	4,597,709.	4,883,474.	6,490,843.	20,519,734.
<b>5</b> 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) .....						1,388,497.
<b>6 Public support.</b> Subtract line 5 from line 4.						19,131,237.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	2,411,202.	2,136,506.	4,597,709.	4,883,474.	6,490,843.	20,519,734.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,491.	1,352.	1,208.	7,252.	4,565.	15,868.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	21,062.	39,188.			29,319.	89,569.
<b>11 Total support.</b> Add lines 7 through 10						20,625,171.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,903,558.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.76 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	94.66 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Public Copy

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **CHILD CRISIS ARIZONA** Employer identification number **86-0324144**

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

	(a) Donor advised funds	(b) Funds and other accounts
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

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" to 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:

(i) Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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:

a Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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" to 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 in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in 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	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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" to 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		394,452.		394,452.
b Buildings		8,923,210.	4,060,701.	4,862,509.
c Leasehold improvements				
d Equipment		1,982,534.	1,683,857.	298,677.
e Other		58,349.		58,349.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,613,987.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,713,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,969.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,196.	
e	Add lines 2a through 2d	2e		2,773.
3	Subtract line 2e from line 1		3	5,710,336.
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	3,648,744.	
c	Add lines 4a and 4b	4c		3,648,744.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,359,080.

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

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

1	Total expenses and losses per audited financial statements		1	5,195,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	26,060.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		26,060.
3	Subtract line 2e from line 1		3	5,168,978.
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	3,561,454.	
c	Add lines 4a and 4b	4c		3,561,454.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,730,432.

**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 X, LINE 2:**

CCA RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF MARCH 31, 2015, CCA HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN BENEFICIAL INTEREST IN TRUSTS -2,196.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

POST MERGER REVENUE (APRIL - JUNE 2015) 3,733,071.

**Part XIII** Supplemental Information (continued)

DIRECT SPECIAL EVENT EXPENSE IN ADDITION TO DIRECT DONOR

BENEFIT -84,327.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,648,744.

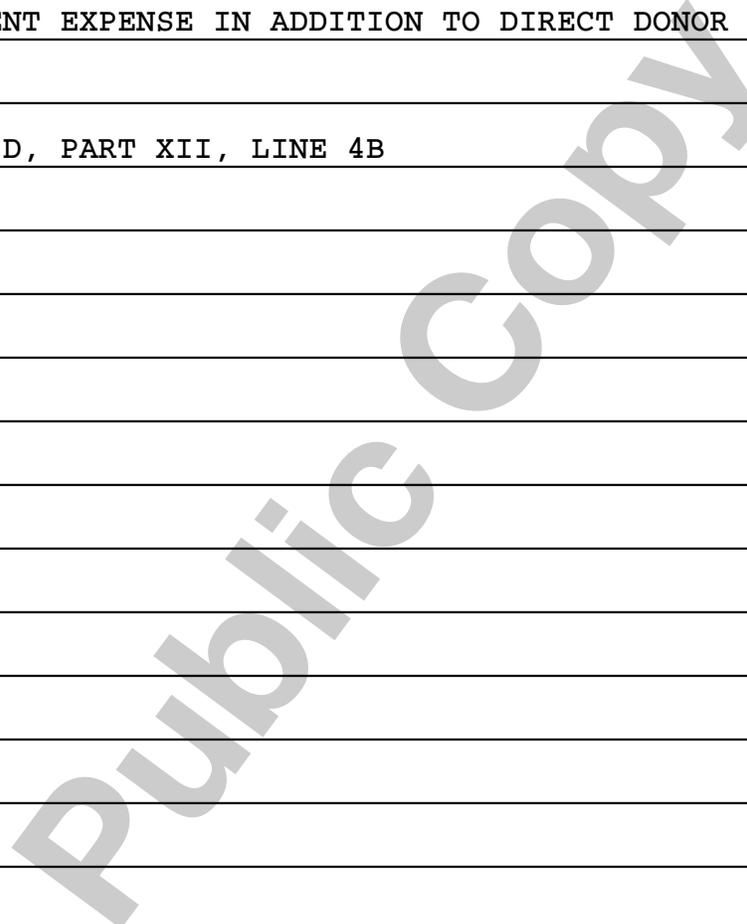
PART XII, LINE 4B - OTHER ADJUSTMENTS:

POST MERGER EXPENSES (APRIL - JUNE 2015) 3,645,781.

DIRECT SPECIAL EVENT EXPENSE IN ADDITION TO DIRECT DONOR

BENEFIT -84,327.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 3,561,454.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	(d) Total events	
		FRIENDS (event type)	LUNCHEON (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	448,988.	293,376.	269,314.	1,011,678.
	2	Less: Contributions	316,384.	293,376.	166,480.	776,240.
	3	Gross income (line 1 minus line 2)	132,604.		102,834.	235,438.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			1,086.	1,086.
	7	Food and beverages	54,235.		34,381.	88,616.
	8	Entertainment	5,667.		16,075.	21,742.
	9	Other direct expenses	65,258.		17,983.	83,241.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				194,685.
11	Net income summary. Subtract line 10 from line 3, column (d)				40,753.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: \_\_\_\_\_





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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](http://www.irs.gov/form990).

Name of the organization **CHILD CRISIS ARIZONA** Employer identification number **86-0324144**

**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		342,138.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 ▶ ( SOFTWARE )	X	1	631,000.	FMV
26 Other ▶ ( GIFT CARDS )	X	188	4,464.	FMV
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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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
33		

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

Schedule M (Form 990) (2014)

**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):

THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF DONATIONS.

Public Copy

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CHILD CRISIS ARIZONA

Employer identification number

86-0324144

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SEE SCHEDULE O FOR DESCRIPTION OF MERGER (PART XI, LINE 9). AS A RESULT OF CHILD CRISIS CENTER MERGING INTO THE FILING ORGANIZATION, THE IN-HOME VISITATION PROGRAM AND COUNSELING PROGRAM WERE ADDED. SEE PART III, LINE 4 FOR A DESCRIPTION OF THESE PROGRAMS. CHILD CRISIS CENTER ALSO OPERATED PROGRAMS THAT WERE SIMILAR TO THE FILING ORGANIZATION, AND WERE COMBINED WITH THE FILING ORGANIZATION'S PROGRAMS UPON THE MERGER. THESE PROGRAMS INCLUDED EMERGENCY CHILDREN'S SHELTERS, FOSTER AND ADOPTION, AND PREVENTION & EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND HEALTH ISSUES (INCLUDING NEEDED TRIPS TO THE DOCTOR, DENTIST, VACCINATIONS, ETC.)

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN WITH NEW CLOTHES, TOYS, SCHOOL SUPPLIES AND OTHER BASIC ITEMS THROUGHOUT THE YEAR.

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

IN-HOME VISITATION: CHILD CRISIS ARIZONA PROVIDES A NO-COST, HOME VISITING PROGRAM WHERE WE PARTNER WITH PARENTS TO GIVE THEM TOOLS TO HELP NURTURE THE CHILD'S LEARNING AND DEVELOPMENT. THE PROGRAM IS AVAILABLE FOR EXPECTANT FAMILIES IN GILBERT, MESA AND QUEEN CREEK, WITH CHILDREN BIRTH TO AGE FIVE. OUR PROGRAM OFFERS RESOURCES SUCH AS INSURANCE ASSISTANCE, FINANCIAL, HOUSING, FOOD AND RECREATION. THEY ALSO PROVIDE DEVELOPMENTAL, VISION AND HEARING SCREENINGS AND

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization CHILD CRISIS ARIZONA	Employer identification number 86-0324144
--	--

ADDITIONAL SUPPORT TO PARENTS TO HELP ENSURE CHILDREN ARE PREPARED FOR SCHOOL BEFORE THEY ENTER KINDERGARTEN. HOME VISITS OCCUR AT LEAST MONTHLY BUT CAN BE MORE FREQUENT AS SUPPORT IS NEEDED.

PREVENTION AND EDUCATION: CHILD CRISIS ARIZONA OFFERS A NO-COST RESOURCE FOR FAMILIES AND COMMUNITY MEMBERS THROUGH 200 DIFFERENT PARENTING CLASSES, WORKSHOPS, CHILDREN'S PLAYGROUPS, SUPPORT GROUPS AND FAMILY EVENTS. OUR SERVICES STRIVE TO BUILD SAFE, STABLE AND STRONG FAMILIES THROUGH A FAMILY RESOURCE MODEL. WE ASSIST PARENTS AND CAREGIVERS IN DEALING WITH LIFE'S STRESSORS, BY PROVIDING SERVICES THAT PROMOTE LEARNING AND DEVELOPMENT OF PARENTING SKILLS IN A NON-JUDGMENTAL ENVIRONMENT. ALL PROGRAMS AND SERVICES PROMOTE EVIDENCE-BASED PROTECTIVE FACTORS PROVEN TO STRENGTHEN PARENT/CHILD RELATIONSHIPS AND HELP FAMILIES GROW AND THRIVE. THEY INCLUDE: PARENTAL RESILIENCE, KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT, SOCIAL CONNECTIONS, NURTURING & ATTACHMENT, AND CHILDREN'S SOCIAL/EMOTIONAL WELL-BEING.

CHILD CRISIS ARIZONA OFFERS MANY OPPORTUNITIES JUST FOR DADS BECAUSE WE RECOGNIZE DADS PLAY AN IMPORTANT ROLE IN CHILDREN'S LIVES. WE OFFER THE ONLY PROGRAM OF ITS KIND IN ARIZONA FOR DADS AND MALE CAREGIVERS WE PROVIDE SPECIALIZED SUPPORT TO AID THEIR INVOLVEMENT IN FAMILY LIFE BY OFFERING TOOLS AND RESOURCES WHICH ENHANCE THEIR PARENT ENGAGEMENT AND CHILD-REARING SKILLS INCLUDING: PLAYTIME WITH DAD, DADS DROP-IN DISCUSSION GROUP, CONSULTATION ON HOME VISITS, ANGER MANAGEMENT FOR FATHERS, FATHER/CHILD EVENTS, SUPPORT FOR EXPECTANT AND NEW DADS, AND PROFESSIONAL CONSULTATION TO ASSIST OTHER PROVIDERS TO BE FATHER-INCLUSIVE.

Name of the organization

CHILD CRISIS ARIZONA

Employer identification number

86-0324144

COUNSELING: LOCALLY, THERE ARE MORE THAN 100,000 FAMILY MEMBERS RAISING RELATED MINORS. THE MAJORITY OF THAT GROUP ARE GRANDPARENTS RAISING GRANDCHILDREN WHO NEED OUR SUPPORT AND SERVICES. CHILD CRISIS ARIZONA OFFERS A PROGRAM FOR KINSHIP, FOSTER AND ADOPTIVE FAMILIES TO HELP CAREGIVERS IN PROVIDING THE BEST CARE POSSIBLE THROUGH COUNSELING SUPPORT GROUPS, EDUCATION AND CLINICAL SUPPORT.

EXPENSES AND REVENUES FOR THE IN-HOME VISITATION, PREVENTION AND EDUCATION, AND COUNSELING PROGRAMS ARE SUMMARIZED BELOW:

EXPENSES \$ 869,665. INCLUDING GRANTS OF \$ 0. REVENUE \$ 202,058.

FORM 990, PART IV, LINE 12A

THE ORGANIZATION OBTAINED SEPARATE, INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR THE 9 MONTHS ENDED MARCH 31, 2015. CHILD CRISIS CENTER (THE ENTITY MERGED INTO THE FILING ORGANIZATION, SEE EXPLANATION ON SCHEDULE O FOR PART XI, LINE 9) ALSO OBTAINED SEPARATE INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR THE 15 MONTHS ENDED MARCH 31, 2015. THE MERGER DATE WAS APRIL 1, 2015. THE MERGED ENTITY WILL ALSO RECEIVE SEPARATE INDEPENDENT AUDITED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2015.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. A REPORT BY THE COMMITTEE CHAIRS IS MADE AT EACH BOARD MEETING AND RECORDED IN THE BOARD MINUTES.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE

Name of the organization

CHILD CRISIS ARIZONA

Employer identification number

86-0324144

CHIEF FINANCIAL OFFICER. COPIES ARE MADE AVAILABLE TO THE INTERNAL AFFAIRS COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, KEY EMPLOYEES, AND THEIR RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST. ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS LOCAL AND NATIONAL SALARY SURVEYS FOR COMPARABILITY IN ORDER TO SET SALARY SCHEDULES ACCORDINGLY. CCA'S PHILOSOPHY IS TO ATTRACT AND PAY KEY EMPLOYEES (INCLUDING THE EXECUTIVE DIRECTOR) THAT EXCEED MINIMUM QUALIFICATIONS AND ARE PAID AT THE MEDIAN OR HIGHER RANGE OF OUR SALARY SCHEDULE.

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

THE ORGANIZATION GENERALLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PROMISES TO GIVE

-26,060.

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization CHILD CRISIS ARIZONA	Employer identification number 86-0324144
--	--

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	-2,196.
TRANSFER OF NET ASSETS FROM CHILD CRISIS CENTER	4,529,356.
TOTAL TO FORM 990, PART XI, LINE 9	4,501,100.

FORM 990, PART XI, LINE 9

ON APRIL 1, 2015, THE FILING ORGANIZATION MERGED A TAX EXEMPT ENTITY (CHILD CRISIS CENTER) INTO THE FILING ORGANIZATION. THE FILING ORGANIZATION AND CHILD CRISIS CENTER HAD SIMILAR PROGRAMS AND MISSIONS AND A HISTORY OF COLLABORATION. THOSE CHARGED WITH GOVERNANCE OF BOTH ENTITIES BELIEVE THAT THE MERGED ENTITY WILL LEVERAGE THE STRENGTHS OF BOTH ORGANIZATIONS TO CREATE A NEW AGENCY THAT IS COMMITTED TO IMPROVE OUTCOMES, INCREASE OPERATIONAL EFFICIENCIES, AND PROVIDE A STRONGER VOICE FOR VULNERABLE CHILDREN AND FAMILIES THROUGHOUT THE GREATER PHOENIX AREA. THE FILING ORGANIZATION HAS ASSUMED ALL ASSETS, OBLIGATIONS, AND LIABILITIES OF CHILD CRISIS CENTER ON APRIL 1, 2015. NET ASSETS TRANSFERRED INTO THE FILING ORGANIZATION THROUGH THIS MERGER AMOUNTED TO \$4,529,356.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

CHILD CRISIS ARIZONA

Employer identification number

86-0324144

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CRISIS NURSERY FOUNDATION - 86-0743847 2334 E. POLK ST. PHOENIX, AZ 85006	SUPPORT CHILD CRISIS ARIZONA AND OTHER CHARITABLE ORGANIZATIONS	ARIZONA	501(C)(3)	LINE 11B, II	N/A		X
CHILD CRISIS CENTER FOUNDATION - 31-1577146 PO BOX 4114 MESA, AZ 85211	SUPPORT CHILD CRISIS ARIZONA AND OTHER CHARITABLE ORGANIZATIONS	ARIZONA	501(C)(3)	LINE 11A, I	N/A		X

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

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CRISIS NURSERY FOUNDATION	C	500,000	ACTUAL
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Public Copy

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CHILD CRISIS ARIZONA</b>	Employer identification number (EIN) or <b>86-0324144</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>817 N. COUNTRY CLUB DRIVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MESA, AZ 85201</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **817 N. COUNTRY CLUB DRIVE - MESA, AZ 85201**  
Telephone No.  **480-834-9424** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2016.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. WE REQUEST THE ADDITIONAL TIME TO FILE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

For the  calendar year 2014 or  fiscal year beginning 07/01/14 and ending 06/30/15

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>CHILD CRISIS ARIZONA</b>	Employer Identification Number (EIN) <b>86-0324144</b>
	Address - number and street or PO Box <b>817 N. COUNTRY CLUB DRIVE</b>	
Business Telephone Number (with area code) <b>480-834-9424</b>	City, Town or Post Office <b>MESA, AZ 85201</b>	State ZIP Code

**68** Check box if:  This is a first return  Name change  Address change

A Date Arizona operations began: 01/01/1976

B Nature of Arizona activities: CARE FOR CHILDREN IN CR

C Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

**82** CHECK BOX IF return filed under extension:  
 82 C 3-month federal  
 82 F 6-month Arizona/federal

**88** REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -**

D  NMMD Registry Identification Number: \_\_\_\_\_

E What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation

If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_

H  Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

**81** PM **66** RCVD

**Sources of Income**

1	Gross sales from business activities	1	235,438	00	
2	Less cost of goods sold or of operations: Include itemized statement	2		00	
3	Gross profit from business activities: Subtract line 2 from line 1	3	235,438	00	
4	Interest	4	4,565	00	
5	Dividends	5		00	
6	Rents and royalties	6		00	
7	Gain or (loss) from sales of assets, excluding inventory items	7		00	
8	Dues, assessments, etc., from members	8		00	
9	Dues, assessments, etc., from affiliates	9	500,000	00	
10	Contributions, gifts, grants, etc., received	10	5,950,090	00	
11	Other income: Include itemized statement	11	2,863,672	00	STATEMENT 2
12	Total income: Add lines 3 through 11	12	9,553,765	00	

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13	246,495	00	
14	Salaries and wages other than amounts included on line 2	14	616,711	00	
15	Interest	15		00	
16	Taxes	16	67,259	00	
17	Rent expense	17	44,356	00	
18	Depreciation: Include schedule	18	23,305	00	STATEMENT 1
19	Miscellaneous expenses: Include itemized statement	19	767,279	00	STATEMENT 3
20	Total expenses: Add lines 13 through 19	20	1,765,405	00	

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	7,159,712	00	
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00	
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23	-4,500,590	00	

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	5,129,238	00	
25	Accumulation of income at beginning of year	25	4,247,589	00	
26	Accumulation of income at end of year: Add lines 24 and 25	26	9,376,827	00	

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00	
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates .....	A1		00				
A2 Contributions, gifts, grants, etc., paid .....	A2		00				
A3 Benefit payments to or for members or their dependents:							
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00				
A3b Other benefits .....	A3b		00				
A4 Dividends and other distributions to members, shareholders, or depositors ..	A4		00				
A5 Other .....	A5	7,159,712	00		STATEMENT 5		
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6			7,159,712		00	

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., to affiliates .....	B1		00				
B2 Contributions, gifts, grants, etc., paid .....	B2		00				
B3 Benefit payments to or for members or their dependents:							
B3a Death, sickness, hospitalization, disability, or pension benefits .....	B3a		00				
B3b Other benefits .....	B3b		00				
B4 Dividends and other distributions to members, shareholders, or depositors ..	B4		00				
B5 Other .....	B5		00				
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	B6						00

**SCHEDULE C Balance Sheet**

**NOTE:** Amounts used in included schedules and in this column should be end of year amounts.

		(a)		(b)		
Assets		Beginning of Year		End of Year		
C1	Cash .....	743,528	00	C1	1,064,274	00
C2a	Accounts receivable .....		00			
C2b	Less - allowance for doubtful accounts .....		00			
C2c	Line C2a less line C2b. Enter difference in column (b) .....	292,883	00	C2c	1,232,898	00
C3a	Other notes and loans receivable: Include schedule .....		00			
C3b	Less - allowance for doubtful accounts .....		00			
C3c	Line C3a less line C3b. Enter difference in column (b) .....		00	C3c		00
C4	Inventories .....	185,921	00	C4	431,092	00
C5	Investments (securities): Include schedule .....		00	C5		00
C6	Investments (other): Include schedule .....		00	C6		00
C7a	Land, buildings, and equipment; basis: .....	11,358,545	00			
C7b	Less - accumulated depreciation: Include schedule .....	5,744,558	00			
C7c	Line C7a less line C7b. Enter difference in column (b) .....	2,129,638	00	C7c	5,613,987	00
C8	Other assets (describe): <b>SEE STATEMENT 4</b> .....	1,183,428	00	C8	2,088,681	00
C9	<b>Total assets: Add lines C1 through C8</b> .....	4,535,398	00	C9	10,430,932	00
<b>Liabilities</b>						
C10	Accounts payable and accrued expenses .....	287,809	00	C10	1,054,105	00
C11	Mortgages and other notes payable: Include schedule .....		00	C11		00
C12	Other liabilities (describe): .....		00	C12		00
C13	<b>Total liabilities: Add lines C10 through C12</b> .....	287,809	00	C13	1,054,105	00
<b>Net Assets</b>						
C14	Capital stock or trust principal .....		00	C14		00
C15	Paid-in or capital surplus .....		00	C15		00
C16	Retained earnings or accumulated income .....	4,247,589	00	C16	9,376,827	00
C17	<b>Total net assets: Add lines C14 through C16</b> .....	4,247,589	00	C17	9,376,827	00
C18	<b>Total liabilities and net assets: Add lines C13 and C17</b> .....	4,535,398	00	C18	10,430,932	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) **CHILD CRISIS ARIZONA**

EIN **86-0324144**

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please Sign Here**

OFFICER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **CHIEF EXECUTIVE O**  
TITLE

**Paid Preparer's Use Only**

**COLETTE KAMPS, CPA** **02/15/16** **P00367616**  
PAID PREPARER'S SIGNATURE DATE PAID PREPARER'S PTIN

**HENRY & HORNE, LLP** **86-0133881**  
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) FIRM'S  EIN OR  SSN

**2055 E WARNER RD, STE 101** **(480) 839-4900**  
FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER

**TEMPE, AZ** **85284**  
CITY STATE ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	23,305.
TOTAL TO FORM 99, PAGE 1, LINE 18	23,305.

AZ 99	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
OTHER INCOME	29,319.
DCS CONTRACT	2,510,120.
GRIC CONTRACT	252,545.
FORT MCDOWELL CONTRACT	71,688.
TOTAL TO FORM 99, PAGE 1, LINE 11	2,863,672.

AZ 99	MISC EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	194,685.
PENSION PLAN CONTRIBUTIONS	29,208.
OTHER EMPLOYEE BENEFITS	67,388.
ACCOUNTING FEES	46,950.
PROFESSIONAL FUNDRAISING FEES	6,599.
OTHER PROFESSIONAL FEES	102,859.
ADVERTISING AND PROMOTION	88,798.
OFFICE EXPENSES	101,813.
INFORMATION TECHNOLOGY	24,718.
TRAVEL	9,798.
CONFERENCES AND CONVENTIONS	8,706.
INSURANCE	14,689.
MISCELLANEOUS	21,366.
ALL OTHER EXPENSES	49,702.
TOTAL TO FORM 99, PAGE 1, LINE 19	767,279.

AZ 99	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEG OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	811,013.	1,731,817.	
PREPAID EXPENSES AND DEFERRED CHARGES	100,471.	85,569.	
BENEFICIAL INTEREST IN LEAD TRUST	97,772.	93,076.	
DUE FROM CRISIS NURSERY FOUNDATION	174,172.	178,219.	
TOTAL TO FORM 99, PAGE 2, LINE C8	1,183,428.	2,088,681.	

AZ 99	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
OTHER SALARIES AND WAGES		4,515,254.	
PENSION PLAN CONTRIBUTIONS		97,341.	
OTHER EMPLOYEE BENEFITS		551,348.	
PAYROLL TAXES		371,514.	
OTHER PROFESSIONAL FEES		59,857.	
ADVERTISING AND PROMOTION		7,968.	
OFFICE EXPENSES		154,542.	
INFORMATION TECHNOLOGY		33,097.	
OCCUPANCY		304,558.	
TRAVEL		61,222.	
CONFERENCES AND CONVENTIONS		62,159.	
DEPRECIATION/AMORTIZATION		200,768.	
INSURANCE		77,323.	
PROGRAM SUPPLIES		218,843.	
IN-KIND CHILDCARE SUPPL		201,583.	
FOOD AND MEDICATIONS		136,625.	
MISCELLANEOUS		105,710.	
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5		7,159,712.	