

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Decarmed of the Treasury Internal Pevenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. OME: No. 1565 0047 2013

Open to Public inspection

For the 2013 calendar year, or tax year beginning 2013, and ending D Employer Identification Number Check if applicable: Address change ARIZONA COALITION TO END SEXUAL AND 86-0593601 DOMESTIC VIOLENCE, INC. E Terephone autoper X Name change 2800 N. CENTRAL AVE., #1570 nader lebini (602) 279-2900 PHOENIX, AZ 85004 Terminated Amended return G Gross receipts S 1.794. H(a) is this ti group return for subcretinales? F Name and address of principal officer: PATRICIA MADSEN Yes Application pending H(b) And all superdinates included?
If 'No,' affact a 15', (see instructions) 305 S. 2ND AVE, PHOENIX, AZ 85003 1 501(c) (4547(EX1) or Ter-exempt status X 501(c)(3) (insert ret.) Website: -WWW.ACESDV.ORG H(e) Group examplion number X Corporation | Trust L Year of formation: 1985 Association Otter P M State of legal domicte: AZ Form of organization Part Summary Briefly describe the organization's mission or most significant activities: TO LEAD, TO ADVOCATE, COLLABORATE, TO PREVENT AND END SEXUAL AND DOMESTIC VIOLENCE IN ARIZONA ctivities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Fart VI. line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a)...... 6 0. b Net unrelated business taxable income from Form 990-T, line 34..... 0. Prior Year **Current Year** Contributions and crants (Part VIII, line 1h).... 1,086,487. 1,265,479. 17,590. Program service revenue (Part VIII, line 2g). . . . 30,561.1 13,959. 68,815. Other revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 1) 24.992. 10,413 Total revenue - add lines 8 through 11 (must edual Rart VIII) column (A), 155,999. ,362,295 Grants and similar amounts paid (Part IX, column Vines (P3). 13 Benefits paid to or for members (Part IX, column (A) Salaries, other compensation, employee benefits (Partial Column 704,462 859,717 16a Professional fundraising fees (Part IX, column (A), line 17 b Total fundraising expenses (Part IX, column (D), line 25) 60,200. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 475,636. 544.802. Total expenses. Add lines 13-17 (must equal Part.IX, column (A), line 25) ... 180,098. 404,519. Revenue less expenses. Subtract line 18 from line 12 19 -42,224.-24,099. End of Year Beginning of Current Year Total assets (Part X, line 16).... 858,717. 822., 357., Total liabilities (Part X, line 26), 110,570. 83,140. Net assets or func palances, Subtract line 21 from line 20 775,577 711,787 Panal Signature Block Uncerpring the or perjury, a decign that a have examined this mann, including accompanying exhabities and statements, and to the best of my knowledge and celest, it is true, correct, and compate, Decignation of preparer (other transport or pare) is based on all information of which preparer has any knowledge. Sign Here ALLISON BONES CEO Type or or a pame and the PrintTyce preparer's name P00654645 HEATHEP. JONES self-employed Paid ASPIRE BUSINESS CONSULIANT Preparer Firm's name Use Only PO BOX 12084 Firm's EIN - 45-4728343 Firm's acidiess GLENDALE, AZ 85318-2084 623-881-2483 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions; .. X Yes BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEAGITSL 11AB/13 Form 990 (2013)

Form	m 990 (2013) ARIZONA COALITION TO END SEXUAL AND	86-059360)1	F	age 2
િજ	Statement of Program Service Accomplishments				
`	Check if Schedule O contains a response or note to any line in this Part III				
1	Briefly describe the organization's mission:	·			
	TO LEAD, TO ADVOCATE, TO EDUCATE, TO COLLABORATE, TO PREV.	ENT AND END SEXUAI	ANI		
	DOMESTIC VIOLENCE IN ARIZONA.				
2	5. The same and th	ed on the prior		_	
	Form 990 or 990-EZ?		Yes	X	No
_	If 'Yes,' describe these new services on Schedule O				
3	and the second s	program services?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest p. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported	rogram services, as measure ne amount of grants and alloca	ed by e ations t	expen 0	ses
4 a	a (Code) (Expenses \$ 1,139,610. including grants of \$) (Revenue \$	2	8.00	01.)
	LEGAL ADVOCACY HOTLINE - PROVIDE LEGAL INFORMATION AND RE				
	AND DOMESTIC VIOLENCE, TRAINING ON SEXUAL AND DOMESTIC VI				
	COMMUNITY, SYSTEMS LEVEL WORK TO IMPROVE THE SYSTEMIC RES				
	VIOLENCE.				
					. – – –
				-	. – – –
					. – – –
4 5	b (Code.) (Expenses \$ including grants of \$) (Revenue \$)
					
	- -	-			

40	c (Code:) (Expenses \$ including grants of \$) (Revenue \$			
				_	<u> </u>
		-			
	~				
		-			
40	d Other program services. (Describe in Schedule O.)				
		Revenue \$)	
4	e Total program service expenses ► 1,139,610.			-	

. -		7	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	_	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Χ_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
á	a 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>	11 a	X	_
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х_
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		_ X_
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>x</u> _
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	_
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X_
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	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? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	,,,	х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) ARIZONA COALITION TO END SEXUAL AND
Part IV | Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BA		Forn	9 90	(2013)

Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			»
ments, filed for the calendar year ending with or within the year covered by this return	23		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 3	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	,	
4 a At any time during the calendar year, did the organization have an interest in or a signature or other authority over, a			-
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	ļ	X
b If 'Yes,' enter the name of the foreign country			23
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	الميا		Į,
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b)	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 6).	
7 Organizations that may receive deductible contributions under section 170(c).		1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			1. 5.
services provided to the payor?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	X	i –
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			T
Form 8282?	7 0		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	الأشاء		Obj.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 €	•	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9]	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71		
	700 m		100
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Due supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	d the 8		
9 Sponsoring organizations maintaining donor advised funds.	2 erg**	è , , .	
a Did the organization make any taxable distributions under section 4966?	9 2	- <u>`</u>	
b Did the organization make a distribution to a donor, donor advisor, or related person?	91		+
10 Section 501(c)(7) organizations. Enter:	· *	12	1
a Initiation fees and capital contributions included on Part VIII, line 12	3 ^	1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	——————————————————————————————————————	1	lä
		13.7	
11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11 a	^	ľ .	1 6
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?	13:	a	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in	Ī		
which the organization is licensed to issue qualified health plans		1	
c Enter the amount of reserves on hand		+	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14:		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14		<u></u>
BAA TEEA0105L 07/02/13	For	m 990	(201)

Form 990 (2013) ARIZONA COALITION TO END SEXUAL AND 86-0593601 Page 6 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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad W authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 14 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 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? 3 Х Did the organization make any significant changes to its governing documents SEE SCH O since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? \overline{X} 5 6 Did the organization have members or stockholders? 6 Х 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 8ь Х 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O my i. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? Х 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 SEE SCHEDULE O X 15a **b** Other officers of key employees of the organization X 15b 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? 16a Х b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ΑZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION 2800 N. CENTRAL AVE., #1570 PHOENIX AZ 85004 (602) 279-2900

SEE SCHEDULE O

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

- 1 a 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 employees.'
- 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											
		(C)						,			
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p	perso	more to n is both r/trustee	h an l	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) PATRICIA MADSEN	2_										
PRESIDENT	0	Х		X				0.	0.	0.	
(2) JILL MESSING	2	l									
VICE PRESIDENT	0	Х		X				0.	0.	0.	
(3) LEO BANCHERO	2										
TREASURER	0	Х		X				0.	0.	0.	
(4) MARY ALICE MCKONE	1										
MEMBER	0	Х						0.	0.	0.	
(5) JIM COX	1										
MEMBER	0	Х						0.	0.	0.	
(6) CELESTE PLUMLEE	1										
MEMBER	0	Х						0.	0.	0.	
(7) MICHAEL VETTER	1										
MEMBER	0	X						0.	0.	0.	
(8) JANUARY CONTRERAS	1										
MEMBER	0	X	L					0.	0.	0.	
(9) GREGORY COUNTS	1	1									
MEMBER	0	Х						0.	0.	0.	
(10) CRISTINA ARZAGA-WILLIAM	11	ļ									
MEMBER	0	Х						0.	0.	0.	
(11) CEARA CHIROVSKY	11	ļ									
MEMBER	0	X						0.	0.	0.	
(12) ED MERCURIO-SAKWA	11	ļ									
MEMBER	0	X	_					0.	0.	0.	
(13) MARY LOU O'CONNELL MEMBER	$-\frac{1}{0}$	x						0.	0.	0.	
(14) BARBRA HUNTER	1		1		İ						
MEMBER	0	X	1					0.	0.	0.	
		•	•	•				·			

Part VII Section A. Officers, Directors, Trus	tees, I	∕eу	Emj	plo	ye	es, a	anc	Highest Com	pensated Emp	oyees (continued)
•	(B)			(C	•					
(A) Name and title	Average hours				าลก	(D) Reportable	(E) Reportable	(F) Estimated		
name and the	per week					or/trust		Reportable compensation from the organization	Reportable compensation from related organizations	amount of other compensation
	(list any hours for	Individual or director	<u> </u>	Officer	Key employee	퓛	a l	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organiza		tion:	약	ğ	st co	역			and related organizations
	- tions below	, £	돌		yee	mper				
	dotted line)	8	institutional trustee			Highest compensated employee				
(15) ALLISON BONES	40	-								<u> </u>
CEO	- 50	1		х				79,081.	0.	828.
(16) JESSICA JOHNSON	40							56.100		60.1
COO (17) YVONNE TAYLOR	40		\dashv	Х				56,109.	0.	604.
PROGRAM OFFICER	-70	-		х				50,293.	0.	7,189.
(18) JUANA MENDOZA	_40_									
FINANCE MANAGER	0			X				39,070.	0.	7,092.
(19)	 									
(20)								-		
(21)	 					-	_			
(22)							-			
		1								
(23)										
(24)										
(25)	 									
1 b Sub-total		L			<u> </u>	<u>l</u>		224,553.	0.	15,713.
c Total from continuation sheets to Part VII, Sectio	n A						•	0.	0.	0.
d Total (add lines 1b and 1c)								224,553.	0.	15,713.
2 Total number of individuals (including but not limited to from the organization ► 0	o those I	isted	abov	/e) \	who	recei	ved	more than \$100,00	00 of reportable comp	pensation
from the organization • 0										Yes No
3 Did the organization list any former officer, directi	or, or tru	ıstee	, key	en e	nplo	yee,	or h	nighest compensa	ted employee	
on line 1a? If 'Yes,' complete Schedule J for such	ındıvıdı	ıal	_			-				3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportat than \$	le co 150.0	mpe 00?	ensa If "	atior Yes'	and com	oth Iolei	ner compensation te Schedule J for	from	š 2
such individual	·	•					•			4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper comple	nsatio ete S	on fro ched	om Iule	any J fo	unre or sue	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors	-11		.1 1		.1	.1.			£100.000 (
1 Complete this table for your five highest compensation from the organization. Report compens	ated inc	the c	alent	t co dar	ntra yea	r end	ing v	at received more t with or within the o	nan \$100,000 of ganization's tax yea	<u>r</u>
(A) Name and business addri	ess							(B Description) of services	(C) Compensation
		-								
	_									
2 Total number of independent contractors (including bi \$100,000 of compensation from the organization		nited t	o the	ose	liste	d abo	ove)	who received more	than	
BAA	U	TEEA	0108L	. 11/	/11/1:	3				Form 990 (2013)

•		Check if Schedule O	contains a re	sponse or note to an	y line in this Part V	111		
			*		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns. Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gisimilar amounts not included a Noncash contributions included Total. Add lines 1a-1f	rants, and above. 1	21,150. 29,759. d 1,160,687.	1,265,479.			
<u>—</u>				Business Code	1,200,410.			
SERVICE REVENU	2a b c d		ON_FEES_ 	900099	17,590.	17,590.		
₹	е	·						
ජූ	f	All other program service	e revenue					
쭕	g	Total. Add lines 2a-2f		•	17,590.			
	3	Investment income (incl other similar amounts) Income from investment		•	15,722.	** **** **** *************************		15,722.
	5	Royalties		▶				
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d	Net rental income or (lo		···				
		Gross amount from sales of assets other than inventory. Less: cost or other basis	(i) Securities 463, 66	1.				
		and sales expenses : Gain or (loss) I Net gain or (loss)	410,56 53,09		53,093.	* *	* * **	53,093.
EVENUE	8 a	Gross income from fund (not including \$ of contributions reported	21,068		* ;	* * * * .	* *	* * *
OTHER REVEN		See Part IV, line 18 Less: direct expenses Net income or (loss) fro	ım fundraısın	a 22,065. b 22,065. g events	¥ 4		,	*
		Gross income from gam See Part IV, line 19	ning activities	, a	į			
		 Less direct expenses Net income or (loss) from 	om gaming a	b ctivities ►				
	10a Gross sales of inventory, less returns and allowances a		s a					
		Less cost of goods sole		b[-
	(: Net income or (loss) fro			<u> </u>			
		Miscellaneous Reven	ue	Business Code				
	11 a	MISCELLANEOUS_		900099	10,411.	10,411.		
	•							
	(All other revenue						
	•	e Total. Add lines 11a-11	d	-	10,411.			
	12	Total revenue. See inst	ructions	•	1,362,295.	28,001.	0.	68,815.
=						,		

Part IX Statement of Functional Expenses

360	Check if Schedule O contains a r	<i>esponse or note to any</i>	ner organizations must co / line in this Part IX	ompiete column (A)	x
Do i 6b,	not include amounts reported on lines 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees.	224,553.	162,352.	48,682.	13,519.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	40,082.	13,319.
7	Other salaries and wages	479,877.	408,236.	35,850.	35,791.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1/3/0//.	400,230.	33,630.	33,791.
9	Other employee benefits.	101,432.	82,161.	12,171.	7,100.
10	Payroll taxes	53,855.	43,622.	6,463.	3,770.
11	Fees for services (non-employees).		45,022.	0,403.	<u> </u>
	a Management				
	b Legal	1 220		1 222	
	c Accounting	1,338.		1,338.	
	d Lobbying	15,150.		15,150.	·
	e Professional fundraising services. See Part IV, line 17	_			
			<u> </u>	A	
	Investment management fees	4,227.	3,424.		
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule OSCH Advertising and promotion	216,415.	188,652.	27,763.	-
13	Office expenses	100,246.	81,200.	19,046.	
14	Information technology	4,925.	3,989.	936.	
15	Royalties		3,303.	750.	
16	Occupancy	81,979.	66,403.	15,576.	
17		31,346.	31,346.	13,370.	<u> </u>
18		31,340.	31,340.		
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,298.	9,961.	2,337.	<u>-</u>
23	Insurance	6,746.		6,746.	
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)	0,770		0,740.	
ä	OPERATING_EXPENSES	50,277.	42,198.	8,079.	
ı	OTHER_EXPENSES	19,855.	16,066.	3,769.	20.
	c			3,703.	
	d	-			-
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,404,519.	1,139,610.	204,709.	60,200.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 47,333 1 25,644. 2 Savings and temporary cash investments 242,452 2 181,045. 3 Pledges and grants receivable, net 130,695. 3 124,517. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 3,594 14,509 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 102,415 10b **b** Less accumulated depreciation 69,456. 36,991 10 c 32,959. 11 Investments - publicly traded securities 11 391,074. 437,102. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 6,578. 6,581. 16 Total assets. Add lines 1 through 15 (must equal line 34) 858,717. 16 822,357. 17 Accounts payable and accrued expenses 46,724. 17 83,728. 18 Grants payable 18 Deferred revenue 19 16,146 19 14,100. 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 20,270 12,742. 26 Total liabilities. Add lines 17 through 25 26 83,140. 110,570 X and complete Organizations that follow SFAS 117 (ASC 958), check here > lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 719,179 27 679,668. Temporarily restricted net assets 28 56,398 28 32,119. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 775,577 711,787. Total liabilities and net assets/fund balances 34 34 858,717. 822,357.

BAA

Part X

Balance Sheet

		6-0593601	Page 12				
Pai	t XI. Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,362,295.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,404,519.				
3	Revenue less expenses Subtract line 2 from line 1	3	-42,224.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	775,577.				
5	Net unrealized gains (losses) on investments	5	-21,566.				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	711,787.				
Pa	rt'XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	<u> </u>		Yes No				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	iewed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?		2b X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2c X				
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	ıle	3a X				
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b X				
BA	1	- <u>-</u> -	Form 990 (2013)				

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, INC. 86-0593601 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Non-functionally integrated Type II Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (i) Name of supported organization (III) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vi) is the organization in column (i) (VII) Amount of monetary support organized in the your governing document? (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
begii	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	961,885.	1,058,211.	1,065,274.	1,086,487.	1,265,479.	5,437,336.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	961,885.	1,058,211.	1,065,274.	1,086,487.	1,265,479.	5,437,336.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	\$ 4 			6 2 4	# C .	0.
6	Public support. Subtract line 5 from line 4	**			1 1 14 17	** **	5,437,336.
Sec	tion B. Total Support		•				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	961,885.	1,058,211.	1,065,274.	1,086,487.	1,265,479.	5,437,336.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,468.	14,353.	13,684.	13,959.	15,722.	66,186.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,587.	4,374.	3,081.	6,161.	10,411.	27,614.
11	Total support. Add lines 7 through 10	*	* *		/ * * *		5,531,136.
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	130,199.
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20	-	•	ne 11, column (f))	14	98.30%
	Public support percentage from					15	98.32 %
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported of	box on line 13, a organization	and the line 14 is 3	33-1/3% or more,	check this box
ł	33-1/3% support test – 2012. If and stop here. The organization	the organization on qualifies as a pu	did not check a bo ublicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Parl	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and stop he a publicly suppor	re. Explain in Part ted organization	t IV how the ►
	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a			<u>_</u>
RAA					C-	bodulo A /Form Of	00 000 ET 0010

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 organizati	ion failed to qualify under Pa	irt II If the organization fails
to qualify under the tests listed	below, please complete Part II)	• •	3

Sec	tion A. Public Support				·		
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')					_	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				. Ca	. /8	
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						<u> </u>
	: Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)				 		
	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu					-	<u></u>
	Public support percentage for 20	•	• • •	ne 13, column (f)) .	15	%
16_	Public support percentage from	2012 Schedule A	, Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е		<u>+</u>	
17					ımn (f)).	17	ું જે
18	Investment income percentage t			-		18	96
19 a	33-1/3% support tests – 2013. I is not more than 33-1/3%, check	f the organization	did not check the	e box on line 14.	and line 15 is more	e than 33-1/3% a	nd line 17
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%						
	Private foundation. If the organi						▶

Schedule A	(Form 990 or 990-EZ) 2013	ARIZONA	COALITION	TO END	SEXUAL	AND	86-0593601	Page 4
Park IV	Supplemental Information 17b; and Part III, line (See instructions).	tion. Provi e 12. Also	de the explar complete this	nations re part for	quired by any additi	Part II, II onal infor	ne 10; Part II, line 17a mation.	
						-		
						- -		- -
		~-						
					-			
				- 				
		-						-
				-		-		
							·	
				-	-	-	·	
							·	
				- 			·	· -

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2013

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2013

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 9	Section 501(c)(4), (5), or (6) oi	rganizations Complete Part III							
Name	of organization		·	Employer identifica	tion number				
	ZONA COALITION TO			86-059360					
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	ration.				
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV					
2	Political expenditures			\$	<u> </u>				
3	Volunteer hours								
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).						
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.				
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	► \$	0.				
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No				
4 a	Was a correction made?				☐Yes ☐No				
ŧ	If 'Yes,' describe in Part IV								
Par	til-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	<u> </u>				
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities >\$					
2									
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b								
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No				
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the arists received that were promptly and directly delal action committee (PAC). If additional spa	mount paid from the inverse to a separate po	filing organization's fund	hich the filing				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Schedule C.(Form 990 or 990-EZ) 2013 ARTZONA	CONTITUTON	TΩ	EMD	CEVIIAI	Z NID
Solioumis a (i.e., and i.e., and i.e	LUALITUN		r.wij	Sr. AUAL	AINII

86-0593601 Page **2**

Part II-A Complete if the section 501(h	ne organizatio)).	on is exempt under s	section 501(c)(3) a	nd filed Form 5768	(election under
		ngs to an affiliated group (a	nd list in Part IV each af	ffiliated group member's na	ame,
		nd share of excess lobbyii			
_		ecked box A and 'limited		ly	
(The term 'e	Limits on Lobb expenditures' me	oying Expenditures eans amounts paid or inc	urred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	es to influence p	ublic opinion (grass roots	lobbying)		
b Total lobbying expenditur	es to influence a	legislative body (direct lo	obbying)		
c Total lobbying expenditur	es (add lines 1a	and 1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose exp	penditures (add 1	ines 1c and 1d)			
f Lobbying nontaxable amo both columns	ount. Enter the a	mount from the following	table in		
If the amount on line 1e, colur	nn (a) or (b) is.	The lobbying nontaxab	le amount is:	*	
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000	\$100,000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,	,500,000	\$175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$1.	7,000,000	\$225,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,000		¥. ^ ;	
g Grassroots nontaxable ar					
h Subtract line 1g from line					
i Subtract line 1f from line	1c. If zero or les	ss, enter -0-			
j If there is an amount other section 4911 tax for this		er line 1h or line 1i, did the	organization file Form 4	720 reporting	Yes No
(Some		4-Year Averaging Perio hat made a section 501(h) hns below. See the instru) election do not have	to complete all of the five	/e
	Lot	bying Expenditures Duri	ing 4-Year Averaging F	Period	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying non-taxable amount.					-
b Lobbying ceiling amount (150% of line 2a, column (e))	* 1/2				
c Total lobbying expenditures					
d Grassroots nontaxable amount.					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013 ARIZONA COALITION TO END SEXUAL AND 86-0593601 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** SEE PART IV
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? Х b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? Х 385. e Publications, or published or broadcast statements? Х f Grants to other organizations for lobbying purposes? Х g Direct contact with legislators, their staffs, government officials, or a legislative body? 5,322. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? Х j Total Add lines 1c through 1i 5,707 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Х b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 a **b** Carryover from last year 2 h

2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 de. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information.

 _ FART II-D - DESCRIPTION OF LOBBING ACTIVITY
 ACTIVITIES IN WHICH THE COALITION'S EMPLOYEES AND VOLUNTEERS ENGAGED TO INFLUENCE
 LEGISLATION_INCLUDE 1) SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT OFFICIALS AND
 LEGISLATORS; 2) MEETING WITH AND CALLING GOVERNMENT OFFICIALS AND LEGISLATORS, AND
 3) HOLDING THE ADVOCACY DAY AT THE CAPITOL AND MARICOPA LEGISLATIVE RECEPTION. THE

MARICOPA LEGISLATIVE RECEPTION IS AN EVENT THAT THE BOARD OF DIRECTORS OF DOMESTIC

BAA

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)	86-0593601	rage 4
PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)		
VIOLENCE SHELTERS AND THE ARIZONA COALITION TO END SEXUAL AND DO	MESTIC_VIOLENCE	
ORGANIZE ANNUALLY IN AN EFFORT TO BRING MEMBERS OF THE LEGISLATU	IRE, BOARD MEMBER	<u>ks, </u>
EXECUTIVE DIRECTORS, BUSINESS AND COMMUNITY LEADERS TOGETHER AND) RAISE AWARENESS	<u> TO</u>
END_DOMESTIC_VIOLENCE_WITHIN_ARIZONAADVOCACY_DAY_IS_AN_EFFORT	TO BRING BOARD	
MEMBERS_OF_SEXUAL_AND_DOMESTIC_VIOLENCE_SERVICE_PROVIDERS,_SHELT	ER EXECUTIVE	-
DIRECTORS, ADVOCATES AND SURVIVORS TO THE STATE CAPITOL SO THEY	VISIT THEIR	
LEGISLATORS AND MAKE THEIR VOICE HEARD AT THE STATE CAPITOL.		-
		
		- -
		-
		 -

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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.

OMB No 1545-0047

2013

oller o mego moleseral.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ZONA COALITION TO END SEXUAL ESTIC VIOLENCE, INC.	AND		86-0593601
	Organizations Maintaining Dono	r Advised Funds or Other S	imilar Funds or Acc	
few-n-	Complete if the organization ans	wered 'Yes' to Form 990, Pai	rt IV, line 6.	
•		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		\ \	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			-
_	,			
5	Did the organization inform all donors and do are the organization's property, subject to the			funds Yes No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ers, and donor advisors in writing th t of the donor or donor advisor, or f	at grant funds can be us or any other purpose co	ed only nferring Yes No
Par	Conservation Easements.	wared Weel to Form 000 De	wk I) / I.m.a. 7	
	Complete if the organization ans			
1	Purpose(s) of conservation easements held b		• • •	
	Preservation of land for public use (e.g.,	·	reservation of an historic	• •
	Protection of natural habitat	∐Pi	reservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribut	ion in the form of a conser	vation easement on the
	last day of the tax year			Held at the End of the Tax Year
	Total number of conservation easements		2 a	reid at the Elid of the Tax Teal
	Total acreage restricted by conservation ease	monte	2 b	
	-		<u> </u>	
	Number of conservation easements on a cert	•	· —	
•	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and no	ot on a historic 2d	
3	Number of conservation easements modified, tra	nsferred released extinguished or te		on during the
•	tax year ►	noichea, reieasea, extinguishea, or te	inimated by the organization	on daming the
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy re		spection, handling of vio	lations
•	and enforcement of the conservation easeme		-p	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easements during the ye	ar
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation eas	sements during the year	
8	Does each conservation easement reported cand section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the require	ements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its reven	ue and expense statement	and balance sheet, and
	conservation easements			
Pa	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Tre swered 'Yes' to Form 990, Pa	asures, or Other Sir art IV, line 8.	milar Assets.
1:	a If the organization elected, as permitted und art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	eld for public exhibition, education, or	research in furtherance of	
İ	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to report in for public exhibition, education, or reso	n its revenue statement a earch in furtherance of pub	and balance sheet works of art, lic service, provide the
	(i) Revenues included in Form 990, Part VII	, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, amounts required to be reported under SFAS			ovide the following
	a Revenues included in Form 990, Part VIII, lir	e 1 .		► \$
	b Assets included in Form 990, Part X			. ►\$

Schedule D (Form 990) 2013 ARIZO Part III Organizations Maintai	NA COALITIO	N TO END SEX	UAL AND rical Treasures, or	86-0593 Other Similar Asse	8601 Page 2 ets (continued)
3 Using the organization's acquisition.					
items (check all that apply) a Public exhibition		م ده د	or avahanga programs		
a Public exhibition b Scholarly research		e Other	or exchange programs		
c Preservation for future genera	ations	e 🔲 Other		_ _	
Provide a description of the organiz Part XIII		nd explain how they	further the organization's	exempt purpose in	
5 During the year, did the organiza	tion solicit or recei	ve donations of ar	t, historical treasures, or	other similar assets	
to be sold to raise funds rather the Part IV Escrow and Custodia				word 'Voc' to For	Yes No
Part IV Escrow and Custodia line 9, or reported an	amount on For	m 990, Part X,	line 21.	wered tes to For	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or	other intermediary	for contributions or other	er assets not included	Yes
b If 'Yes,' explain the arrangement					_
Decisions belones					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance		00 D1 V 1 015		1f	
2 a Did the organization include an a				5	_ Yes No
b If 'Yes,' explain the arrangement	in Part XIII Checi	k here if the explar	ition has been provided	in Part XIII	
Part'V Endowment Funds. C	complete if the	organization an	swored 'Ves' to Fer	m 000 Port IV lin	
rait V Endowment runds.	(a) Current year	(b) Prior yea		(d) Three years back	(e) Four years back
1 a Beginning of year balance	(a) Current year	(b) Filor year	(C) TWO years back	(u) Tillee years back	(e) Four years back
b Contributions					
		+			
 Net investment earnings, gains, and losses 					<u> </u>
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current ye	ar end balance (lir	ne 1g, column (a)) held a	as:	
a Board designated or quasi-endowm	nent 🕨	ક			
b Permanent endowment ►	%	<u>-</u>			
c Temporarily restricted endowmen	nt ►	ક			
The percentages in lines 2a, 2b,	and 2c should equ	ual 100%			
3a Are there endowment funds not in a organization by:	the possession of th	e organization that a	are held and administered	for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related	organizations lister	d as required on S	chedule R?		3b
4 Describe in Part XIII the intende					<u> </u>
Part VI Land, Buildings, and					
Complete if the organ		ed 'Yes' to Forr	n 990, Part IV, line	11a. See Form 990), Part X, line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			2233 (01101)	2001001011	<u>-</u>
b Buildings					
c Leasehold improvements	 				
d Equipment			102,415.	69,456.	32,959.
e Other	<u> </u>		102,413.	03,430.	
Total. Add lines 1a through 1e. (Colur	mn (d) must eaual	Form 990. Part X	column (B), line 10(c))	→	32,959.
BAA	(1) 11111111111111111111111111111111111			Sched	ule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value), Part IV, line 11b. See Form 990, Part (c) Method of valuation. Cost or end-of-year market	
Description of security of category (including name of security) Financial derivatives	(b) book value	(c) metriod of valuation. Cost of end-of-year marke	t value
2) Closely-held equity interests			
b) Other			
	•		
<u>)</u>			
		-	
<u>,</u>			
<u>,</u>			
<u>)</u>			<u>.</u>
<u>,</u>			
<u>,</u> 			
<u> </u>			
)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 12)			
art VIII Investments — Program Related.	'Yes' to Form 996	N/A), Part IV, line 11c. See Form 990, Part	Y line
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year m	
	(b) Book Value	(c) Welfied of Valuation Cost of end-of-year if	idi Ket Vali
(1) (2)			
(3)			_
· - -		-	<u>-</u>
(4)			
(5)			
(6)			<u>-</u>
(7)			
(8)		-	
(9)			
(10)		1	
otal (Column (h) must equal Form 900 Part Y column (R) line 13)			7 2 4
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part*IX · Other Assets	N/		,
ntal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Definition Other Assets. Complete if the organization answered	N/i 'Yes' to Form 99	* , * , * , * , * , * , * , * , * , * ,	X, line
Other Assets. Complete if the organization answered	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	X, line
Other Assets. Complete if the organization answered (a) Des	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (2)	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (2) (3)	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (2) (3) (4)	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (2) (3) (4) (5)	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yes' to Form 99	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yes' to Form 99	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	N/i 'Yes' to Form 99 scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/i 'Yes' to Form 99	0, Part IV, line 11d. See Form 990, Part	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription	0, Part IV, line 11d. See Form 990, Part	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (b)	scription	D, Part IV, line 11d. See Form 990, Part (b) Bo	
Complete if the organization answered (a) Description (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	B), line 15.)	A, D, Part IV, line 11d. See Form 990, Part (b) B	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b)	B), line 15.)	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	B), line 15.)	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	B), line 15.)	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (b) (c) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (b) (c) (3) (4) (5) (6) (7) (8) (9) 10) Cotal. (Column (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (b) (c) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) cotal. (Column (b) must equal Form 990, Part X, column (b) complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6) (7)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6) (7) (8)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6) (7) (8) (9) (10) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (1	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (b) Cotal. (Column (b) must equal Form 990, Part X) Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DEFEERRED RENT (3) (4) (5) (6) (7) (8)	B), line 15.) orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	

Part XI Reconciliation of Revenue per Audited Financial State	L AND ements With Re		-05936 turn.	501 Page 4
Complete if the organization answered 'Yes' to Form 9				
1 Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	-	1	1,383,794.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2 b	21,000.		
c Recoveries of prior year grants.	2 c			
d Other (Describe in Part XIII) SEE PART XIII	2 d	499.		
e Add lines 2a through 2d	<u> </u>		2e	21,499.
3 Subtract line 2e from line 1		i	3	1,362,295.
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	4 a			
b Other (Describe in Part XIII)	4 b			
c Add lines 4a and 4b	1		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)		5	1,362,295.
Part XII Reconciliation of Expenses per Audited Financial Sta		xpenses per	Return.	
Complete if the organization answered 'Yes' to Form 9				
1 Total expenses and losses per audited financial statements	-		1	1,447,584.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			*	
a Donated services and use of facilities	2 a	21,000.		
b Prior year adjustments	2 b			
c Other losses	2 c			
d Other (Describe in Part XIII) SEE PART XIII	2 d	22,065.	ξ.	
e Add lines 2a through 2d		<u> </u>	2 e	43,065.
3 Subtract line 2e from line 1			3	1,404,519.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		# D	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		"	
b Other (Describe in Part XIII)	4 b		<u>* @-</u>	
c Add lines 4a and 4b			4 c	<u> </u>
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	1,404,519.
Part XIII Supplemental Information.				_
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4; Part IV, line so complete this pa	es 1b and 2b, Par art to provide any	t V, addition	al information
line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Al				
line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Al				
line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Al				

BAA Schedule **D** (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990-EZ) and its instructions is at warm irs gov/form 990.

OMB No 1545-0047

2013

Open to Public Inspection

Internal Revenue Service		at w	ww.irs.gov	//form990.	11311 40110113 13	mspection .
Name of the organization ARIZONA COAL	ITION TO E	END SEX	UAL ANI	D	Employer identific	
DOMESTIC VIC	LENCE, INC	C.			86-059360)1
Part I Fundraising Activities. Com Form 990-EZ filers are not r	plete if the orga	anization a plete this p	nswered '\ art	Yes' to Form 990, Part	IV, line 17	
1 Indicate whether the organization				owing activities Check	all that apply	
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email solicitation	าร		f	Solicitation of gove	-	
c Phone solicitations				=	-	
			9	Special fundraising	j events	
d In-person solicitations	or oral agracamon	st weeth any	individual (i	maluduna officera directo	ra truntana ar kau	
2a Did the organization have a written employees listed in Form 990, Pa	art VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No
b If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by	the organization	s (fundraise I.	ers) pursua	nt to agreements under v	vnich the fundraiser is to	o be
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custo of cont	ody or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No		column (i)	
1						
2						
3						
4		-		-		
5						
6						
7						
8						
9						
10						
Total			- 			0
3 List all states in which the organiza	tion is registered	or licensed	d to solicit o	I contributions or has been	notified it is exempt from	n registration 0.
or licensing						-
- 						
	. 					
				-		
			- -			
	-		- -			
			- 			-
	-					

Schedule G (Form 990 o	or 990-EZ) 2013	ARTZONA	CONTITTON	TO	END	SEXUAL.	AND

86-0593601

Page 2

Par	till.	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the street of the street	event contributions	swered 'Yes' to For and gross income	rm 990, Part IV, III on Form 990-EZ,	ne 18, or reported lines 1 and 6b.	
R		List events with gross receipts gre	(a) Event #1 GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))	
REVERU	1	Gross receipts	43,133.			43,133.	
Ē	2	Less. Charitable contributions	21,068.			21,068.	
	3	Gross income (line 1 minus line 2)	22,065.			22,065.	
	4	Cash prizes			 -		
	5	Noncash prizes	1,455.			1,455.	
DIRECT	6	Rent/facility costs	6,993.			6,993.	
	7	Food and beverages	12,864.			12,864.	
X P F	8	Entertainment					
EXPENSES	9	Other direct expenses	753.			753.	
	10 11	Net income summary Subtract line 10 fr	om line 3, column (d)		•	22,065.	
Par	Partilli 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.						
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
	1	Gross revenue					
D E	2	Cash prizes					
D I P E E C T S	3	Noncash prizes					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes% No	Yes%		
	7 Direct expense summary Add lines 2 through 5 in column (d)						
_	8	Net gaming income summary. Subtract	ine 7 from line 1, colum	nn (d)		<u> </u>	
	a is i	ter the state(s) in which the organization of the organization licensed to operate gamin	g activities in each of t	hese states?		Yes No	
		re any of the organization's gaming licens	-			Yes No	

Schedule G (Form 990 or 990-EZ) 2013 ARIZONA COALITION TO END SEXUAL AND	5-0593601	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity operated in:	1 1	
a The organization's facility	13a	%
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address •		-
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization s and the of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party:		No
Name •	·	₁
Address •	-	·
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year ► \$	the	
Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (III) and y additional	(v),
		
		
		-

SCHEDULE O (Form 990 or 990-EZ)

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

2013 offine of mergo

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization Employer Identification number ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, INC. 86-0593601 FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS ORGANIZING DOCUMENTS WERE UPDATED TO REFLECT NAME CHANGE AND ADDITIONAL PROGRAMS RELATING TO SEXUAL VIOLENCE. FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE GOVERNING BOARD WILL REVIEW THE FORM 990 PRIOR TO FILING FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL CODE OF ETHICS WHICH INCLUDES A CONFLICT OF INTEREST STATEMENT. THE BOARD MONITORS ANY REPORTED CONFLICTS INVOLVING OFFICERS. MANAGEMENT MONITORS ANY REPORTED CONFLICTS INVOLVING DIRECTORS AND THOSE INDIVIDUALS MUST ABSTAIN FROM VOTING ON ANY ISSUES THAT PERTAIN TO ITEMS THAT WOULD BE A CONFLICT. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT COMPENSATION TO ALL TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE GOVERNING BOARD. IN ADDITION, COMPARABILITY STUDIES ARE USED TO DETERMINE THE COMPENSATION AMOUNTS OF ALL TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

2013 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 2 ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, INC. **CLIENT ACESDV** 86-0593601 11/14/14 FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES (A) (B) (C) (D) PRÒGRAM MANAGEMENT FÙND-TOTAL SERVICES RAISING & GENERAL 188,652. 188,652. \$ 216,415. 27,763. 27,763. \$ CONTRACTED SERVICES 216,415. \$ TOTAL \$

03:11PM

0.

2013 SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATIONPAGE 5 ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, INC. **CLIENT ACESDV** 86-0593601 11/14/14 03.12PM SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 **FUNDRAISING** 22,065. -21,566. 4<u>99.</u> UNREALIZED LOSS ON INVESTMENTS TOTAL \$ SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S **FUNDRAISING** 22,065. TOTAL \$ 22,065.

2013 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE, INC. **CLIENT ACESDV** 86-0593601 11/14/14 03 12PM PART II, LINE 10 - OTHER INCOME <u>2013</u> <u>2012</u> <u>2011</u> <u>2010</u> <u>2009</u> NATURE AND SOURCE 10,411. \$ 10,411. \$ 6,161. \$ 3,081. \$ 4,374. \$ 5.081. \$ 4,374. \$ 5.081. MISCELLANEOUS INCOME ME <u>\$</u> TOTAL <u>\$</u>