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**Return of Organization Exempt From Income Tax**

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **BEACON GROUP, INC.**  
 Doing Business As:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **P.O. BOX 50544**  
 City or town, state or province, country, and ZIP or foreign postal code: **TUCSON, AZ 85703-1544**  
**F** Name and address of principal officer: **STEVEN R. KING**  
**SAME AS C ABOVE**

**D** Employer identification number: **86-0107976**

**E** Telephone number: **520-622-4874**

**G** Gross receipts \$: **17,758,389.**

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

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

**J** Website: **WWW.BEACONGROUP.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1952** **M** State of legal domicile: **AZ**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>REHABILITATION AND TRAINING FOR PEOPLE WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT.</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)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	852
	6	Total number of volunteers (estimate if necessary)	6	1
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990, line 4	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	400,648.	112,323.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,775,679.	15,428,295.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,244.	34,330.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,199,551.	1,114,300.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,396,122.	16,689,248.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,283,890.	10,789,658.
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>150,981.</b>	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,785,886.	5,921,283.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,069,776.	16,710,941.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	326,346.	-21,693.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	15,993,532.	15,489,960.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,717,502.	6,970,155.
		8,276,030.	8,519,805.	

**Part II Signature Block**

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

Sign Here: *Steven R. King* Signature of officer Date: **8-10-15**  
**STEVEN R. KING, PRESIDENT/CEO** Type or print name and title

**Paid** Print/Type preparer's name: **KAREN K. MCCLOSKEY, CPA** Preparer's signature: *Karen McCloskey* Date: **8/6/15** Check if self-employed:  PTIN: **P00099644**

**Preparer Use Only** Firm's name: **BEACHFLEISCHMAN PC** Firm's EIN: **86-0683059**  
 Firm's address: **1985 E. RIVER ROAD, SUITE 201 TUCSON, AZ 85718-7176** Phone no. **520-321-4600**

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

SCANNED SEP 02 2015

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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: BEACON GROUP PROVIDES WORK-RELATED, PERSONAL AND SOCIAL PROGRAMS THAT CREATE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 8,209,215. including grants of \$ ) (Revenue \$ 3,929,782.) PRODUCTION AND SERVICES: BEACON GROUP PERFORMS SUB-CONTRACT WORK FOR MANY LOCAL BUSINESSES EACH YEAR. THIS WORK IS A TRAINING AND DEVELOPMENT VEHICLE FOR PEOPLE WITH DISABILITIES, AND PROVIDES A SOURCE OF SUSTAINING INCOME AND MANY DIFFERENT EMPLOYMENT CHOICES. DURING THE YEAR, BEACON ASSEMBLED OVER 50,000,000 AEROSPACE RIVETS FOR ALCOA, AND OVER A MILLION MECHANICAL ASSEMBLIES FOR COMPANIES SUCH AS VENTANA MEDICAL SYSTEMS, PRECISION SHOOTING EQUIPMENT, AIR SYSTEMS COMPONENTS AND FISHER INDUSTRIES. CLIENTS AND STAFF PROCESSED 200,000 BULK MAILING PIECES AND ASSEMBLED 70,000 CABLE DEVICES. OVER 3,700,000 POUNDS OF PAPER WERE SHREDDED IN OUR DOCUMENT DESTRUCTION BUSINESS (AN AVERAGE OF 8 TONS OF PAPER PER DAY) FOR OVER 2,000 SHREDDING BUSINESS CUSTOMERS AND MANY INDIVIDUAL CUSTOMERS. BEACON GROUP IS THE EXCLUSIVE

4b (Code ) (Expenses \$ 4,207,892. including grants of \$ ) (Revenue \$ 5,323,489.) TUCSON REHABILITATION: EVEN THOUGH WE CONTINUED TO RECEIVE LESS THAN ADEQUATE FEES FOR BOTH SUPPORTED EMPLOYMENT AND JOB DEVELOPMENT AND PLACEMENT SERVICES FUNDED THROUGH THE REHABILITATION SERVICES ADMINISTRATION, BEACON GROUP WAS ABLE TO MAINTAIN ITS STATE-WIDE RECOGNIZED QUALITY OF SERVICES WHILE CONTINUING TO SERVE A SIGNIFICANT NUMBER OF INDIVIDUALS THROUGHOUT THE FISCAL YEAR. A TOTAL OF 902 PERSONS WITH A WIDE VARIETY OF DISABILITIES WERE SERVED DURING 2013-2014, A SLIGHT INCREASE. OVER 750 OF THESE INDIVIDUALS RECEIVED TRAINING, EMPLOYMENT, OR OTHER SERVICES WITHIN OUR FACILITIES OR AT ONE OF OVER 40 COMMUNITY WORKSITES AT LOCAL EMPLOYERS WITH WHOM BEACON GROUP HAS DEVELOPED AND FOSTERED MUTUALLY BENEFICIAL BUSINESS PARTNERSHIPS. THE REMAINDER OF THE INDIVIDUALS SERVED RECEIVED JOB

4c (Code ) (Expenses \$ 1,441,557. including grants of \$ ) (Revenue \$ 6,192,560.) CUSTODIAL AND LANDSCAPING: BEACON GROUP PROVIDES CUSTODIAL SERVICES FOR A VARIETY OF CUSTOMERS INCLUDING ABILITYONE PROJECTS. WE PROVIDE THESE SERVICES FOR APPROXIMATELY 1,500,000 SQUARE FEET OF COMBINED COMMERCIAL SPACE. OUR CUSTODIAL SERVICES PROVIDE TRAINING AND JOB OPPORTUNITIES FOR PEOPLE WITH DISABILITIES WITH CHOICES OF WORK SETTINGS AND CREW RESPONSIBILITIES. NEW PROJECT ADDITIONS INCLUDE A LOCAL SCHOOL DISTRICT AND THE UNIVERSITY OF ARIZONA BIO-SPHERE. REVENUES FOR THIS PROGRAM WERE UP 10% THIS FISCAL YEAR.

BEACON GROUP CONTINUES TO PROVIDE TOTAL FACILITIES MANAGEMENT SERVICES ON A GOVERNMENT ABILITYONE CONTRACT TO THE DEFENSE INFORMATION SYSTEMS AGENCY (DISA), JOINT INTEROPERABILITY TEST COMMAND (JITC) AT FORT

4d Other program services (Describe in Schedule O) (Expenses \$ 951,219. including grants of \$ ) (Revenue \$ 876,686.)

4e Total program service expenses 14,809,883.

**Part IV Checklist of Required Schedules**

	Yes	No
1 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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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>		X
4 <b>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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	X	
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>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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 organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
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		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	10		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	10		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	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
<b>16b</b>	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 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.  
 Own website     Another's website     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, physical address, and telephone number of the person who possesses the books and records of the organization: **NATALYA BROWN, CFO - (520) 622-4874**  
**308 W. GLENN, TUCSON, AZ 85705**

**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) DIANE FRISCH DIRECTOR	1.00	X					0.	0.	0.	
(2) EUGENE GOLDSMITH DIRECTOR	1.00	X					0.	0.	0.	
(3) ALAYNE GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
(4) CATHERENE MORTON DIRECTOR	1.00	X					0.	0.	0.	
(5) DEE O'NEILL DIRECTOR	1.00	X					0.	0.	0.	
(6) RICK WILLIAMS, MD DIRECTOR	1.00	X					0.	0.	0.	
(7) DWIGHT WHITLEY, JR CHAIRMAN	1.00	X	X				0.	0.	0.	
(8) BARBARA SADLER VICE CHAIRMAN	1.00	X	X				0.	0.	0.	
(9) JAN LESHER DIRECTOR/SECRETARY	1.00	X	X				0.	0.	0.	
(10) JUDY WOOD SECRETARY/TREASURER	1.00	X	X				0.	0.	0.	
(11) ROSEMARY MARQUEZ TREASURER	1.00	X	X				0.	0.	0.	
(12) STEVEN R. KING PRESIDENT/CEO	40.00			X			230,779.	0.	23,399.	
(13) MICHELLE KROEGER CFO	40.00			X			127,154.	0.	5,571.	
(14) CHUCK TILLER VP OF REHAB SERVICES	40.00				X		138,318.	0.	5,615.	
(15) GREG NATVIG VP OF BUSINESS OPERATIONS	40.00				X		164,319.	0.	5,615.	



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	39,420.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	72,903.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		112,323.			
	Program Service Revenue	<b>Business Code</b>				
2 a CUSTODIAL & LANDSCAPE		624310	6,192,560.	6,192,560.		
b TUCSON REHABILITATION		624310	5,323,489.	5,323,489.		
c PRODUCTION AND SERVICES		624310	3,035,560.	3,035,560.		
d PHOENIX REHABILITATION		624310	563,022.	563,022.		
e VALUE VILLAGE THRIFT STORES		624310	313,664.	313,664.		
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>		15,428,295.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,952.		21,952.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	220,078.			
		b Less: rental expenses	0.			
		c Rental income or (loss)	220,078.			
		d Net rental income or (loss)		220,078.		220,078.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	177,130.			
		(ii) Other	14,240.			
		b Less cost or other basis and sales expenses	178,992.	0.		
		c Gain or (loss)	-1,862.	14,240.		
	d Net gain or (loss)		12,378.		12,378.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	1,772,488.				
b Less cost of goods sold	b	890,149.				
c Net income or (loss) from sales of inventory		882,339.	882,339.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a MISCELLANEOUS	900099	11,883.	11,883.			
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		11,883.				
<b>12 Total revenue</b> See instructions.		16,689,248.	16,322,517.	0.	254,408.	

**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 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	396,093.		396,093.	
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	8,492,567.	7,832,952.	558,508.	101,107.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,667.	129,164.	42,006.	2,497.
9 Other employee benefits	830,306.	770,566.	54,066.	5,674.
10 Payroll taxes	897,025.	799,095.	87,989.	9,941.
11 Fees for services (non-employees):				
a Management				
b Legal	32,500.	31,833.		667.
c Accounting	34,550.	34,550.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,268.		7,268.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,921,506.	2,915,993.	4,920.	593.
12 Advertising and promotion	64,922.	29,509.	11,986.	23,427.
13 Office expenses	609,380.	560,229.	48,327.	824.
14 Information technology	19,191.	17,071.	1,896.	224.
15 Royalties				
16 Occupancy	541,774.	497,736.	44,038.	
17 Travel	218,187.	199,242.	18,347.	598.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,881.	41,146.	22,553.	3,182.
20 Interest	270,786.		270,786.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	652,508.	493,630.	158,878.	
23 Insurance	201,221.	193,608.	5,690.	1,923.
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>	198,428.	198,428.		
b <b>STAFF AND CLIENT RELATI</b>	31,936.	25,265.	6,580.	91.
c <b>FIRST AID</b>	27,628.	25,219.	2,176.	233.
d <b>ALL OTHER EXPENSES</b>	22,617.	14,647.	7,970.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	16,710,941.	14,809,883.	1,750,077.	150,981.
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>	1	Cash - non-interest-bearing	2,023,053.	1	2,022,291.
	2	Savings and temporary cash investments	50,832.	2	43,594.
	3	Pledges and grants receivable, net	72,472.	3	50,664.
	4	Accounts receivable, net	2,445,986.	4	2,360,648.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	326,448.	8	177,493.
	9	Prepaid expenses and deferred charges	77,841.	9	130,905.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 15,710,652.		
	b	Less accumulated depreciation	10b 6,365,161.	10c	9,345,491.
	11	Investments - publicly traded securities	1,102,365.	11	1,198,794.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	186,235.	15	160,080.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,993,532.	16	15,489,960.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	2,614,090.	17	2,131,606.
	18	Grants payable		18	
	19	Deferred revenue	42,500.	19	42,438.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,292,066.	23	4,177,795.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	768,846.	25	618,316.
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,717,502.	26	6,970,155.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,254,963.	27	8,485,174.
	28	Temporarily restricted net assets	21,067.	28	34,631.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	8,276,030.	33	8,519,805.
	34	<b>Total liabilities and net assets/fund balances</b>	15,993,532.	34	15,489,960.

**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	16,689,248.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,710,941.
3	Revenue less expenses Subtract line 2 from line 1	3	-21,693.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,276,030.
5	Net unrealized gains (losses) on investments	5	265,468.
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	8,519,805.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (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. 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) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	198,522.	101,569.	202,500.	400,648.	112,323.	1,015,562.
<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	10,285,468.	11,011,861.	11,456,103.	16,844,711.	17,200,783.	66,798,926.
<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	10,483,990.	11,113,430.	11,658,603.	17,245,359.	17,313,106.	67,814,488.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2,000.	3,400.	2,626.	8,175.	7,300.	23,501.
<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	2,865,072.	3,686,132.	3,777,638.	8,500,721.	8,202,153.	27,031,716.
<b>c</b> Add lines 7a and 7b	2,867,072.	3,689,532.	3,780,264.	8,508,896.	8,209,453.	27,055,217.
<b>8 Public support.</b> (Subtract line 7c from line 6)						40,759,271.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	10,483,990.	11,113,430.	11,658,603.	17,245,359.	17,313,106.	67,814,488.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	425,073.	432,975.	421,809.	336,421.	242,030.	1,858,308.
<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	425,073.	432,975.	421,809.	336,421.	242,030.	1,858,308.
<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 IV.)	640.	4,429.	81,962.	44,858.	11,883.	143,772.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	10,909,703.	11,550,834.	12,162,374.	17,626,638.	17,567,019.	69,816,568.
<b>14 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 stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	58.38 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	2.66 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶



**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

**2013**

Open to Public Inspection

Name of the organization **BEACON GROUP, INC.** Employer identification number **86-0107976**

**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 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 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)

<input type="checkbox"/> Preservation of land for public use (e g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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) Revenues 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 Revenues 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?  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?

- 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		1,250,918.		1,250,918.
b Buildings		12,229,173.	4,731,648.	7,497,525.
c Leasehold improvements				
d Equipment		1,278,602.	1,054,718.	223,884.
e Other		951,959.	578,795.	373,164.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,345,491.

**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) INTEREST RATE SWAP LIABILITIES	518,316.
(3) DEFERRED COMPENSATION	100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 25)	618,316.

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	17,844,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	265,468.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	265,468.
3	Subtract line 2e from line 1		3	17,579,397.
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	-890,149.	
c	Add lines 4a and 4b		4c	-890,149.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,689,248.

**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	17,601,090.
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		
d	Other (Describe in Part XIII.)	2d	890,149.	
e	Add lines 2a through 2d		2e	890,149.
3	Subtract line 2e from line 1		3	16,710,941.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,710,941.

**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:

FIN 48 (ASC 740) FINANCIAL STATEMENT FOOTNOTE:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER BOTH FEDERAL (INTERNAL REVENUE CODE SECTION 501(C)(3)) AND ARIZONA INCOME TAX LAWS, AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS MADE. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI).

GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE

Part XIII Supplemental Information (continued)

ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES.

THE ORGANIZATION IS ONLY SUBJECT TO INCOME TAXES ON UBTI AS APPLICABLE. AS A RESULT, THE ORGANIZATION IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS. WITH LIMITED EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2011 FOR FEDERAL AND 2010 FOR STATE. MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -890,149.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 890,149.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**BEACON GROUP, INC.**

Employer identification number  
**86-0107976**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013





**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

**2013**

Open to Public  
Inspection

Name of the organization

BEACON GROUP, INC.

Employer identification number

86-0107976

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

PROVIDER OF DOCUMENT DESTRUCTION SERVICES TO THE STATE OF ARIZONA.

WITHIN OUR BEACON GROUP PRODUCTION FACILITY, PEOPLE HAVE A CHOICE OF

OVER 15 DIFFERENT JOBS TO WORK AT. OUT IN THE COMMUNITY WE HAVE OVER

30 WORKSITES THAT PEOPLE CAN CHOOSE FROM PERFORMING A VARIETY SERVICES

INCLUDING VEHICLE WASHING, ASSEMBLY, WAREHOUSE AND CLERICAL WORK.

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

DEVELOPMENT AND PLACEMENT SERVICES TO ASSIST THEM IN FINDING AND

MAINTAINING COMPETITIVE, INTEGRATED JOBS WITHIN OUR LOCAL COMMUNITY.

THROUGH OUR EMPLOYMENT PROGRAMS, LAST YEAR BEACON GROUP CLIENTS EARNED

\$1.8 MILLION IN WAGES AND BENEFITS. FINALLY, BEACON GROUP RECEIVED ITS

12TH CONSECUTIVE THREE YEAR CARF ACCREDITATION AND HAD NO

RECOMMENDATIONS IN DOING SO. NATIONWIDE, ONLY 3% OF CARF SURVEYS RESULT

IN NO RECOMMENDATIONS.

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

HUACHUCA, AZ, FT. MEADE MD, AND INDIAN HEAD MD. 18 DIFFERENT

INDIVIDUAL ADMINISTRATIVE, FACILITIES MAINTENANCE AND LOGISTICS TASKS

ARE PERFORMED. BEACON GROUP SERVES AS THE PRIME CONTRACTOR AND THREE

OTHER COMMUNITY REHABILITATION AGENCIES ARE OUR SUBCONTRACTORS ON THE

PROJECT. THE TOTAL WORKFORCE IS OVER 50 PEOPLE AND THE CONTRACT HAS

ALLOWED US TO HIRE MANY PEOPLE WITH DISABILITIES, INCLUDING VETERANS.

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

Name of the organization

BEACON GROUP, INC.

Employer identification number

86-0107976

VALUE VILLAGE THRIFT STORE WAS LOCATED AT 2700 N. STONE AVE. 100% OF THE PRODUCTS SOLD WERE DONATED BY LOCAL HOUSEHOLDS AND BUSINESSES. PROGRAMS INCLUDED LAUNDRY TRAINING WHERE CLIENTS LEARNED TO SORT, WASH, AND PREPARE CLOTHES FOR SALE, AND ALSO PROCESSING DONATIONS FOR SALE IN THE STORE. VALUE VILLAGE CLOSED DURING THE FISCAL YEAR. EXPENSES \$ 523,680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 313,664.

PHOENIX REHABILITATION: BEACON GROUP-PHOENIX PROVIDES PRE-JOB TRAINING AND SKILLS DEVELOPMENT SERVICES TO INDIVIDUALS WITH BARRIERS TO EMPLOYMENT IN THE GREATER PHOENIX AREA. REHABILITATION SERVICES INCLUDE THE PROVISION OF EDUCATION, CAREER DEVELOPMENT, CAREER COUNSELING, AND SUPPORT SERVICES THAT ENABLE A PERSON TO SECURE AND MAINTAIN EMPLOYMENT. BEACON GROUP-PHOENIX CURRENTLY HAS 8 STAFF MEMBERS WHICH CONSIST OF 2 FULL-TIME JOB DEVELOPERS, 1 GED INSTRUCTOR, 1 COMPUTER SKILLS TRAINING INSTRUCTOR, 2 JOB COACHES, AND DIRECTOR OF OPERATIONS. BEACON GROUP-PHOENIX SERVED 106 INDIVIDUALS IN THE 2013-2014 FISCAL YEAR AND HAS ACHIEVED A 35% POSITIVE PLACEMENT RATE AMONG THE SMI (SEVERELY MENTALLY ILL) POPULATION. THE GED PREPARATION PROGRAM HAS BEEN A POPULAR SERVICE OFFERED SINCE 2011 AND PROVIDED INDIVIDUAL SERVICES TO 18 INDIVIDUALS. WORK ADJUSTMENT TRAINING FOR COURTESY CLERK AND COMPUTER SKILLS TRAINING CONTINUE TO BE PROGRAMS IN DEMAND FOR THE INDIVIDUALS SERVED. BEACON GROUP BEGAN A COMMUNITY BASED ENCLAVE OPPORTUNITY THROUGH A LOCAL DVD DISTRIBUTOR LOCATED IN SCOTTSDALE, AZ AND CONTINUES EFFORTS TO EXPAND COMMUNITY AND FACILITY BASED PROGRAMS IN ORDER TO PROMOTE SELF-SUFFICIENCY AND INDEPENDENCE THROUGH WORK. BEACON-GROUP-PHOENIX ALSO EXPANDED INTO A CLINICAL SITE LOCATION IN LATE 2014, WHICH ENABLES FOR RAPID ACCESS TO SUPPORTED EMPLOYMENT SERVICES AND ALLOWS BEACON TO SERVICE MORE INDIVIDUALS WHO HAVE

Name of the organization

BEACON GROUP, INC.

Employer identification number

86-0107976

## EMPLOYMENT GOALS.

EXPENSES \$ 427,539. INCLUDING GRANTS OF \$ 0. REVENUE \$ 563,022.

## FORM 990, PART VI, SECTION A, LINE 4:

BEACON GROUP SW, INC. HAS CHANGED ITS NAME TO BEACON GROUP, INC. EFFECTIVE JANUARY 31, 2014. SEE ATTACHED THIRD AMENDMENT AND RESTATEMENT OF ARTICLES OF INCORPORATION WITH COPY OF APPROVAL BY THE ARIZONA CORPORATION COMMISSION.

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

A COPY OF FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. A COPY OF FORM 990 WAS E-MAILED TO THE FULL BOARD OF DIRECTORS FOR THEIR INDIVIDUAL REVIEW.

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

IN ORDER TO ENSURE COMPLETE PUBLIC CONFIDENCE IN THE IMPARTIALITY AND HONESTY OF BEACON GROUP BOARD MEMBERS AND TO HELP BEACON GROUP BOARD MEMBERS AVOID CONFLICTS OF INTEREST OR THE POTENTIAL OF APPEARANCE OF SUCH CONFLICTS, BEACON GROUP REQUIRES THAT ITS BOARD MEMBERS ABIDE BY THE CONFLICT OF INTEREST RULES AND GUIDELINES. IN ORDER TO MONITOR AND ENFORCE THESE GUIDELINES A DISCLOSURE STATEMENT IS DISTRIBUTED TO, AND SIGNED ANNUALLY BY, ALL BOARD MEMBERS AND SENIOR MANAGEMENT.

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

THE ORGANIZATION COMPLETED A REBUTTABLE PRESUMPTION CHECKLIST THAT WAS PROVIDED BY ITS INDEPENDENT ACCOUNTANT. THE ORGANIZATION RELIED UPON FORMS 990 OF COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MET AND REVIEWED INFORMATION, AND MADE A RECOMMENDATION

Name of the organization

BEACON GROUP, INC.

Employer identification number

86-0107976

TO THE FULL BOARD OF DIRECTORS FOR THE COMPENSATION PACKAGE. THE EXECUTIVE COMMITTEE APPROVED AND AUTHORIZED THE LAST COMPENSATION STUDY ON NOVEMBER 15, 2013 FOR THE 2013 - 2014 FISCAL YEAR.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON EVALUATIONS PERFORMED BY THEIR SUPERVISOR. MERIT INCREASES ARE GIVEN BASED ON BUDGET AND PERFORMANCE.

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

APPROXIMATELY EVERY 3 YEARS SUMMARY FINANCIAL INFORMATION IS COMPILED AND MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	2,873,051.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,873,051.

CONSULTING:

PROGRAM SERVICE EXPENSES	32,721.
MANAGEMENT AND GENERAL EXPENSES	3,557.
FUNDRAISING EXPENSES	429.
TOTAL EXPENSES	36,707.

HR SERVICE FEES:

PROGRAM SERVICE EXPENSES	10,221.
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332212

09-04-13

Name of the organization

BEACON GROUP, INC.

Employer identification number

86-0107976

MANAGEMENT AND GENERAL EXPENSES 1,363.

FUNDRAISING EXPENSES 164.

TOTAL EXPENSES 11,748.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,921,506.

Multiple horizontal lines for additional entries.





**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?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**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.

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





**COMMISSIONERS**  
BOB STUMP - Chairman  
GARY PIERCE  
BRENDA BURNS  
BOB BURNS  
SUSAN BITTER SMITH



JODI JERICH  
Executive Director

PATRICIA L. BARFIELD  
Director  
Corporations Division

**ARIZONA CORPORATION COMMISSION**

March 7, 2014

BECKY CARY  
C/O SNELL & WILMER  
ONE S. CHURCH AVE., STE 1500  
TUCSON, AZ 85701

RE: BEACON GROUP, INC.  
File Number: 00439365

We are pleased to notify you that your Amendment to Articles of Incorporation for the above-referenced corporation HAS BEEN APPROVED.

You must publish a copy of the Amendment. The publication must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers is posted on the Commission website, [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations).

Publication must be completed WITHIN 60 DAYS after March 7, 2014, which is the date the document was approved for filing by the Commission. The corporation may be subject to administrative dissolution if it fails to publish. You will receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO [WWW.AZCC.GOV/DIVISIONS/CORPORATIONS](http://WWW.AZCC.GOV/DIVISIONS/CORPORATIONS), THEN CLICK ON THE LINK TO SEARCH FOR YOUR ENTITY. ON YOUR ENTITY'S PAGE, CLICK ON THE BUTTON FOR "SUBSCRIBE TO ANNUAL REPORT EMAIL REMINDER." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

We strongly recommend that you periodically monitor your corporation's record with the Commission, which can be viewed at [www.azcc.gov/divisions/corporations](http://www.azcc.gov/divisions/corporations). If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona residents only) at 1-800-345-5819.

CF:11  
REV. 01/2009



MAR 04 2014

FILE NO. 00439365

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**CERTIFICATE CONCERNING  
RESTATED ARTICLES OF INCORPORATION  
NONPROFIT CORPORATION**

Read the Instructions *C0131*

1. **ENTITY NAME** - give the exact name of the corporation as currently shown in A.C.C. records:  
**BEACON GROUP SW, INC.**

2. **A.C.C. FILE NUMBER:** -0043936-5  
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **DATE OF ADOPTION** - date on which the restated Articles were adopted: 1/31/2014

4. **APPROVAL OF RESTATED ARTICLES** - check 4.1 or 4.2 (not both) and follow instructions:

4.1  The restated Articles were approved by the **board of directors without member or third person action**, and the approval of members or any other persons was not required - go to number 5.

4.2  The restated Articles contain one or more **amendments that required approval by members and/or other persons** - continue with number 5.

5. **APPROVAL OF AMENDMENTS** - if 4.2 is checked, check all that apply concerning member or other person approval of the restated Articles with amendments:

- Approved by members.
- Approved by other person(s) as required by the Articles of Incorporation.

6. **The Restated Articles or Amended and Restated Articles must be attached to this Certificate.**

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Steven R. King  
Signature

Steven R. King  
Printed Name

03-03-14  
Date (mm/dd/yyyy)

**REQUIRED** - check only one:

<input type="checkbox"/> I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized <b>Officer</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized <b>bankruptcy trustee, receiver, or other court appointed fiduciary</b> for the corporation filing this document.
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Filing Fee: \$25.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W Washington St, Phoenix, Arizona 85007 Fax: 602-542 4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800 345-5819.

**THIRD AMENDMENT AND RESTATEMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
BEACON GROUP SW, INC.**

BEACON GROUP SW, INC. (now to be known as Beacon Group, Inc.) does hereby adopt the following Third Amendment and Restatement of Articles of Incorporation for the Corporation, which shall amend, restate and replace in its entirety that certain Second Amendment and Restatement of Articles of Incorporation for this corporation filed with the Arizona Corporation Commission on or about October 1, 2003.

**ARTICLE ONE**

Name and Perpetual Duration

The name of the corporation is BEACON GROUP, INC., hereafter called the "Corporation". The Corporation is a non-profit corporation under Arizona law. The period of duration shall be perpetual.

**ARTICLE TWO**

Principal Office

The principal office of the Corporation for the transacting of business shall be at 308 West Glenn Street in the City of Tucson, County of Pima, Arizona. The Corporation may have such other offices as the Board of Directors may designate or as the business of the Corporation may require from time to time.

**ARTICLE THREE**

Statutory Agent

The name and address of the statutory agent of the Corporation is Steve King, 308 W. Glenn, P.O. Box 50544, Tucson, Arizona 85705.

**ARTICLE FOUR**

Purpose and Powers of the Corporation

The Corporation does not contemplate pecuniary gain or profit to any member or director, and shall be operated exclusively for charitable and educational (including training) purposes, including:

A. To provide transitional training, evaluation and employment services which enable those individuals who have a barrier to employment to achieve and maintain employment commensurate with their potential and maximize their independent functioning.

B. To do all things which will bring to the community a realization of the needs and requirements of children and adults with intellectual or other significant disabilities and the need for ever continuing research to make such children and adults independent and self-sustaining, to train such children and adults in useful trades so that they may become self-sustaining and independent of public aid as they grow older, and to further give them such schooling and training of all kinds that will develop their latent abilities so that they will be self-sustaining and independent in later life.

C. To do all things which will aid in the care, treatment, placement, training, social adjustment, education, rehabilitation of and which will benefit any such children and adults with intellectual or other significant disabilities domiciled in the State of Arizona, including the maintenance, occupancy, ownership, operation, management and other control of homes, hospitals, registries, treatment centers, schools, rehabilitation centers and the like.

D. To do all things which will aid in the teaching of special skills and knowledge required for the care, alleviation and other treatment of children and adults with intellectual or other significant disabilities, including the training of physiotherapists, speech therapists, occupational therapists and the like.

The Corporation shall have all powers necessary for the full achievement of the foregoing purposes and shall have such other powers as are permitted to be exercised by corporations organized pursuant to Arizona law and governed by Section §501(c)(3) of the Internal Revenue Code. The Corporation may act as principal, fiduciary, affiliate, agent or in any other capacity, alone or with others, including joint cooperation with all departments of public health and education and all other governmental and private departments and agencies connected in any manner with the foregoing purposes.

The Corporation may carry on any activities permitted to be carried on by a non-profit corporation under the laws of the State of Arizona and all activities which are beneficial and proper for the accomplishment of the foregoing purposes, including, without limitation, the borrowing and lending of money with or without security, the purchase, sale, ownership, the receipt as gifts of, mortgaging and otherwise handling, dealing in and encumbering real, personal and mixed property, whether tangible or intangible.

**ARTICLE FIVE**

Board of Directors

The number of directors constituting the Board of Directors shall be not less than nine (9) and not more than nineteen (19) persons, who shall constitute the sole voting authority of the Corporation and who shall be elected by a vote of a majority of the directors of the Corporation. The term of each of the Directors shall be provided in the Bylaws of the Corporation.

## ARTICLE SIX

### Original Incorporators

The original incorporators of the Corporation were E. J. Howenstine, Ted Walker, and A. E. Butterfield.

## ARTICLE SEVEN

### Membership and Voting Rights

There shall be no members of the Corporation, and the Corporation shall in all respects be governed and managed by its Board of Directors.

## ARTICLE EIGHT

### Limitation of Directors' Liability

The personal liability of the directors to the Corporation for monetary damage for any action or failure to take any action as a director is eliminated to the fullest extent permitted by A.R.S. §10-3202(B)(1), as it may hereafter be amended or renumbered, or the analogous provision of any future Arizona nonprofit corporation code.

## ARTICLE NINE

### Indemnification

The Corporation shall indemnify any person against liability and expenses, including without limitation, attorneys' fees, judgments, fines and amounts paid in settlement, actually and reasonably suffered or incurred by reason of the fact that he or she is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other entity, in all circumstances in which, and to the extent that, such indemnification is permitted by A.R.S. §§10-3851 and 10-3856, as such provisions may hereafter be amended or renumbered, or the analogous provision of any future Arizona nonprofit corporation code. Any indemnification hereunder shall be made by the Corporation only as authorized by the Board of Directors pursuant to A.R.S. §10-3855, as it may hereafter be amended or renumbered, or the analogous provision of any future Arizona nonprofit corporation code.

The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director or officer of the Corporation, or was serving at the request of the Corporation as a director or officer, against any liability asserted against him and incurred by him in any such capacity or arising out of his status as such whether or not the Corporation would have had the power to indemnify him against such liability under this Article.

The indemnification herein above permitted shall not be exclusive of any rights to which any director or officer of the Corporation may otherwise be entitled to by law, including mandatory indemnification under A.R.S. §10-3852.

## ARTICLE TEN

### Effect of Restated Articles

These Third Amended and Restated Articles of Incorporation correctly set forth the provisions adopted by the voting members, and these restated Articles of Incorporation completely replace and supersede any prior amendments or restatements.

## ARTICLE ELEVEN

### Tax Exempt Status; Charitable Organization

This corporation is organized and shall be conducted as a tax exempt charitable organization pursuant to the provisions of §501(c)(3) of the Internal Revenue Code, as amended, and all of its transactions and activities should be construed as falling within the purview of the provisions of the Internal Revenue Code governing such tax exempt, charitable organizations. The Corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from taxation pursuant to Section §501(c)(3) of the Internal Revenue Code or any counterpart section of any future federal tax code.

All income and property of the Corporation shall be applied exclusively to the non-profit, charitable or educational purposes of the Corporation, and no part thereof shall inure to the benefit of any individual. In the event of dissolution of the Corporation, no assets shall accrue to the benefit of any individual or group of individuals. Any assets shall be distributed to other non-profit facilities or purposes serving the handicapped or disabled at the discretion of the Board of Directors, and only to an entity qualifying as exempt within the provisions of Section §501(c)(3) of the Internal Revenue Code or any counterpart section of any future federal tax code. The Corporation may adopt such rules and regulations for the control and conduct of the property, business, affairs and activities of the Corporation as shall be deemed advisable.

**ARTICLE TWELVE**

Amendment

All right, power and privilege to amend these Articles of Incorporation or the Bylaws of the Corporation shall be vested exclusively in the Board of Directors. The Articles of Incorporation may be amended by an affirmative vote of two-thirds (2/3) of the members of the Board of Directors of the Corporation.

Dated: January 31, 2014

**BEACON GROUP, INC.**

By: \_\_\_\_\_  
Its Chairman

By: *Judy Wood* \_\_\_\_\_  
Its Secretary

13746408

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

**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>BEACON GROUP SW, INC.</b>	Employer identification number (EIN) or <b>86-0107976</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 50544</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TUCSON, AZ 85703-1544</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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.**

**NATALYA BROWN, CFO**

• The books are in the care of **▶ 308 W. GLENN - TUCSON, AZ 85705**  
Telephone No. **▶ (520) 622-4874** 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 **AUGUST 15, 2015**

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

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  
**ADDITIONAL TIME IS NEEDED TO COMPILE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a	\$	0.
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.	8b	\$	0.
c <b>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.	8c	\$	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 **▶ CPA** Date **▶ 5-13-15**

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BEACON GROUP SW, INC.</b>	Employer identification number (EIN) or <b>86-0107976</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 50544</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TUCSON, AZ 85703-1544</b>	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

**MICHELLE KROEGER, CPA**

- The books are in the care of ▶ **308 W. GLENN - TUCSON, AZ 85705**  
Telephone No ▶ **(520) 622-4874** 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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</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>3a</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	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.