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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public Inspection****A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Center for Women and Children in Crisis**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 1075

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Provo**UT 84603****D** Employer identification number**87-0405229****E** Telephone number**801-226-2255****G** Gross receipts**1,493,846****F** Name and address of principal officer**Dennis Hansen****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**cwcic.org****H(c)** Group exemption number**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation**M** State of legal domicile **UT****Part I Summary****1** Briefly describe the organization's mission or most significant activities**Provide a caring, advocating, safe, and educationally based environment for survivors of domestic violence and sexual assault.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**#36****4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 8

3	5
4	5
5	40
6	128
7a	0
7b	0

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

	Prior Year	Current Year
8	1,165,384	1,214,426
9	237,517	252,606
10	0	0
11	18,240	26,814
12	1,421,141	1,493,846
13	0	0
14	0	0
15	727,729	713,086
16a	63,911	58,156
17	522,306	492,291
18	1,313,946	1,263,533
19	107,195	230,313
	Beginning of Current Year	End of Year
20	5,026,225	5,193,404
21	146,005	82,871
22	4,880,220	5,110,533

Part II Signature Block

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

Sign Here

Signature of officer

Date

Dennis Hansen**Director**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Kedric Black****Kedric Black****02/15/17**

self-employed

P00088601**Preparer**

Firm's name

Todd E. Holt, CPA

Firm's EIN

46-4296421**Use Only**

Firm's address

297 N Highway 6**Delta, UT 84624**

Phone no

435-864-3888

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA Form **990** (2015)

APR 7 2017

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MAR 23 2017

P 21
M 2-12