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## Form **990-EZ**



Department of the Treasury Internal Revenue Service

# Short Form 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public Inspection

Α	For th	ne 2017 calen	dar year, or tax year beginni	ng	7/1/2017	, an	d ending		6/30/20	18
В	Check	if applicable	C Name of organization .	<u></u>				D Em	ployer ide	entification number
	Addres	s change	AWCCA, INC					_		
	] Name o	e change Number and street (or PO box, if mail is not delivered to street address) Room/suite					27-0208188			
	] Initial re	eturn	4201 N 24TH STREET				150	E Tele	ephone nu	mber
	Final retu	ım/terminated	City or town		State	ZIP cod	ie .			
	Amend	ed return	PHOENIX		AZ	85016	3		602	-550-0341
	Applica	tion pending	Foreign country name	Foreign provinc	e/state/county	Foreign	postal code	F Gr	oup Exer	mption '
							OCO	Nu	ımber ►	
G	Accoun	nting Method	X Cash Accrual	Other (specify)	<u> </u>			H Check	►X	if the organization is
ı		Accounting Method X Cash Accrual Other (specify) ► H  Website: ► www awcca org								attach Schedule B
·.				X 501(c) ( 6	\ <b>4</b> (	4947(a)(1)			•	)-EZ, or 990-PF)
	lax-exe	mpt status (che	ck only one) — 501(c)(3)	X 501(c) ( 6	)◀ (insert no )	1 4947(a)(1)	or527			<del> </del>
K	Form o	f organization	X Corporation	Trust	Association		ther			· · · · · · · · · · · · · · · · · · ·
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross	receipts If gross	receipts are \$200,	000 or mor	e, or if total a	assets		
	· (Part II,		elow) are \$500,000 or more, file						▶ \$	175,220
P	art I	Revenu	e, Expenses, and Chan	ges in Net As:	sets or Fund E	Balances	s (see the	ınstruct	ions for	
		Check if	the organization used So	chedule O to re	espond to any	question	in this Pai	t I		X
	1	Contribution	ns; gifts, grants, and similar a	amounts receive	d	•			1	35,486
	2		ervice revenue including gove						2	68,992
	3	_	p dues and assessments						3	22,006
	4	Investment	<b>!</b>						4	
	5a	Gross amou	unt from sale of assets other	than inventory		5a			£ , ,	
_	b	F							11	
	С									
	6									
	а	a Gross income from gaming (attach Schedule G if greater than								
2		\$15,000)				6a		5,085		
Revenue	b	Gross incor	me from fundraising events (	not including	\$ 30,9	986 of cor	ntributions		], [	
ě		from fundra	ising events reported on line	e 1) (attach Sche	dule G if the				5	
		sum of such	h gross income and contribu	tions exceeds \$1	15,000)	6b		43,651		
	С	Less direct	t expenses from gaming and	fundraising ever	nts	6c		82,242		
	d	(								
		line 6c)							6d	-33,506
	7a		s of inventory, less returns ar	nd allowances		7a				
	b		of goods sold			7b			# 4 b	_
	С	•	t or (loss) from sales of inver	• •	ne 7b from line 7a	a)			7c	0
	8		nue (describe in Schedule O		-		CEIVE	m .	8	
_	9		nue. Add lines 1, 2, 3, 4, 5c,		<u>Ţ</u>	RIL	المالاالسلاما	- 10	9	92,978
)	10		similar amounts paid (list in	Schedule O)		[i		10 18	10	62,875
	11	•	id to or for members		1	1 K	R 1220	19 13		
Ses	12		ther compensation, and emp	•		AF RS			12	44.070
Expenses	13		al fees and other payments to	•	ontractors		- D C N I	HT	13	14,678
	14		, rent, utilities, and maintena		·	00	GDEN,		14	2 202
			iblications, postage, and ship			-			15	2,203
	16	•	nses (describe in Schedule (	•				_	16	23,540
Net Assets	17		nses. Add lines 10 through 1		- 0/				17 18	103,296
	18							18	-10,318	
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	19,575	
	20	•		•	a Schedule (A)				20	
	20		ges in net assets or fund bal or fund balances at end of y			1		•	21	9,257
			tion Act Notice, see the sepa						1 41	Form <b>990-EZ</b> (2017)
г	n rapel	WOLK MEANER	non Aut Hunce, see the separ	i ate ili sti uctivilis.	•					(2017)

	990-EZ (2017) AWCCA, INC				27-020	8188	Page <b>2</b>
Par	<b>til</b> Balance Sheets. (see the instructions for Check if the organization used Schedule O to re	•	v guestion in t	nie Dart II			
	Check if the organization used Scheddle O to h		- question in ti	<del></del>	Beginning of year		(B) End of year
22	Cash, savings, and investments			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	19,575	22	9,257
23	Land and buildings					23	0,207
24	Other assets (describe in Schedule O)					24	
25	Total assets				19,575	25	9,257
26	Total liabilities (describe in Schedule O)					26	
27	Net assets or fund balances (line 27 of column (8				19,575	27	9,257
Pa	Irt III Statement of Program Service Accomplise Check if the organization used Schedule O						Expenses
Wha	at is the organization's primary exempt purpose?	PROMOTE!	MEMBERS MU	JTUAL INDUSTRY E	XCHANGE		juired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomplish					orga	nizations, optional
	neasured by expenses. In a clear and concise manne		•	ovided, the number o	f	ror d	thers)
	sons benefited, and other relevant information for each				<del></del>	ļ	
28	AWCCA WAS 300+ ACTIVE REGULAR AND ASSC						
	OFFER MONTHLY EDUCATIONAL MEETINGS FR SPRING SEMINAR TO CONTINUE THE EDUCATION	ONAL ASPE	CT OF ALL AR	EAS OF	LL DAY		
	(Grants \$ ) If this amoun				▶ □	28a	
29	WORKERS COMPENSATION CLAIMS AWCCA OF			,,			
	OUR WEBSITE WWW AWCCA ORG WE ARE AL' MATTER TO BE DISCUSSED AT OUR MEETINGS			<del></del>			
			eign grants, cl		▶ □	20-	
30	AND NONMEMBERS ATTENDING ANNUAL DONA					29a	
	APPROVED BY THE AWCCA BOARD						
	(Grants \$ ) If this amoun	t includes for	eign grants, cl	neck here	<b>&gt;</b>	30a	
31	Other program services (describe in Schedule O)						
	<u> </u>		reign grants, cl	neck here	▶ □	31a 32	
	Total program service expenses. (add lines 28a th						0
Рa	List of Officers, Directors, Trustees, and K		•	•	ated—see the inst	ruction	is for Part IV)
	Check if the organization used Schedule O to	o respond to	any question i				<u></u>
	(a) Name and title	hours	Average per week I to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pland deferred compen-	ans,	(e) Estimated amount of other compensation
DON	NNA HUETTER						
	SIDENT	Hr/WK	6 00	0		0	0
ANE	DREA LESTER						
VIC	E PRESIDENT	Hr/WK	6 00	0		0	. 0
SUS	SAN FRANZEN	_					
	ASURER	Hr∕WK	10 00	0		0	0
	TY BOOTH	_		_			
SEC	CRETARY	Hr/WK	2 00	0		0	0
		_				- 1	
		1					
		Hr/WK					
		Hr/WK  Hr/WK					
		Hr/WK					
		-					
		Hr/WK					
		Hr/WK					
		Hr/WK  Hr/WK  Hr/WK					
		Hr/WK  Hr/WK					

Hr/WK

Part V

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instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Х **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice. reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under \_\_\_\_\_ , section 4955 ▶ , section 4912 ► section 4911 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year 40b that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of ► THE ORGANIZATION Telephone no ▶ 602-550-0341 ZIP + 4 ▶ 85016 Located at ► 4201 N 24TH ST, STE 150 City PHOENIX ST AZ No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes 42b a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Fig. 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Х completed instead of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45 b 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," Form 990 and Schedule R may need to be completed instead of 45b Form 990-EZ (see instructions) Form 990-EZ (2017)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

year? If "Yes," complete Schedule C, Part II s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E s had been described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E s had been described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Job the organization as eschool as described in section 527 organization?  If "Yes," was the related organization a section 527 organization?  Ormplete this table for the organization's five highest compensation from the organization if there is in the section of the position of the			88	Page 4				
to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and comp 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tyear? If "Yes," complete Schedule C, Part II  18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  10 Did the organization as chool as section 527 organization?  11 Did In which is table for the organization is five highest compensation from the organization If there is none, enter "None "  11 Did In umber of other employees paid over \$100,000  12 Did In umber of other employees paid over \$100,000  13 Did In umber of other independent contractor (b) Type of service  14 Did In umber of other independent contractor (b) Type of service  15 Did the organization ormplete Schedule A  16 Did In umber of other independent contractors each receiving over \$100,000  16 Did the organization ormplete Schedule A  17 Did the organization ormplete Schedule A  18 Did Total number of other independent contractors each receiving over \$100,000  19 Did the organization ormplete Schedule A  19 Did Did the organization of preparer (blue) than officer) is based on all i			Yes	No				
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(a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Compensation (Forms W-2/1099-MISC)  (e) Average hours per week devoted to position  (forms W-2/1099-MISC)  (forms W-2/109-MISC)  (forms W-2/109								
(a) Name and title of each employee    Name   None   Hr/WK								
Name None Title Hr/WK 00  Name Title Hr/WK 00  Title Hr/WK	d) Health benefits, ributions to employee (e	e) Estima	ated amo	ount of				
Name   None   Hr/WK   00   Name	fit plans, and deferred compensation	other compen						
Title								
Name Title Hr/WK 00  Name Title Hr/WK 00  Name Title Hr/WK 00  Name Title Hr/WK 00  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other employees paid over \$100,000  F Total number of other independent contractor (b) Type of service  Name None Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Old Total number of other independent contractors each receiving over \$100,000  D Ind the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of muse, correct, and complete Declaration of preparer (othes than officer) is based on all information of which preparer has any knowledge  Sign Here PrintType preparer's name KRISTINA MORGAN, CPA Firm's name SECHLER MORGAN CPAS PLLC								
Title Hr/WK 00 Name  Title Hr/WK 00 Name  Title Hr/WK 00 Name None Str City ST ZIP Name Str ZIP Name None Str ZIP Name Str ZIP Name None Str ZIP Name None Str ZIP Name None Str ZIP Name None Str ZIP Name Str ZIP Name None Str ZIP Name Str ZIP Name None Str ZIP Name Str ZIP Name None None Str ZIP Name None None None None None None None Non								
Name Title Name Title Hr/WK 00  Name Title Hr/WK 00  Title Total number of other employees paid over \$100,000  To complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization If there is none, enter "None "  (a) Name and business address of each independent contractor  (b) Type of service  Name None Str City ST ZIP Name Str City ST ZIP Did the organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must a								
Title Hr/WK 00  Name Title Hr/WK 00  Name Title Hr/WK 00  F Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization If there is none, enter "None"  (a) Name and business address of each independent contractor (b) Type of service  Name None Str.  City ST ZIP  Name Str								
Name Title  Title  Hr/MK  00  Title  Hr/MK  00  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  Name None  Str  City  ST  ZIP  Name  Other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Juder penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of mirus, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge  Sign Here  Printy per prepairer's name  KRISTINA MORGAN, CPA  Firm's name  SECHLER MORGAN CPAS PLLC								
Name Title    Hr/WK   00     Name   Hr/WK   00     F Total number of other employees paid over \$100,000     Complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization if there is none, enter "None "    (a) Name and business address of each independent contractor   (b) Type of service								
Name Title  Total number of other employees paid over \$100,000  Total number of other employees paid over \$100,000  Str.  Complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization If there is none, enter "None "  (a) Name and business address of each independent contractor  (b) Type of service  Name None  Str.  City  ST ZIP  Name Str.  City  ST ZIP  Ording  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of more uncompleted. Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of more uncompleted. Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of more uncompleted. Schedule A  Signature of officer  SUSAN FRANZEN  Firm's name  SECHLER MORGAN CPA  Firm's name  SECHLER MORGAN CPAS PLLC								
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(a) Name and business address of each independent contractor    Name   Str   ZIP	Complete this table for the organization's five highest compensated independent contractors who each received more than							
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Type or print name and title  Paid  Preparer  KRISTINA MORGAN, CPA  Firm's name ► SECHLER MORGAN CPAS PLLC  Type or print name and title  Preparer  SECHLER MORGAN CPAS PLLC	TREASURER							
Paid Preparer Use Only  KRISTINA MORGAN, CPA  3/25/2019  3/25/2019								
Preparer    SECHLER MORGAN CPAS PLLC   3/25/2019	Check If	PTIN						
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		230-27						
May the IRS discuss this return with the preparer shown above? See instructions	▶[	X Ye	es 🗌	] No				
		Form 9	90-E2	(2017)				

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs gov/Form990 for the latest instructions

Employer identification number Name of the organization AWCCA, INC 27-0208188 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations е Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants þ Phone solicitations Special fundraising events C g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (II) Activity custody or control of fundraiser listed in or entity (fundraiser) from activity organization contributions? col (i) Yes No 1 O 0 0 2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 6 0 0 0 0 0 8 0 0 9 0 0 10 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2017 AWCCA, INC 27-0208188 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col (a) through col (c)) Golf Silent Auction (total number) (event type) (event type) Revenue Gross receipts 48,465 16,008 10,164 74,637 17,900 8,004 5,082 30,986 Less Contributions 2 Gross income (line 1 5,082 minus line 2) 30,565 8.004 43,651 Cash prizes 1,100 1,100 4 Noncash prizes 2,830 2,830 Direct Expenses Rent/facility costs 45,657 0 45,657 Food and beverages 17,367 17.367 Entertainment 0 8,004 5,082 14,430 Other direct expenses 1,344 Direct expense summary Add lines 4 through 9 in column (d) 81,384) Net income summary Subtract line 10 from line 3, column (d) -37,733 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add Revenue (b) Pull tabs/instant (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 0 Direct Expenses 0 Cash prizes 0 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % % Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 0) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities 9 Is the organization licensed to conduct gaming activities in each of these states? Yes If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2017 AWCCA, INC	27-0208188 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	'Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a %
14	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books	13b %
14	and records	
	Name ▶	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\\$ 0 and the	
	amount of gaming revenue retained by the third party  • \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$ \( \)	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional part III.	ns (III) and (v), and
	See instructions	<u></u> .

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AWCCA, INC	27-0208188
Form 990-EZ, Part I, Line 10, Grants Paid Activity HEALTH, Grantee KIDS CHANCE OF ARIZOI	NA
PO BOX 26753 PHOENIX AZ 85067, Cash Grant 18,933, Relationship	
Form 990-EZ, Part I, Line 10, Grants Paid Activity HEALTH, Grantee CRISIS NURSERY ARIZOI	NA
817 N COUNTRY CLUB DR MESA AZ 85201, Cash Grant 18,933, Relationship	
Form 990-EZ, Part I, Line 10, Grants Paid Activity HEALTH, Grantee PHOENIX CHILDRENS	<del>-</del>
PROJECT 1047 N 28TH STREET PHOENIX AZ 85008, Cash Grant 18,933, Relationship	
Form 990-EZ, Part I, Line 16, Other Expenses Office Expenses 5,559	
Form 990-EZ, Part I, Line 16, Other Expenses Meeting Expenses 17,052	
Form 990-EZ, Part I, Line 16, Other Expenses Insurance 729	
Form 990-EZ, Part I, Line 16, Other Expenses Advertising 200	
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Schedule O (Form 990 or 990	·EZ) (2017)		Page 2
Name of the organization			Employer identification number
AWCCA, INC			27-0208188
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