### EXTENDED TO MAY 16, 2016

990

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

_	. 01 111		ending U	UN 30, 2013	1
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addre chang	ss M.I.K.I.DMENTALLY ILL KIDS IN DISTRI	ESS		
	Name chang	Doing business as		86-0	673994
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return.	2642 E THOMAS RD		602-	253-1240
-	termin ated		G Gross receipts \$	4,843,963.	
L	Amen	PHOENIX, AZ 85010		H(a) Is this a group r	eturn
L	Application			for subordinates	? Yes X No
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.MIKID.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1991	✓ State of legal domicile: AZ
P	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: ${f MIKII}$			
Activities & Governance		WELLNESS OF CHILDREN AND YOUTH THROUGH A	FAMIL	Y-CENTERED	APPROACH.
i.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)	***********	4	10
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	148
ž	6	Total number of volunteers (estimate if necessary)			14
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,417,588.	1,519,477.
		Program service revenue (Part VIII, line 2g)		2,348,011.	3,061,881.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		280.	-148,193.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,765,879.	4,433,165.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,793,941.	3,274,849.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		854,588.	1,037,953.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,648,529.	4,312,802.
	19	Revenue less expenses. Subtract line 18 from line 12		117,350.	120,363.
SOF	É		Be	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		2,274,141.	2,843,661.
Net Assets or	21	Total liabilities (Part X, line 26)		1,196,312.	1,645,464.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		1,077,829.	1,198,197.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
1565114		Signature of officer		Date	
Sig	100000	•	7 -	29-16	
He	re	SUE GILBERTSON, VICE PRESIDENT Type or print name and title		L '	
			Т	Date Check	TT PTIN
D-'	_	Print/Type preparer's name Preparer's signature BRENDA BLUNT BRENDA BLUNT		2/17/16 Check Lift self-employ	
Pai	2,525		Į0		45-0250958
	parer Only	Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400		Firm's EIN	43 0230330
USE	Unity	Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527		Phone no 60	2-264-5844
140	u tho IE	25 discuss this return with the preparer shown above? (see instructions)		Trilone no. 5 0	X Yes No

For	m 990 (2014) M.I.K.I.DMENTALLY ILL KIDS IN DISTRESS 86-0673994	Page 2
F	art III Statement of Program Service Accomplishments	11-12-11-11-1
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  MIKID IMPROVES THE HEALTH AND WELLNESS OF CHILDREN AND YOUTH THROUGHAILY-CENTERED APPROACH.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3	Diddle	X No
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, revenue, if any, for each program service reported.	s. and
4a	MENTALLY ILL KIDS IN DISTRESS (MIKID) IS A NON-PROFIT, FAMILY-RUN BEHAVIORAL HEALTH ORGANIZATION LICENSED BY THE ARIZONA DEPARTMENT OF HEALTH SERVICES AS AN OUTPATIENT TREATMENT CENTER. FOUNDED IN 1987 SUPPORTIVE, GRASSROOTS ORGANIZATION BY SUE GILBERTSON, A PARENT OF CHILD DIAGNOSED WITH A SERIOUS EMOTIONAL DISTURBANCE, MIKID SERVICE EXPANDED TO NOW INCLUDE: RESPITE CARE, FAMILY SUPPORT, LIFE SKILLS TRAINING, YOUTH PEER SUPPORT AND OUTPATIENT FAMILY COUNSELING. MIKID GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF PARENTS AND/OR CAREGIT TO CHILDREN COPING WITH BEHAVIORAL HEALTH ISSUES, AND/OR CONCERNED MEMBERS OF THE COMMUNITY THAT ARE COMMITTED TO MIKID'S MISSION.  MIKID IS A STATEWIDE ORGANIZATION AND OPERATES FIVE (5) (CONT'D)	F AS A A S
4b	(Code:) (Expenses Sincluding grants of \$) (Revenue S	)
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 3,977,697.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			110
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ	-
		_		- V
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
	during the tax year? If "Yes," complete Schedule C, Part II	١,		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	- 21
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		- 11
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		_	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		(Eq. 6)	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
•	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
40	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	<u>X</u>
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			7.7
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1	v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		- 1	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		21
J-0070	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Form 990 (2014) M.I.K.I.D.-MENTALL Part IV Checklist of Required Schedules (continued)

21   Life triggination report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 21 in 12 in 17	04	Did the average to the second		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courtin (A), line 27 "Nes," complete Schedule I, Parts I and III  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 I, Part IV and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th trough 24d and complete Schedule K. If "No", go to line 25a  24a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule i, Parts I and III  22 X  23 Did the organization asswer "Yes" to Part VI, 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.  24 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 24d through 24d and complete Schedule K. If "No", yo to line 25s  25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any proceeds of tax-exempt bonds period at the programation and the comparization and the second of the organization on the proceeds of the organization on a tax on "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization and so tax on "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of a prior year, and that the transaction with a disqualified person of 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 IV  28 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, or disqualified persons? If "Yes," complete Schedule L, Part IV  29 Did the organization approvide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, agrant selection committee member, or to a 35% controlled entity or family membe	22	Did the organization report more than \$5,000 of any the property and the organization report more than \$5,000 of any the property and the prop	21		X
23 Ut the organization answer 'Yes' to Part VII. Section A. Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If 'Yes, complete Schedule I, and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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 I, If 'No', go to line 25a  b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds or than a refunding escrow at any time during the year to defease any tax-exempt bonds and the reparation of the organization and as an 'no behalf of' issuer for bonds outstanding at any time during the year?  d) Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year?  24d   24d   25a		Part IX column (A) line 22. If "Yes." complete Schodule I. Part I and III.	1		
and former officers, directors, fusetees, key employees, and highest compensated employees? If "Yes," complete Schedule J  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 fines 24b through 24d and complete Schedule K. If "No", go to line 25a  24a D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified period during the year?  25d I b is the organization aware that it engaged in an excess benefit transaction with a disqualified period of any of 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 person? If "Yes," complete Schedule L, Part II  25b D I the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 IV  26c A nentity of which a current of former officer, director, trustee, or key employees or key employee (or key employee) and the organization apart of the payon and the organization apart of the organization receive more than \$25,000 in non-assh contributions of 1" Yes," complete Schedule L, Part IV  27c A	23	Did the organization answer "Voc" to Bost VII. Section A. Fine D. 4 5	22		X
Schedule J  24 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 24s through 24d and complete Schedule K, If "No", go to line 25s  5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  4 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  5 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  6 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of any of the organization and that the transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and the transaction with a prior prior forms 900 or 90-E27 if "Yes," complete Schedule L, Part IV  8 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  9 Did the organization aparty to		and former officers, directors, trustees, key employees, and high set about compensation of the organization's current			
24 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 \$1,2002? If "Yes," answer lines \$24b through \$24d and complete \$5chedule K. If "No", go to line \$25a\$  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d Sectino 501(53), 501(64), and 501(6129) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete \$5chedule L, Part I Is Is the organization share 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 spiror forms \$90 or \$99,E27 If "Yes," complete \$5chedule L, Part I Is 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, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete \$5chedule L, Part II Is 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, director, trustee, and organization reports of any of these persons? If "Yes," complete \$5chedule L, Part III Is It				1	
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Schedule K. If "No", go to line 25a b Did the organization invests 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? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourners or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II  25b Ut the organization provide a grant or other assistance to an officer, director, trustee, expemployees, outstantial 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 IV  26c X  27	11050000	last day of the year, that was issued after December 31, 20022 If "Ves." arguer lines 24h through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   24c   24d   24c   24d   24c   2			1		7
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any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d  25d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a	c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeace	246	-	-
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year, If "Yes," complete Schedule L, Part I 25b X 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-E27 If "Yes," complete Schedule L, Part I 25b X Id 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 "Yes," complete Schedule L, Part II 26 X X Id 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 II 27 X X 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 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			1000
transaction with a disqualified person during the year / If "Yes," complete Schedule L, Part I 25b 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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X  25b X  25b X  25b X  25chedule L, Part I 25ch	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess handlit	240		-
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	boa h	If "Yor" to line 356 did the accompanies are size as a section 512(b)(13)?	35a		<u>X</u>
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If "Yes," complete Schedule R, Part V, line 2  36 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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36	Section 501(c)(3) organizations. Did the organization make environments and account to the contraction make any transfer to the contraction to the contraction makes any transfer to the contraction to the	35b		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-5	If "Yes." complete Schedule R. Part V. line 2	_		v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	Did the organization conduct more than 5% of its activities through an antity that is not a valetad acceptable.	36		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	7.5		27		Y
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 100	3/	+	<u></u>
	- A-CO	Note. All Form 990 filers are required to complete Schedule O	20	x	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b		Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096, Enter -0 into applicable 1b 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
b Enter the number of Forms W-2C included in line 1a. Enter 0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	100	110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form WA, Transmittal of Wage and Tax Statements, fleed for the calendary sear ending with or within the year covered by this return fleed for the calendary sear ending with or within the year covered by this return fleed for the calendary sear ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required for effected employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," sha if filed a Form 890-Ti or this year? If "No," to line 3b, provide an explanation in Schedule O.  3b If "Yes," and during the calendary year, did the organization have an interest in or a signature or other authority over, a financial account; or fire filed a form 890-Ti or this year. If "No," to line 3b, provide an explanation in Schedule O.  3c If "Yes," to line 5 are 5b, did fine foreign country.  5c Was the organization and foreign country.  5c Was the organization and the organization than the was or in a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5 are 5b, did the organization that it was or in a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization include with every socilitation an explose statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every socilitation an explose statement that such contributions or gifts were not tax deductible?  6c If Yes, "indicate the number of Forms 2826 filed during the year  6c If Yes," indicate the number of Forms 2826 filed during the year  7c If If If Yes," indicate the number of Forms 2826 filed during the year  9c If the organization rel	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Gambling) winnings to prize winners?   14   X   Zea   Enter the number of employees exported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return   2a   148   Zea   148   Zea   148   Zea   2b   X   Note. If the sum of lines 1a and Za is greater than 250, you may be required to e-fife (see instructions)   3a   X   Zea   Ze	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			130
2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, feed for the celeridar year anding with or within the year covered by this return feed for the celeridar year anding with or within the year covered by the return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be recoulded to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yea's, Tax it filed a Form 990-71 for this year? If 'No, 1 or line 30, provide an explanation in Schedule O  3a In Year and International Control or the year of Year and International Accounts (FBAR).  5b If Yea's, "enter the name of the foreign country?  5a In Yea's enter the name of the foreign country?  5b If Yea's enter the name of the foreign country is exhibit transaction at any time during the tax year?  5c In Yea's 100 in the San 250, and the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c In Yea's 100 in the San 250, and the organization that it was or is a party to a prohibited tax shelter transaction?  5c In Yea's 100 in the San 250, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c In Yea's 100 in the San 250, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c In Yea's 100 in the San 250, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c In Yea's 100 in the San 250, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c In Yea's 100 in the San 250, did the organization that was a charitable contributions?  6c In Yea's 100 in the San 250, did the organization shelt tax shelter transaction?  6c In Yea's 100 in the San 250, did the organization in clude with every solicitation and express statement that such contributions or gif		(gambling) winnings to prize winners?	1c	х	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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)?  5b If 'Yes,' after the name of the foreign country.'▶  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and foreign and foreign Bank and Financial Accounts (FBAR).  5c ens	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 1	Labra e	ille.
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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)?  5b If 'Yes,' after the name of the foreign country.'▶  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions for liting foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and Financial Accounts (FBAR).  5c enstructions foreign Bank and foreign and foreign Bank and Financial Accounts (FBAR).  5c ens		filed for the calendar year ending with or within the year covered by this return 2a 148			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a   X   X   X   X   X   X   X   X   X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		in yer	i une di
b if "Yes," has it flied a Form 99.0 T for this year? If "No," to fine 3b, provide an explanation in Schedule O  A At any time during the calendary 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 accounts?  4a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
4a 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)?  b if 'Yes,' enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction? 5b X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X  b Did any taxable party notify the organization file Form 88661? 5c X  b If 'Yes,' did 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 chartable contributions? 6c X  b If 'Yes,' did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6c Y organization include with very solicitation and services provided? 6c X  b If 'Yes,' did the organization include with very solicitation and services provided? 7c Y organization service a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X X  b If 'Yes,' did the organization receive a payment in excess of \$75 made partly as a contribution of the goods or services provided? 7b X  b If 'Yes,' did the organization receive a payment in excess of \$75 made partly as a contribution of understation transplant in excess of \$75 made partly as a contribution of understation transplant in excess of \$75 made partly as a contribution of understation transplant in the partly of the denor of the value of the goods or services provided? 7c X  b If the organization receive a contribution of qualified intellectual property, di	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  If "Yes," to line 5a or 5b, did the organization file form 8886-17  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive apyment in excess of \$57 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization notity the donor of the value of the goods or services provided?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?  8 If the organization received a contribution of qualified intellectual property, did the organization file form 1896 or a form 1986-0?  8 Sponsoring organization seminal property for indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file form 1986-0?  8 Sponsoring organization seminal pr	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
b if Yes,* enter the name of the foreign country; P See instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* Io line Sao FSD, Iol the organization file Form 8886-17?  5c If Yes,* Iol ine Sao FSD, Iol the organization file Form 8886-17?  5c 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?  6c If Yes,* Iol the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes,* Iol did the organization notify the donor of the value of the goods or services provided?  8d If Yes,* Iol did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* Iol did the organization receive a payment in excess of \$75 made party as a contribution and party for poods and services provided to the payor?  9d If Yes,* Iol did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* Iol did the organization notify the donor of the value of the goods or services provided?  9d If Yes,* Iol did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If Yes,* Iol did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  9d Sponsoring organization maintaining donor advised funds.  9d Did the sponsoring organization mainta		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a   X   Same organization a party to a prohibited tax shelter transaction at any time during the tax year?   5a   X   Sb   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5c   X   Sc   If Yes,* to line 5a or 5b, did the organization life Form 8886.17?   Sc   Sc   Sc   Sc   Sc   Sc   Sc   S	b	If "Yes," enter the name of the foreign country: ▶	-616	Harrie Harris	1
5a   X   Same organization a party to a prohibited tax shelter transaction at any time during the tax year?   5a   X   Sb   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5c   X   Sc   If Yes,* to line 5a or 5b, did the organization life Form 8886.17?   Sc   Sc   Sc   Sc   Sc   Sc   Sc   S		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
c If Yes,* to line 5a or 5b, did the organization file Form 8886-T?  8 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?  8		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			12/01/2005
6a Des 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a 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?  7a X X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  1b Cid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  1c file Form 8282?  7c X  d If "Yes," indicate the number of Forms 8282 filed during the year  1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract?  7c X  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds, signalnes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  1 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501([v]) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  1 Organization in cludded on Form 990, Part VIII, line 12, for public use of club facilities  1 S	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  7 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year    Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Text	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 To b If "Yes," idid the organization notify the donor of the value of the goods or services provided? 7 To b Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 To c X If "Yes," inclidate the number of Forms 8282 filed during the year If the organization receive a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 To g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make accesse business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501((p)?) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Section 501((p)?) organizations. Enter: 2 Gross income from themselves or shareholders 1 Section 501((p)?) organizations. Enter: 3 Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 1 Section 501((p)?) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Section 501((p)?) organizations. Enter: 2 Gross income from			6a		X
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	b				
a Did the organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  9a  10 bid the sponsoring organization make any taxable distributions under section 4966?  9b bid the sponsoring organization make any taxable distributions under section 4966?  9c  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included or Form 990, Part VIII, line 12, for public use of club facilities  f Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 501(c)(2) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12c  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization is incersed to issue qualified health plans in more than one state?  Note. See the instructions for additi			6b		
b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d 7ft 8.  d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7ft 1d	7	Organizations that may receive deductible contributions under section 170(c).	11	2,465	BENE
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c		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?	7a		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  X  77  X  The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  78  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  80  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  90  Section 501(c)(7) organizations make any taxable distributions under section 4966?  91  Section 501(c)(7) organizations make any taxable distributions under section 4966?  92  Section 501(c)(7) organizations. Enter:  93  Initiation fees and capital contributions included on Part VIII, line 12  10  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10  Gross income from members or shareholders  11  Section 501(c)(12) organizations. Enter:  12  Section 501(c)(12) organizations. Enter:  13  Gross income from members or shareholders  14  Section 501(c)(2) qualified nonprofit health insurance issuers.  15  Section 501(c)(2) qualified nonprofit health insurance issuers.  16  Section 501(c)(2) qualified nonprofit health insurance issuers.  17  Section 501(c)(2) qualified nonprofit health insurance issuers.  18  Section 501(c)(2) qualified nonprofit health insurance issuers.  19  Section 501(c)(2) qualified nonprofit health insurance issuers.  19  Section 501(c)(2) qualified nonprofit health insurance issuers.  10  Section 501(c)(2) qualified nonprofit health insurance issuers.  10	C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  X  77  X  The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  78  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  79  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  80  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  90  Section 501(c)(7) organizations make any taxable distributions under section 4966?  91  Section 501(c)(7) organizations make any taxable distributions under section 4966?  92  Section 501(c)(7) organizations. Enter:  93  Initiation fees and capital contributions included on Part VIII, line 12  10  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10  Gross income from members or shareholders  11  Section 501(c)(12) organizations. Enter:  12  Section 501(c)(12) organizations. Enter:  13  Gross income from members or shareholders  14  Section 501(c)(2) qualified nonprofit health insurance issuers.  15  Section 501(c)(2) qualified nonprofit health insurance issuers.  16  Section 501(c)(2) qualified nonprofit health insurance issuers.  17  Section 501(c)(2) qualified nonprofit health insurance issuers.  18  Section 501(c)(2) qualified nonprofit health insurance issuers.  19  Section 501(c)(2) qualified nonprofit health insurance issuers.  19  Section 501(c)(2) qualified nonprofit health insurance issuers.  10  Section 501(c)(2) qualified nonprofit health insurance issuers.  10		to file Form 8282?	7c		X
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					<u>X</u>
	b	ir res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	2011

Page 6 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.

Sec	Check if Schedule O contains a response or note to any line in this Part VI			X						
360	ction A. Governing Body and Management									
10	Enter the number of cotton and the		Yes	No						
Ia	Enter the number of voting members of the governing body at the end of the tax year 12 16 there are material differences in voting rights arrows the control of the tax year 15 16 there are material differences in voting rights arrows the control of the tax year 16 16 16 16 16 16 16 16 16 16 16 16 16	Falg	The second	Jo-						
	If there are material differences in voting rights among members of the governing body, or if the governing									
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	EST.		wii.						
2	1 16 I									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3		2		Х						
, in	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
4	of officers, directors, or trustees, or key employees to a management company or other person?	3	X							
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
6	state of a significant diversion of the organization's assets?									
7a	Did the organization have members or stockholders?	6		X						
, .	and the power to elect or appoint one or			**						
b	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X						
				12.22						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X						
а	The governing body?									
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	Х							
9		8b	Х							
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	l sec								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х						
	The control of this election is requests information about policies not required by the internal Revenue Code.)									
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No						
b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1929220.5								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	v							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х							
12a	Did the organization have a written conflict of interest policy? If "No " go to line 12		v							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	^							
	in Schedule O how this was done	40-	х							
13	Did the organization have a written whistleblower policy?	12c	X							
	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 7								
а	The organization's CEO, Executive Director, or top management official	45-	х							
b	Other officers or key employees of the organization	15a	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	A	a III						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	160	ngan-	х						
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	rished.							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	ion C. Disclosure	100								
7	List the states with which a copy of this Form 990 is required to be filed ▶AZ									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	railabl								
	for public inspection. Indicate how you made these available. Check all that apply.	unaul								
	Own website Another's website X Upon request Other (explain in Schedule O)									
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
3	statements available to the public during the tax year.	idill								
0	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	BONNIE KOLAKOWSKI - 602-253-1240			_						
	2642 E THOMAS BOAD DUOPNIY NO DEDIC									

# 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.

Name and Title  Average hours per week (list any hours for related organizations below line)  (1) ILENE DODE  PRESIDENT  (2) MATTHEW SLOAN  Reportable compensation from related organizations  (A) Average hours per week (list any hours for related organizations below line)  (A) Average hours per week (list any hours for related organizations below line)  (A) Average hours per week (list any hours for related organizations below line)  (B) Average hours per week (list any hours for related organizations below line)  (A) Name and Title  Average hours per week (list any hours for related organization should be a solid full with the organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (A) Average hours per week (list any hours for related organization (W-2/1099-MISC))  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC))  (W-2/1099-MISC)  (	Check this box if neither the organization	nor any related	org	aniza	atior	ı co	mpe	nsa	ted any current officer,	director, or trustee.		
Name and Title	(A)	(B)			(	C)					(F)	
Color	Name and Title	(2)	(do	not c	check	more	than	one	In the second second		Estimated	
Clist any hours for related organizations below line)   Early   Earl			off	k, unle icer ar	ess pe	erson directe	is bot or/trus	th an stee)	7.03		90~100000000000000000000000000000000000	
The code   Cod			ctor						10000000	tone and adding an eliteration		
The code   Cod		hours for	rdire				Pa		organization		and the second s	
The code   Cod			stee o	rustee			eusa		(W-2/1099-MISC)	at 232M		
The code   Cod			al tru	onal t		ployee	comp					
The code   Cod		sedimentiles.	divid	stituti	Ticer	sy em	ghest	rmer			organizations	
RESIDENT	(1) ILENE DODE	000000000	=	드	0	3	エコ	125				
Canaly Hinkle   Canaly   Can	PRESIDENT		x		x				n	0	0	
TREASURER	(2) MATTHEW SLOAN	2.00							0.	0.	0.	
SECRETARY	TREASURER		x		х				0.	0	0	
X	(3) MAGDALENA MARTINEZ	2.00									0.	
Sue Gilbertson	SECRETARY		X		Х				0.	0 -	0	
STATE   STAT	(4) SUE GILBERTSON	2.00								• •		
S	VICE PRESIDENT		X		Х				0.	0.	0.	
Column		2.00		8	88							
Column			Х						0.	0.	0.	
CAROLYN HINKLE		2.00										
CAROLYN HINKLE			Х						0.	0.	0.	
State   Ted williams   State		2.00										
DIRECTOR   X	Secret Secret Debugger (in the Se		Х						0.	0.	0.	
(9) CHRISTINA BLAIR  DIRECTOR  (10) ERIN CALLINAN  DIRECTOR  (11) SKIP HALL  DIRECTOR  (12) BONNIE KOLAKOWSKI  (13) RICHARD GEASLAND  2.00  X  0.  0.  0.  0.  0.  0.  0.  4,394.	ALCOHOL SERVICE SERVICE AND	2.00							110.00		100-2	
DIRECTOR   X	Section 1999 Control C		Х	Ц				_	0.	0.	0.	
Column		2.00								100		
DIRECTOR   X   0. 0. 0.			Х					_	0.	0.	0.	
(11) SKIP HALL  DIRECTOR  X  0. 0. 0.  (12) BONNIE KOLAKOWSKI  CFO  X  40.00  X  49,651.  0. 4,394.		2.00	7.			1				_		
DIRECTOR   X   0. 0. 0.   (12) BONNIE KOLAKOWSKI   40.00   X   49,651.   0. 4,394.   (13) RICHARD GEASLAND   40.00		2 00	Х			_		_	0.	0.	<u> </u>	
(12) BONNIE KOLAKOWSKI 40.00 X 49,651. 0. 4,394. (13) RICHARD GEASLAND 40.00		2.00	v								20	
CFO X 49,651. 0. 4,394.		40.00	Λ				-	-	0.	0.	0.	
(13) RICHARD GEASLAND 40.00		40.00			v				40 651	0	4 204	
		40.00	1977	-	^	7	$\dashv$		49,001.	0.	4,394.	
		10.00			v				29 571	0	CE	
	,		$\dashv$	$\dashv$	^	$\dashv$	$\dashv$	$\dashv$	23,311.	0.	65.	
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				+	+	-	$\dashv$	$\dashv$				
			$\neg$	$\neg$	$\dashv$	$\dashv$	$\dashv$	$\neg$				
						$\neg$		$\neg$				
									-3376-33			

1 0	Section A. Officers, Directors, Tru	stees, Key Em	ploy	yees			ighe	st (	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average Position (do not check more than one								Reportable		E	stima	ted
		hours per week	box	k, unle icer ar	ess pe	erson	is bo	th an		compensation	6	ar	moun	t of
		(list any	3	Π	Π	T	Τ	T	- Irom	from related			othe	
		hours for	trustee or director						the organization	organizations	~		npens	
		related	10 92	age			sated		(W-2/1099-MISC)	(W-2/1099-MISC	"		rom t	
		organizations	truste	al trus		ee Aee	шрег		(** 27 1035 141100)			10000	ganiza id rela	
		below	Individual	Institutional trustee	ă	Key employee	est co oyee	ia i					aniza	
<u> </u>		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form				- 3		
				$\vdash$							$\dashv$	-		
				$\vdash$							+	-	-	-
-				Н							_			
											$\top$			
-											+			×
													1,00	
16	Sub-total								70 222	,	$\perp$		4 4	F.0
10	Sub-total Total from continuation sheets to Part VI								79,222.		0.		4,4	59.
									79,222.		5.		A A	0.
2	Total (add lines 1b and 1c)	at limited to th		liata	مامات						7.1		4,4	59.
. <del></del>	compensation from the organization	or illifilted to th	ose	iiste	u ac	ove	e) wn	io re	eceived more than \$100,	000 of reportable				0
	M												Yes	No
3	Did the organization list any former officer,	director, or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated en	nployee on		174	PIN.	757
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from t	ne organization				v
5	Did any person listed on line 1a receive or a										-	4	100	X
•	rendered to the organization? If "Yes," com	plete Schedule	Sauce Jfc	on in or su	ch p	any o <i>ers</i> o	unre on	elate	ed organization or individ	lual for services		5	15,14	х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of compe	ensat	tion f	rom	
	the organization. Report compensation for	he calendar ye	ar e	ndin	ig wi	ith c	or wi	thin	18730	ear.	07-17-7	- 10.5		
	(A) Name and business	address	NO	NE	r)				(B) Description of se	nvices	Col	(C	) Isatio	
			110	111	P			+	Beschption of se	TVICCS		прег	isatio	
								1						
								$\top$						
				_				+				1760		
												2720		
2	Total number of independent contractors (in	ncluding but no	ot lim	nited	to t	hos	e list	ted :	above) who received mo	ore than			ñyld.	
	\$100,000 of compensation from the organiz	ation >	- 2	VIII-E		0				1.00	411			

-		Check if Schedule O contain	is a respons	se or note to any lin	e in this Part VIII	T 751		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8	Federated campaigns	1a		TY Medical Elements	Complete States and	Time and the same	312-314
3ra Iou	l t	Membership dues	1b					
S, (		Fundraising events	1c					
ar lä		d Related organizations	1d					
S,E	6	Government grants (contributions				Paragraphic and Land, Save		
tio r S	f	All other contributions, gifts, grants, a						
the		similar amounts not included above		1,519,477.				
들은		Noncash contributions included in lines 1a-						
မှ ငိ	h	Total. Add lines 1a-1f			1,519,477.			
				Business Code	Trica volt investment of			
ė	2 a	FEES FOR SERVICE		624100	3,051,089.	3,051,089.		
<u>. ۲</u>	b	OTHER INCOME		900099	10,792.			
Program Service Revenue	c		- TO THE RESERVE TO T	300033	10,792.	10,792.		
E S	d							
gg.	e	With the second						
P.	f							
		, 5			2 254 224			
-	3	Total. Add lines 2a-2f			3,061,881.			
	3	Investment income (including divi						0000000
	,	other similar amounts)			589.			589
	4	Income from investment of tax-ex-						
	5	Royalties		The second of the second secon	-			A 12542 SA12 100 110
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		9				
		3,444,5		<b>&gt;</b>				
	7 a	Gross amount from sales of (i)	Securities	(ii) Other				call falling fallow,
- 1		assets other than inventory		262,016.				
	b	Less: cost or other basis						
		and sales expenses		410,798.				
		Gain or (loss)		-148,782.				
	d	Net gain or (loss)			-148,782.			-148,782.
ne	8 a	Gross income from fundraising even	ents (not	1		Treat Tible to St.	ing at a practice of the control	Distribution of the last of th
e l		including \$	of					
è		contributions reported on line 1c).	See					
Other Reven		Part IV, line 18	a					
€l	b	Less: direct expenses						
٦	С	Net income or (loss) from fundraisi	ing events					
	9 a	Gross income from gaming activiti	ies. See	į.				The manuscript
- 1		Part IV, line 19	а					
	b	Less: direct expenses	b					
- 1		Net income or (loss) from gaming a		<b></b>		Tolling of the state of the sta		
		Gross sales of inventory, less retui				(Brauti-Keping)		teral responsibility of
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of i			Harry May 19 19 19 19 19 19 19 19 19 19 19 19 19	ASSESSED FOR THE PARTY OF THE P		TENSOR STATE
		Miscellaneous Revenue	inventory	Business Code		Haritan Layer Perik o		
	11 a			-uamess code	10、当是一个全国的目的,在美国企	DUNCHES DESCRIPTION		Charles a saint fair
	b	Feb.					w	
	0			<del>                                     </del>				
	ن	All other revenue						
	a	All other revenue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>				Guita ara su a casa sa -
		Total Add lines 11a-11d		<u>}</u>				N. F. ST. AT SAY
32009	12	Total revenue. See instructions.			4,433,165.	3,061,881.	0.	-148,193.

### 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).

		se or note to any line in		·····	·····
_7Ł	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			AND THE REAL PROPERTY AND ADDRESS OF THE PARTY	DESIGN TO BE SEEN OF THE PARTY
	trustees, and key employees	169,646.	140,676.	28,970.	
6	Compensation not included above, to disqualified	-		20/5/01	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,635,588.	2,445,667.	189,921.	
8	Pension plan accruals and contributions (include	2,000,000	2,143,007.	109,921.	
0.000	section 401(k) and 403(b) employer contributions)		4		
9	Other employee benefits	261,611.	242,208.	19,403.	
10	Payroll taxes	208,004.	191,842.	16,162.	
11	Fees for services (non-employees):	200,004.	131,042.	10,102.	
	Management				
b					
c		18,800.	17 220	1 461	
d		10,000.	17,339.	1,461.	
			and the second second second		
e	g			不是四个人的	
f	3				
g	, 5	00 750	EC 200		
	column (A) amount, list line 11g expenses on Sch O.)	82,752.	76,322.	6,430.	
12	Advertising and promotion	107.564	115 650		
13	Office expenses	127,564.	117,652.	9,912.	
14	Information technology	89,387.	82,441.	6,946.	
15	Royalties	127 067	105 015		
16	Occupancy	137,967.	127,247.	10,720.	
17	Travel	357,471.	329,696.	27,775.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 ===			
19	Conferences, conventions, and meetings	19,575.	18,054.	1,521.	
20	Interest	24,308.	22,419.	1,889.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,758.	49,581.	4,177.	
23	Insurance	48,410.	44,649.	3,761.	
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.)				
а	MISCELLANEOUS	37,068.	34,188.	2,880.	-
b	SUPPORT GROUP	26,350.	24,303.	2,047.	
С	TRAINING	7,546.	6,960.	586.	
d	DUES	6,997.	6,453.	544.	
е	All other expenses		- /	3111	9
25	Total functional expenses. Add lines 1 through 24e	4,312,802.	3,977,697.	335,105.	0
26	Joint costs. Complete this line only if the organization	,,	- / / 0 5 / 0	333,103.	- 0
eti	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1	1	

# Form 990 (2014) 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
	1	Cash - non-interest-bearing	635,651	. 1	1,840,812.
	2	Savings and temporary cash investments	43,685	. 2	0.
	3	Pledges and grants receivable, net	25/05/	3	
	4	Accounts receivable, net	238,559	4	94,647.
	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 ur	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution	iting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
\ss	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	65,244.	9	73,195.
	10a	Land, buildings, and equipment: cost or other		17.5	
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  1,137,0  10b  302,0	72.		
		Less: accumulated depreciation 10b 302,0	1,291,002.	10c	835,007.
	11	Investments - publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,274,141.	16	2,843,661.
	17	Accounts payable and accrued expenses	480,866.	17	291,907.
	18	Grants payable		18	
	19	Deferred revenue	211,513.	19	894,350.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees			
Ε		key employees, highest compensated employees, and disqualified persons			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	503,933.	23	459,207.
	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			
	26	Schedule D		25	1 645 464
	20	Total liabilities. Add lines 17 through 25	1,196,312.	26	1,645,464.
<b>'</b> 0		Organizations that follow SFAS 117 (ASC 958), check here	d		
ce	27	complete lines 27 through 29, and lines 33 and 34.	1 077 000		1 100 100
alar	28	Unrestricted net assets	1,077,829.	27	1,198,197.
B	29	Temporarily restricted net assets  Permanently restricted net assets		28	
Ĕ	25		<u> </u>	29	
느		Organizations that do not follow SFAS 117 (ASC 958), check here			
ts	30	and complete lines 30 through 34.			
sse	31	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	32	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se		Retained earnings, endowment, accumulated income, or other funds	1 077 020	32	1 100 100
	34	Total liabilities and not sector/fund belonges	1,077,829.	33	1,198,197.
	34	Total liabilities and net assets/fund balances	4,4/4,141.	34	2,843,661.

Form 990 (2014)

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS 86-0673994 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS86-0673994 Page 2

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.)

Se	ction A. Public Support										
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(6) Takal				
1	Gifts, grants, contributions, and			(0) 20 12	(4) 2010	(e) 2014	(f) Total				
	membership fees received. (Do not				į.						
	include any "unusual grants.")	3326637.	3096566.	1395014.	1417588.	1519477	10755282.				
2	Tax revenues levied for the organ-					1313177	10733202.				
	ization's benefit and either paid to										
	or expended on its behalf	Š									
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	3326637.	3096566.	1395014.	1417588.	1510/77	10755282.				
5	The portion of total contributions	40 0000000 000	0030300.	1000014.	141/300.	13134//.	10/35262.				
20	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)										
c	***************************************										
	Public support. Subtract line 5 from line 4.						10755282.				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
	Amounts from line 4	3326637.	3096566.	1395014.	1417588.	1519477.	10755282.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties			dept	80.00000						
	and income from similar sources	330.	359.	1.	280.	589.	1,559.				
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				1						
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10				entrance in the land	Same Epitosa e Electrica	10756841.				
12	Gross receipts from related activities,	etc. (see instruction	ons)				,028,186.				
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax		501(c)(3)	,,				
	organization, check this box and stop	here				25.0525 50					
Sec	tion C. Computation of Publ	ic Support Per	centage								
14	Public support percentage for 2014 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	99.99 %				
15	Public support percentage from 2013	Schedule A, Part I	l, line 14	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	99.93 %				
16a	33 1/3% support test - 2014. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m						
	stop here. The organization qualifies	as a publicly suppo	orted organization			or of one on this bo	► X				
b	33 1/3% support test - 2013. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more check th	ie hov				
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion	10 10 10 00 17070	or more, eneck tri	IS DOX				
17a	10% -facts-and-circumstances test	- 2014. If the oras	nization did not ch	eck a hoy on line	13 162 or 16b o	nd line 14 is 10%					
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
h	10% -facts-and-circumstances test	- 2013 If the eres	nization did not -	uplicity supported	organization	7					
-	more and if the organization mosts th	= 2013, il tile orga a "facte-and circum	netanege" test = b	eck a box on line	13, 10a, 16b, or 1	/a, and line 15 is 1	U% or				
	more, and if the organization meets the	umetanece" test 7	ho organization	sok this box and s	top nere. Explain	in Part VI how the					
18	organization meets the "facts-and-circ	umstances test. I	ne organization qu	iaimes as a publici	y supported organ	nization	<b>&gt;</b>				
,,,	Private foundation. If the organization	r did flot check a b	ox on line 13, 16a,	100, 1/a, or 1/b,	cneck this box an	a see instructions	<b>&gt;</b>				

## 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	(A) Total
1	Gifts, grants, contributions, and		(2/23.1	(0) 2012	(u) 2013	(e) 2014	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in			į.			
	any activity that is related to the organization's tax-exempt purpose					al o	
3							
•	are not an unrelated trade or bus-						
	iness under section 513				B		
4	Tax revenues levied for the organ-						
4	는 것은 것 같다. 아이지 않아 가게 되었다면 하다면 하고 있는데 하나요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	e en					
7a	Amounts included on lines 1, 2, and	}					
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				NO-50 (147±3514)		
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	E-157.70			No. 2 - 1 - 1 - 1 - 1		
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ► 📗	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				2-112 Oxedo,		
10a	Gross income from interest, dividends, payments received on		g/=86=548====0.0549\$4.000=60.00				
	securities loans, rents, royalties					1	
	and income from similar sources						
	Unrelated business taxable income	100-100 - 100 Television - 100 Televisio					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on			1			
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for t	he organization's	first, second, third	fourth or fifth ta	y vear as a section	on 501(c)(3) organiza	ation.
	등로 발가 지난 경기를 가게 있다면 하면 하는데 되었다면 하면 보다면 보다 하는데 있다.					or(c)(s) organiza	
	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2014 (lin			olumn (fl)		15	0/-
16	Public support percentage from 2013 S	Schedule A. Part	0.0.25			16	<u>%</u>
Sec	tion D. Computation of Invest	ment Income	Percentage	************************		1101	70
	Investment income percentage for 201			e 13 column (fl)		17	0/
18	Investment income percentage from 20	13 Schedule A. F.				18	<u>%</u>
	33 1/3% support tests - 2014. If the o						% is not
1	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly e	unnorted organis	ation	IS HOL
b	33 1/3% support tests - 2013. If the o	rganization did no	ot check a hox on	ine 14 or line 10s	and line 16 is me	ore than 32 1/20/	
1	ine 18 is not more than 33 1/3%, check	k this box and sto	op here. The organ	nization qualifies a	s a publicly supp	orted organization	<u> </u>
20	Private foundation. If the organization	did not check a h	ox on line 14, 19a	or 19b. check thi	s box and see in	structions	<b>[</b> ]

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	CEL III	
За	HA-190-A	
3b		
3c	M	li be
4a		Yel
4b		
4c		
5a	mans.	
5b 5c		
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6	44.0	
7		
8	Tive!	
9a	n litera is	
9b		
9c		
10a		
10b		

Sch	edule A (Form 990 or 990-EZ) 2014 M.I.K.I.DMENTALLY ILL KIDS IN DISTRESS86-	067399	94 🖪	ano F
Pa	art IV   Supporting Organizations (continued)	***************************************		age :
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Harain.	1 - 45	
ě	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
500	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
36	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
- 25	regularly appoint or elect at least a majority of the experientials of the experientials.			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			E.A.
2	Did the organization operate for the benefit of any supported association at the the star year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1,42.5		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations	2		
	Alon of Type it dupper ting organizations			1000
1	Were a majority of the organization's directors or trustoes during the toy year also a majority of the organization's	Table 10 and 10	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. Type III Supporting Organizations	1		
			1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	The second	Yes	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		Tennad	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		5000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	0.000	(49.50
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).		SPECIA	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	SECTION	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction			
а	The organization satisfied the Activities Test, Complete line 2 below.	is).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstructions)		
2	Activities Test. Answer (a) and (b) below.	F	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		odula i	ratiforni
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	-100	
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	12.050	Sile of
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	Car Comba	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	gregor is	NO.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS86-0673994 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

Lighther contract the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990 or 990-EZ) 2014 M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS86-0673994 Page 7

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: a b C d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 M.I.K.I.DMENTALLY ILL KIDS IN DISTRESS86-0673994 Page 8
Part VI	Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions).
-	
-	
-	
in see	

#### Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS 86-0673994 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

## M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS

86-0673994

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		* 1,472,397.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS

86-0673994

Part II Nonc	cash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	990, 990-EZ, or 990-PF) (20

art III	I.DMENTALLY ILL KIDS  Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in columns (a) through (e) and the following	86-0673994 n section 501(c)(7), (8), or (10) that total more than \$1,000 ng line entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or le nal space is needed.	ess for the year. (Enter this info. once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
- -			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.			
om art I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. rom art I			
No. om art I		(e) Transfer of gift	

#### 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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

#### Name of the organization M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS 86-0673994 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 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 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	edule D (Form 990) 2014 M.I.K.I	.DMENTAI	LY :	ILL KI	DS IN I	ISTRE	ESS 86	-0673	3994	Page 2
Pa	Truil Organizations Maintaining	Collections of A	۱rt, Hi	storical T	reasures,	or Othe	er Similar A	Assets/	continue	ed)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	e following th	at are a si	gnificant use	of its col	lection it	ems
	(check all that apply):						•			01110
а	Public exhibition		d 🗀	Loan or ex	change prog	rams				
b			е 🗀							
С	Preservation for future generations			#						
4	Provide a description of the organization's of	collections and expla	in how	they further	the organizat	tion's exer	mpt purpose i	n Part XI	II.	
5	During the year, did the organization solicit	or receive donations	of art, I	historical tre	asures, or oth	ner similar	assets		22.5	
	to be sold to raise funds rather than to be m	naintained as part of	the ora	anization's o	collection?			Y	es [	No
Pa	tt IV Escrow and Custodial Arrar	igements. Comp	lete if th	ne organizati	on answered	"Yes" to I	Form 990, Par	rt IV. line	9. or	
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary fo	r contributio	ns or other a	ssets not	included		•	
	on Form 990, Part X?							□ Y	es [	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					3.5 ST	
								An	nount	
С	Beginning balance						1c			
d	Additions during the year	••••				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1d			
е	Distributions during the year						1e			-
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabilit	ty?	Y	es	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanat	ion has beer	n provided in	Part XIII			[	
Pai	t V Endowment Funds. Complete	f the organization a	nswered	d "Yes" to Fo	orm 990, Part	IV, line 10	).			
	5.35.61 CV 75.05 (Sept. 5) Philipping 19.15 (Sep	(a) Current year	(b) I	Prior year	(c) Two yea	rs back (	d) Three years I	back (e)	Four year	irs back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships							1		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		ce (line 1	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
9923	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ınd administe	ered for the	e organization	Ě		
	by:							_	Yes	s No
	(i) unrelated organizations							3	a(i)	
	(ii) related organizations							38	a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?			***************	ئـا	3b	
	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Par			_		1 42 222	7925 F V B C TV				
(i <del></del>	Complete if the organization answered	10/2003 TO 10	777	VA. 300000						
	Description of property	(a) Cost or o		*10.00000000000000000000000000000000000	or other		cumulated	(d)	Book va	lue
	Lud	basis (investr	nent)	Dasis	(other)	depr	eciation			
	Land			0.5	0 000		07 777		C 1 0	-
	Buildings				0,000.		07,777.		642,	
	Leasehold improvements				2,638.		37,201.		145,	
	Equipment			10	4,434.		57,087.		47,	347.
	Other									
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	mn (B), line 1	Oc.)				835,	J07.

835,007. Schedule D (Form 990) 2014 M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS

86-0673994 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

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 L

Par			TRESS 86-067399	
	t XI Reconciliation of Revenue per Audited Financial State		enue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	100	
а	Net unrealized gains (losses) on investments	2a	5.5	
b	Donated services and use of facilities	2b	115.41	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е 3	Add lines 2a through 2d	***************************************	2e	
4	Subtract line 2e from line 1	***************************************	3	
5000	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a b	Investment expenses not included on Form 990, Part VIII, line 7b			
1000	Other (Describe in Part XIII.)		and the same of th	
	Add lines 4a and 4b		4c	
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII Reconciliation of Expenses per Audited Financial Stat	omonto With Evn	5	
· ui		15	enses per Heturn.	
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements	***************************************	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Lal		
	Donated services and use of facilities		pa H	
	Prior year adjustments		- 71 ps	
С	Other losses	2c	A STATE	
	Other (Describe in Part XIII.)		Opiens."	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ř î	1921-6	
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		m ==	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h and 2h	Part V line A: Part Y line 2: D	art VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		rait v, line 4, Fait A, line 2, F	art Ai,
	and the part to provide any			

#### SCHEDULE L

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

V T V T D VDVD1771 --- ---

Employer identification number

5T E	M.I.K.I.	DMENTA	LLY	ILI	KIDS IN D	DISTRESS	86	-06	5739	94		
					tion 501(c)(4), and 5							
					art IV, line 25a or 25	b, or Form 990-EZ, F	Part V,	line 4	0b.			
<ol> <li>(a) Name of disqualified</li> </ol>	person (b)	Relationship bet person and o			alified (	c) Description of tra	nsactio	on		(d) Correcte		
		person and c	n garnz	ation						Y	es	No
										+	+	
											_	
2 Enter the amount of tax						participate presentation accessors to the property of the party.						
3 Enter the amount of tax	k, ii ariy, ori iirle z	, above, reimbur	sea by	r the or	ganization			> \$				
Part II Loans to an	nd/or From In	terested Per	sons	).								
Complete if the	organization ans	swered "Yes" on	Form !	990-EZ	, Part V, line 38a or l	Form 990, Part IV, lii	ne 26:	or if th	ne ora:	anizati	on	
	ount on Form 99						,		io orgi	a, n.e.u.	0.1	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due	(g) In		(h) Ap	proved ard or	1 11/ 44	ritten
interested person	with organization	n of loan		ization?	principal amount		defa	ault?		nittee?	agree	ement?
			То	From			Yes	No	Yes	No	Yes	No
			-									
	-	<del> </del>	-	-					_	_		
		1	+						_			
					<del></del>							
otal Part III   Grants or A	ssistance Be	nefiting Inte	reste	d Pai	<b>&gt;</b> \$				HEW I			
	organization ans											
(a) Name of interested		(b) Relationship	0.5		(c) Amount of	(d) Type	of	T	le.	) Purp	ose of	
Vastu		interested pers	son an		assistance	assistan				assista		
		the organiza	ation									
									- 120			
					va			-				
								+				

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014 M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS86-0673994 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No MICHELLE SPRINGER FAMILIAL RELATIONSH 38,671.WAGES X Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MICHELLE SPRINGER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILIAL RELATIONSHIP WITH BOARD MEMBER AMOUNT OF TRANSACTION \$ 38,671. (D) DESCRIPTION OF TRANSACTION: WAGES SHARING OF ORGANIZATION REVENUES? = NO

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### 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 Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS

Employer identification number 86-0673994

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LICENSED OUTPATIENT TREATMENT CENTERS LOCATED IN ARIZONA CITIES AND
TOWNS; PHOENIX, TUCSON, YUMA, CASA GRANDE AND PRESCOTT VALLEY (MOVING
TO KINGMAN) AND A SOON TO BE LICENSED 6TH SITE IN NOGALES.
- AS THE VAST MAJORITY OF MIKID SERVICES ARE PROVIDED IN CLIENTS
HOMES OR "NATURAL COMMUNITY SETTINGS", SERVICES ARE RARELY ACTUALLY
PROVIDED IN ONE OF OUR LICENSED FACILITIES. MIKID PROVIDES AN ARRAY OF
SUPPORT TO FAMILIES WHO HAVE CHILDREN WHO ARE LIVING WITH A MENTAL
HEALTH CHALLENGE. WHILE WE PROVIDE DIFFERENT SERVICE ARRAYS TO EACH
FAMILY AND CHILD, THERE IS TECHNICALLY ONLY ONE MAJOR PROGRAM.
- MIKID SERVED OVER 900 FAMILIES STATEWIDE IN 2014/2015 IN 69
CITIES/TOWNS
- GROWN FROM AN AVERAGE OF 100 TO 115 EMPLOYEES
- FOUR MAJOR CONTRACTS HAVE BEEN INCREASED DURING THE CONTRACT
YEAR, WITH AN ANTICIPATED 23% INCREASE IN CONTRACTED INCOME CAPACITY
FOR UPCOMING CONTRACT YEAR.
- ALL CONTRACTS ARE AT OR EXCEEDING ORIGINAL CONTRACT AMOUNTS FOR
ENCOUNTER VALUE BILLING.
- THE ARRAY OF BILLED SERVICES HAS INCREASED BY APPROXIMATELY 25%,
PROVIDING A MORE DIVERSE FUNDING BASE.
- 18% INCREASE IN NUMBERS OF CLIENTS SERVED.
- 4% SHIFT AWAY FROM RESPITE TO OTHER BILLING CODES
- PILOT PROGRAM ESTABLISHED IN MOHAVE COUNTY TO PROVIDE EARLY
INTERVENTION IN ARIZONA DEPARTMENT OF CHILD SAFETY (DCS) REMOVAL CASES
INVOLVING CHILDREN 0 TO 3 YRS OLD.

M.I.K.I.DMENTALLY ILL KIDS IN DISTRESS	Employer identification number 86-0673994
- ACTIVELY INVOLVED IN STATEWIDE COMMITTEES AND TASK	FORCES TO
PROMOTE POLICIES AND PRACTICES THAT INCREASE THE QUANTITY	AND QUALITY
OF SERVICES TO CHILDREN AND SERVICES WITH A FOCUS ON THOS	SE PROVIDED BY
FAMILY AND PEER RUN ORGANIZATIONS.	
- OVERALL PERFORMANCE OF THE ORGANIZATION DEMONSTRATE	ES MIKID IS A
STABLE ORGANIZATION WITH PERFORMANCE AND LEADERSHIP, DEMO	ONSTRATING TO
CONTRACTORS AND THE COMMUNITY MIKID IS AN ORGANIZATION WI	ГТН
PROFESSIONAL MANAGEMENT AND QUALITY PROGRAM SERVICES.	***************************************
- MIKID HAS IMPLEMENTED OR IS IN THE PROCESS OF COMPI	LETING
DEVELOPMENT OF THE FOLLOWING NEW SERVICES:	
- PARENT SUPPORT NOW	
- TRANSITION AGE YOUTH ADULT SERVICES	
- PEER SUPPORT TRAINING WITH A FOCUS ON YOUNG ADULTS	
- HEALTH AND WELLNESS EDUCATION FOR FAMILIES AND YOU	гн
- ENHANCED LIVING SKILLS AND HEALTH PROMOTION CURRICU	JLUM
- LEADS FOR YOUTH - EVIDENCED BASED YOUTH SUICIDE PRE	EVENTION
SERVICES	
- ANTI-BULLYING CURRICULUM	
- MIKID HAS COMMITTED TO PROVIDE FOCUSED TRAINING AND	SKILL
DEVELOPMENT TO ALL PROGRAM STAFF IN THE FOLLOWING AREAS	:
- TRAUMA INFORMED CARE	
- MOTIVATIONAL INTERVIEWING	
- POSITIVE BEHAVIORAL INTERVENTION SYSTEMS	
- CPI, CRISIS PREVENTION AND INTERVENTION	W
- MIKID MET OR EXCEEDED TARGET PERFORMANCE IN ALL GEO	OGRAPHIC AREA
SPECIFIC CONTRACTS THAT RESULTED IN EVERY CONTRACT BEING	INCREASED FOR
THE 2015/2016 CONTRACT YEAR.	dule O (Form 990 or 990-EZ) (2014)
08-27-14 Sche	

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number M.I.K.I.D.-MENTALLY ILL KIDS IN DISTRESS 86-0673994 MIKID HAS COMPLETED A THREE YEAR STRATEGIC PLAN WITH THE FOLLOWING FOUR GOALS SUPPORTED BY 10 STRATEGIES AND 26 SPECIFIC OBJECTIVES: EXPANSION OF SERVICES TO UNDERSERVED POPULATIONS DEVELOPMENT /EXPANSION OF PROGRAM INITIATIVES 2. CREATION AND IMPLEMENTATION OF A COMPREHENSIVE FUND PLAN 3. ESTABLISHMENT AND MAINTENANCE OF AN ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE IS COMPRISED OF THE ELECTED OFFICERS OF THE CORPORATION AND THE FOUNDER. IT HAS THE AUTHORITY TO EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN REGULAR MEETINGS WITH THE FOLLOWING EXCEPTIONS: AMENDING THE ARTICLES OF INCORPORATION, APPROVING A PLAN OF MERGER OR CONSOLIDATION, SELL, LEASE OR EXCHANGE ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATION, DISSOLVE THE CORPORATION, AMEND OR ALTER THE BYLAWS, AND CHANGE THE MAKEUP OF THE BOARD OR ITS APPOINTED COMMITTEES. FORM 990, PART VI, SECTION A, LINE 3: A MANAGEMENT COMPANY WAS HIRED TO HANDLE CEO RELATED DUTIES FROM APRIL TO AUGUST OF 2014. FORM 990, PART VI, SECTION B, LINE 11: A DRAFT WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

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

M.I.K.I.DMENTALLY ILL KIDS IN DISTRESS	Employer identification number 86-0673994
EMPLOYEES AND BOARD MEMBERS ARE COVERED UNDER THE POLICY.	NEW EMPLOYEES
MUST SIGN A DOCUMENT STATING THEY UNDERSTAND THE POLICY A	ND WILL REPORT ANY
CONFLICTS OR POTENTIAL CONFLICTS. BOARD MEMBERS ARE GIVEN	A COPY OF THE
POLICY AS WELL PRIOR TO ELECTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD APPROVES CEO'S SALARY AND THE CEO APPROVES CFO'	S SALARY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT ROUTINELY MAKE ITS GOVERNING DO	CUMENTS, CONFLICT
OF INTEREST POLITY OR FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC. ALL
REGULAR, MONTHLY MIKID BOARD OF DIRECTORS' MEETINGS, HOWE	VER, ARE OPEN TO
THE PUBLIC IN WHICH FINANCIAL STATEMENTS AND VARIOUS POLI	CY AND PROCEDURES
ARE ROUTINELY PRESENTED. THE MIKID COMPANY WEBSITE IS CU	RRENTLY UNDER
RENOVATION AND WILL INCLUDE, ONCE COMPLETE, A CALENDAR OF	ALL SCHEDULED
REGULAR BOARD OF DIRECTORS' MEETINGS FOR THE YEAR.	
FORM 990, PART XII, LINE 2B	
A FINANCIAL STATEMENT AUDIT RELATING TO A 15-MONTH PERIOD	, WHICH
INCLUDES THE 12-MONTH PERIOD BEING REPORTED IN THIS RETUR	N, WAS
COMPLETED PRIOR TO FILING THE RETURN.	