## Form 990

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

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A	For the	2019 calendar y	ear, or tax ye	ar beginning		07-	-01 , 2019,	and end	ling	С	06-30 , 2020
В	Check if a	applicable:	C Name of orga	anizationSOUTHERI	N AZ CH	ILDREN'S ADVO	CACY CTR	INC		D Emp	ployer identification number
	Address o	change	Doing business as CHILDRENS ADVOCACY CENTER OF SO AZ 26-32081								
X	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite								phone number
$\Box$	Initial retu	ırn									(520) 724-6600
	Final retu	rn/terminated	City or town,	state or province, count	try, and ZIP or	foreign postal code				G Gro	oss receipts
	Amended	return	- CARLON CONTRACTOR CO	Z 85713-621						\$	1,519,508
Π.	Applicatio	on pending		dress of principal office					H(a) is this a gr	mun retur	n for subordinates? Yes X No
									H(b) Are all so		
1	Tax-exem	pt status: X 501(	(c)(3)	1(c)( ) ◀ (inse	ert no.)	4947(a)(1) or	527				list. (see instructions)
J	Nebsite:		OAZADVOCA						N-250.00 (C		on number
K	orm of o	rganization: X Corp			Other ►		L Year of formati	ion: 100	Lance Total		egal domicile: AZ
	rt I	Summary				***************************************	a real of formal	15.	<u> </u>	ate or te	gar dominic. A2
	1		he organization	n's mission or mo	st significar	nt activities: TO	PROVIDE A	SAFE	COMPAS	CTON	NATE HEALING
o.						N A VICITM OR				DIO	MIE IIDADING
Activities & Governance							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 11 0			
Ĕ											
ove	2	Check this box	if the org	anization discontin	nued its op	erations or disposed	of more than 2	25% of its	s net assets		
Ö	3			the governing bod						1	17
S	4				500 30	ody (Part VI, line 1b)				4	17
iţi	5			ployed in calendar						5	207
÷	6			timate if necessar						6	
ĕ						, line 12				7a	50
		Net unrelated bus								7b	0
	1	Tiot dimoidtod bat	SITIOUS TUNGSTO	modific from 1 on	11 000-1, 111	10 00 1 1 1 1 1		· · · ·	Prior Year	7.0	Current Year
er	8	Contributions and	d grants (Part	VIII. line 1h)				. —	920,	909	960,926
	9								133,		
en				70 8925					133,	785	504,100
Revenue				e (Part VIII, column (A), lines 3, 4, and 7d)							4,293
						column (A), line 12)			N 1000 00000	708	37,554
						1-3)			1,068,	411	1,506,873
	1, 10,85										0
		Salaries, other co			742	004	0				
Ses	CL CONTEST					olumii (A), iines 5-10			743,084		869,940
eŭ		Total fundraising	2550	7770 0000 6	5000			100000000000000000000000000000000000000	Safe, Haren	o dia E	0
Expenses						)	92,975		000	200	41.6 000
		Total expenses.							288,		416,282
		Revenue less exp						_	1,031,		1,286,222
es						<u> </u>	<u> </u>	_	nning of Curren	018	220,651 End of Year
ets c	20	Total assets (Part	X. line 16)					. Begin	781,		1,052,910
Ass I Ba	21	Total liabilities (Pa	na wan san alikuwa							230	101,474
Net Assets or Fund Balances	22	Net assets or fund		Subtract line 21 fro	m line 20	*****			730,	MSV Appetrate	951,436
Pai		Signature E							730,	705	951,450
Unde	penaltie	s of perjury, I declare th	nat I have examine	d this return, including	accompanying	schedules and statements	, and to the best o	f my knowle	edge and belief,	it is	
true,	correct, ar	nd complete. Declaratio	on of preparer (oth	er than officer) is based	on all informa	ation of which preparer has	any knowledge.				
٠.			Wan.	Vach	en						11/6/2020
Sign	וו	Signature of off	ficer U	,						Da	te
Here	9	, EXEC I	DIRECTOR								
		Type or print na	ame and title								
		Print/Type preparer's	s name	Preparer's	signature	0	Date		Check	if	PTIN
Paid		Scott R Me	yer CPA	>~	a m	Den SPA	11-06-202	20	self-emplo		P01200065
	oarer	Firm's name	Sec	tt R. Meyer	, CPA F				rm's EIN ▶		
Use	Only	Firm's address				Rd Ste 105			none no.		
				son AZ 8571						520-	881-3734
May t	he IRS	discuss this return		parer shown above		tructions)			CONTROL OF THE PROPERTY OF THE PARTY OF THE		· · · · X Yes No

Proposition of the last of the	m 990 (2019) SOUTHERN AZ CHILDREN'S ADVOCACY CTR	26-3208123	Page 2								
Pa	art III Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	TO PROVIDE A SAFE, COMPASSIONATE HEALING ENVIRONMENT FOR CHILDREN WHO H	AVE BEEN A VICITM	OR								
	WITNESSED A CRIME										
2	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?	Yes	No								
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	🗌 Yes 📗	☐ No								
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as m										
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,										
	the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$1,111,217 including grants of \$ ) (Re	venue \$ 504	,100)								
	COORDINATED INVESTIGATIVE AND SUPPORT SERVICESARE PROVIDED FOR SUSPECTED										
	OR NEGLECT, SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND OTHER CRIMES REGARDLE										
	SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, DISABILITY, L										
	STATUS. IN THE LAST FISCAL YEAR, SERVICES WERE PROVIDED TO APPROXIMATELY										
	WHO WERE VICTIMS OF CRIME INVESTIGATED BY SHERIFF DEPARTMENTS IN FOUR D										
	POLICE DEPARTMENTS IN 12 DIFFERENT CITIES, AS WELL AS SEVERAL REGIONS OF										
		SAFETY, OFFICE OF CHILD WELFARE INVESTIGATIONS, DEPARTMENT OF HOMELAND SECURITY, U.S. ARMY,									
	CUSTOMS AND BORDER PROTECTION, AND THE TOHONO O'ODHAM NATION AND PASCUA YAQUI TRIBE. THESE										
	AGENCIES AND SOVEREIGN NATIONS REPRESENT A BROAD GEOGRAPHIC REGION FROM CENTRAL ARIZONA (CASA GRANDE) TO THE NORTH, TO THE BORDER WITH MEXICO (NOGALES).										
	GRANDE) TO THE NORTH, TO THE BURDER WITH MEXICO (NOGALES).										
-											
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	)								
-											
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	)								
			<del></del>								
4d	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$ ) (Revenue \$	)									
4e	Total program service expenses ▶ 1,111,217										

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 x 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 ........... 11h 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 . . . . . . . . . . . X 13 13 X X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 25a 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-EZ? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ....... х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V............ Yes No 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) SOUTHERN AZ CHILDREN'S ADVOCACY CTR

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 207			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a 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?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		х
b	If "Yes," enter the name of the foreign country	/4		
	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 at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? • • • • • • • • • • • • • • • • • • •	5c		
6a	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		+ 41
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? · · · · · · · · · · · · · · · · · · ·	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	10-10-1		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
		14a		<b>x</b> _
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>x</u> _
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	x
	If "Yes," complete Form 4720, Schedule O.			3 (2)

Form 990 (2019) SOUTHERN AZ CHILDREN'S ADVOCACY CTR Page 6 26-3208123 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? X 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 on Schedule O ............ X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MARIE FORDNEY (520) 724-6600, 2329 E AJO WAY, TUCSON, AZ 85713-6215

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Form	agn	1201	a,

#### SOUTHERN AZ CHILDREN'S ADVOCACY CTR

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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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizati	on cor	npen	sate	ed ar	ny curr	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles er and	Po eck m ss per	son i	han one s both ar Highest compensated employee		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALAN_SCHULTZ	3.00									
PRESIDENT		Х		Х	_		-	0	0	0
(2) PAT WIEDHOPF	1.00	n alexan						Assess		
DIRECTOR	4 00	х			-		_	0	0	0
(3) MORGAN MATCHETT	1 .00								_	_
(4) MATT_KOPEC	2.00	Х		$\dashv$				0	0	0
TREASURER	2.00	x		3,5						•
(5) REBECCA MANEOLAS	1.00		-	х	$\neg$			0	0	0
SECRETARY	± .00	х		х				0	0	0
(6) JAYNE HENNINGER	1.00	^		^			$\dashv$			
DIRECTOR		x						o	0	0
(7) SAM SANTISTEVAN	1.00						$\dashv$	- 0		
DIRECTOR		x					-	o	0	0
(8) LT STEVE CARPENTER	1.00						_			
DIRECTOR		x						0	0	0
(9) VALERIE VIDAL-KING	1.00						$\exists$			
DIRECTOR		x						o	0	0
(10)JILLIAN AJA	1.00									
DIRECTOR		х						0	0	0
(11)GILBERT ROBLES	1.00									
DIRECTOR		x						0	0	0
(12)LT THOMAS HAWKE	1.00									
DIRECTOR		х						0	0	0
(13)ELLEN_KIRTON_	1.00									
DIRECTOR		х						0	0	0
(14)DEB_NANCE	1.00									
DIRECTOR		х				$\perp$		0	0	0

1

Section A. Officers, Directors, Trustee	s, Key Emplo	yees,	and	High	est	Comp	oens	sated Employees	(continuea)			
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee						(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the ganization ed organi	n and
(15)KATHY WINGER DIRECTROR	1.00	х						0	0			0
(16)TODD DIDIER	1.00											
DIRECTOR (47) GROUPS - CONTROL		Х		-	4			0	0			0
(17)SCOTT_LOWINGDIRECTOR		х						0	0			0
(18)MARIE FORDNEY	40.00			$\top$								
EXECUTIVE DIRECTOR				_	Х		_	89,646	0			0
(19)												
(20)												
(21)					1							
(22)				$\top$	1							-
(23)												
(24)								2020				
(25)					1							
1b Subtotal							•					
c Total from continuation sheets to Part VII, Sect							•					
d Total (add lines 1b and 1c)							-	89,646	0			0_
reportable compensation from the organization	• • • • • • • • • • • • • • • • • • • •	ieu ab	ove	WITO	1000	cived i	HOLE	s (nan \$100,000 of				0
				100						Inches in the second	Yes	No
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule				or hi	ighe		100	nsated		3	433	
4 For any individual listed on line 1a, is the sum of re				and o	· ·					3	100	X
organization and related organizations greater than											67	
individual										4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"							nizat				1000	
Section B. Independent Contractors	complete Sci	ledule	J 101	Suci	n pe	rson	_			5	Ш	X
Complete this table for your five highest compensations.	ated independ	lent co	ntrac	ctors	that	receiv	ved i	more than \$100,00	0 of	****		
compensation from the organization. Report comp	ensation for t	he cale	enda	r yea	r en	ding w	ith c	or within the organi	zation's tax year.			
(A)								(B)		(C)		
Name and business addres	5			-		-		Description of service	S	Compens	ation	
			_								-	
Total number of independent contractors (including	but not limite	ed to th	ose	listed	i ab	ove) w	/ho			150	100	
received more than \$100,000 of compensation fro							100.00E		100			

SOUTHERN AZ CHILDREN'S ADVOCACY CTR 26-3208123 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded function revenue from tax under business revenue sections 512-514 Federated campaigns . . . . . . 1a Membership dues . . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts С Fundraising events . . . . . . . 1c d Related organizations . . . . . . 1d Government grants (contributions) . . 1e 837,141 f All other contributions, gifts, grants, and similar amounts not included above 1f 123,785 g Noncash contributions included in 1g 960,926 **Business Code** 2a FEES FOR SERVICES Program Service Revenue 900099 504,100 504,100 d f All other program service revenue . . . . . g Total. Add lines 2a-2f 504,100 Investment income (including dividends, interest, and 4,293 4,293 Income from investment of tax-exempt bond proceeds · · · ▶ (i) Real (ii) Personal 6a Gross rents . . . . . 6a b Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) . . . . . . . . . . . . . . . . . (i) Securities 7a Gross amount from sales of assets other than inventory Less: cost or other basis 7a Other Revenue 7b and sales expenses . . c Gain or (loss) . . . . . 7с 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . 50,189 b Less: direct expenses . . . . . . . 8b 12,635 c Net income or (loss) from fundraising events . . . . . . . 37,554 37,554 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a b Less: direct expenses . . . . . . . 9b c Net income or (loss) from gaming activities . . . . . . . . 10a Gross sales of inventory, less returns and allowances . . . . . . . . 10a b Less: cost of goods sold . . . . . . . . 10b c Net income or (loss) from sales of inventory . . . . . . . **Business Code** e Total. Add lines 11a-11d · · · · · · · . . . . . . . . . . ▶

1,506,873

504,100

Total revenue. See instructions · · · · · · · · . . . . . ▶

41,847

### 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).

V-	Check if Schedule O contains a response or note to	any line in this Part IX			[
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			Committee Control of Control	
1988	and domestic governments. See Part IV, line 21				<b>新加州</b> (1)
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				15 E 2015
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16			43.642.25.63	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	NACOVACE AND PART TO SEC.	90 NV 240/min/s/4/02	proventsta hospitalista in	
	trustees, and key employees	89,646	44,823	17,929	26,894
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
8	The state of the s	663,853	596,631	34,590	32,632
0	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	9,552	8,129	668	755
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	48,749	41,526	3,393	3,830
11	Fees for services (nonemployees):	58,140	49,471	4,055	4,614
''	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				- described to the second
c	Accounting	6,112	5,201	428	483
d	Lobbying	0,112	5,201	428	463
e	Professional fundraising services. See Part IV, line 17			CONTRACTOR	
f	Investment management fees		A. 1. (S. A. V. 2.) - B. (S. A. (S. A		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	113,696	109,958	1,751	1,987
12	Advertising and promotion	56,211	47,852	3,918	4,441
13	Office expenses	13,855	11,794	966	1,095
14	Information technology	13,033	11,754	500	1,000
15	Royalties				
16	Occupancy	116,442	99,127	8,116	9,199
17	Travel	12,238	10,418	853	967
18	Payments of travel or entertainment expenses		==7-==		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,700	5,704	467	529
20	Interest · · · · · · · · · · · · · · · · · · ·		- /		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,143	14,811	1,093	1,239
23	Insurance	16,313	13,887	1,137	1,289
24	Other expenses. Itemize expenses not covered				<b>"但是我是是我们</b>
	above (List miscellaneous expenses on line 24e. If	480			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			38 7 8 8 8 8 8 B	
а	MISCELLANEOUS	7,220	6,147	503	570
b	SMALL EQUIPMENT	20,682	17,606	1,442	1,634
C	CLINICAL AND PREV EXPENSES	19,323	19,323		
d	POSTAGE AND PRINTING	10,347	8,809	721	817
е	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	1,286,222	1,111,217	82,030	92,975
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		1		
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

26-3208123

Page 11

Part X **Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 210,742 1 328,021 2 2 372,051 393,623 3 Pledges and grants receivable, net .............. 3 4 4 127,997 210,310 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ................ 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 3,352 9 3,842 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a 353,873 Less: accumulated depreciation . . . . . . . . . . . . . . . 10b 246,307 10c 58,228 107,566 11 11 8,645 9,548 12 Investments - other securities. See Part IV, line 11 ........ 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) ...... 16 781,015 1,052,910 17 17 419 23,973 18 18 19 3,750 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 46,061 77,501 26 Total liabilities. Add lines 17 through 25 .......... 50,230 26 101,474 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 680,571 918,614 Net assets with donor restrictions 28 50,214 32,822 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds ........ 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 32 730,785 951,436 33 33 781,015 1,052,910

EEA

Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			· 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1,	506,	873
2	Total expenses (must equal Part IX, column (A), line 25)	1,	286,	222
3	Revenue less expenses. Subtract line 2 from line 1		220,	651
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		730,	785
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		951,	436
Pa	rt XII Financial Statements and Reporting			
200000010	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	H .		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 57	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis	8	100	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
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?	3a		x
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 on Schedule O and describe any steps taken to undergo such audits	3b		
EA		Form	990 (2	2019)

#### SCHEDULE A

Internal Revenue Service

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

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number SOUTHERN AZ CHILDREN'S ADVOCACY CTR 26-3208123 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, 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 organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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.)

	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	832,203	907,216	792,867	934,616	998,480	4,465,382
2	Tax revenues levied for the					•	
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	832,203	907,216	792,867	934,616	998,480	4,465,382
5	The portion of total contributions by						
	each person (other than a			Section 1			
	governmental unit or publicly	36000000000000000000000000000000000000		and the second			
	supported organization) included on	<b>中州创售全</b> 定	and the state of the state of				
	line 1 that exceeds 2% of the amount			911 911			
	shown on line 11, column (f)	5.0	hard and the state of the		46.00		
6	Public support. Subtract line 5 from line 4				<b>建设备外部</b>		4,465,382
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	832,203	907,216	792,867	934,616	998,480	4,465,382
8	Gross income from interest, dividends,						
	payments received on securities loans,			1			
	rents, royalties and income from						
	similar sources	3,976	4,311	2,994	785	4,293	16,359
9	Net income from unrelated business						
	activities, whether or not the business					1	
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10	with the control of	14 Sugarana		de region de como		4,481,741
	Gross receipts from related activities, etc. (se					12	1,065,176
13	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	d by line 11, c	olumn (f)) · · ·		14	99.63 %
	Public support percentage from 2018 Sched					15	99.59 %
16a	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualifie						
b	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qua						
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the "facts						ted
States.	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2018.						ne
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet						
	supported organization						▶ □
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	, 16b, 17a, or 1	17b, check this	box and see	<del></del>
	instructions	A THE STATE OF SELECTION OF SPECIAL STATES					L 17

# 90 or 990-EZ) 2019 SOUTHERN AZ CHILDREN'S ADVOCACY CTR Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

16 Public support percentage from 2018 Schedule A, Part III, line 15	Se	ction A. Public Support						
Griss neceived. Con unlination any uninsus grants. 7  Gross neceives from admissions, merchandies found in the property of the design of services performed, or facilities furnished in any activity that is related to the organization's benefit and either paid to or expended on its behalf.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization sheefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  The value of services or facilities furnished by a governmental unit to the organization or mother than disqualified persons.  A mounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year c Add lines 7a and 7b.  By bublic support (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 amounts from line 6.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 amounts from line 6.  Add lines 10 and 10 b.  1 Net income from unrelated business activities not included in in entire sources business search of 11 taxes) from businesses acquired after June 30, 1975 c.  Add lines 10 and 10 b.  1 Net income from unrelated business (c) point included in in or 10 b, whether or not the business is regularly carried on 10 cost from the sale of capital assets (Explain in Part VI) .  1 Total support, (Add lines 9, 10c. 11, and 12) .  1 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization (qualifies as a publicy supported organization > 1	Ca	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
received. (Do not include any "unusual grants") Cross receipts from admissions, merchandse sold or services performed, or facilities furnished in any activity that is related to the equivalent to the company and the company purpose. Circus receipts from activities that are not an unrelated trade or business under acciding 151.  Tax revenues levied for the organization'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.  6 Total. Add lines of through 5.  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 c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  10 Callendar year (or fiscal year beginning in) by a mounts from line 6.  11 Callendar year (or fiscal year beginning in) by a mounts from line 6.  12 Callendar year (or fiscal year beginning in) by a mounts from line 6.  13 The support (Subtract line 7c from line 6.)  14 Public support (Subtract line 7c from line 6.)  15 Public support (Subtract line 10b, whether or not the business a lazable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business large liquity carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  16 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  17 It is first five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here.  16 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  17 It is not more percentage for 2019 (line 6, column (f), divided by line 13, column (f))  18 Justine with the form and 31 13%, check this box and stop here.							177	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the organization's newerph princed and severence purposes.  3 Gross receipts from admissions, merchandies should be received from the organization's benefit and either paid to or expended on its behalf or a service or facilities furnished by a governmental unit to the organization without change .  6 Total. Add lines 1 through 5 7 A mounts included on lines 1.2, and 3 received from disqualified persons .  b Amounts included on lines 1.2, and 3 received from disqualified persons .  b Amounts included on lines 1.2, and 3 received from other than disqualified persons on the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) .  Section B. Total Support  Calendar year (or fiscal year beginning in) Ps Amounts from line 6.) .  9 Amounts from line 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 .		ANTEL ST. MATCHES TO THE PROPERTY AND						
furnished in any activity that is related to the organization's tave-exempt purpose	2	Gross receipts from admissions, merchandise				<u> </u>		
organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .4 1 Tax revenues levied for the organization'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'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 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 8 Amounts included on lines 2 and 3 received from other than disqualified persons 9 Amounts founded on lines 2 and 3 received from other than disqualified persons that execed the greater of \$5,000 or 1% of the amount on line 13 for the year can be section 5. Total Support (Subtract line 7c from line 6.).  8 Public support (Subtract line 7c from line 6.). 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalies, and income from interest, dividends, payments received on securities loans, rents, royalies, and income from similar sources.  9 Unrelated business staxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2 Add lines 10 funciled in line 10b, whether or not the business is regularly carried on 10 complete organization in Cudded in line 10b, whether or not the business is regularly carried on 10 complete organization, check this box and stop here  10b Fullic support percentage from 2018 Schedule A, Part III, line 15 10c Public support percentage from 2018 Schedule A, Part III, line 15 11 In 19		sold or services performed, or facilities				1		
urrelated trade or business under section 513 .  1 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf or sepanded on the shelf of the organization's benefit and either paid to or expended on its behalf or the organization or feath.  1 The value of services or facilities furnished by a governmental unit to the organization or feath.  1 The value of services or facilities furnished by a governmental unit to the organization or feath.  1 The value of services or facilities furnished by a governmental unit to the organization of the control of the company of		organization's tax-exempt purpose						
4 Tax revenues levide for the or organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an						
organization's benefit and either paid to or expended on its behalf		unrelated trade or business under section 513 .						
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total, Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 received from disqualified persons  c Add lines 7 and 7b  Amounts included on lines 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 c Add lines 7a and 7b  Public support. (Subtract line 7c from line 8)  Section B. Total Support  Calendar year (or fiscal year beginning in) > 9 Amounts from line 6 and 10 securities loans, rents, royalies, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2018 Schedule A, Part III, line 15  9 Public support percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage for 2019 (line 10c, column (n), divided by line 13, column (n))  17 Investment income percentage for 2019 (life 10c, column (n), divided by line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b  18 Investment income percentage for 2019 (presentage for 2019 presentage)  19 Section D. Computation of Investment	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid to					1	
furnished by a governmental unit to the organization without charge		or expended on its behalf						
organization without charge	5	The value of services or facilities						
6 Total. Add lines 1 through 5		furnished by a governmental unit to the						
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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 c Add lines 7a and 7b	7a	Amounts included on lines 1, 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 c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6  Section B. Total Support  Calendar year (or fiscal year beginning in) > 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c 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 12 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.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 9 9 9 9 3 31/3%, support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 a and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 is not more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 is not more than 33 1/3%, and line 16 is more th		received from disqualified persons						
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or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6)  Section B. Total Support  (a) 2015  (b) 2016  (c) 2017  (d) 2018  (e) 2019  (f) Total  Amounts from line 6  Amounts from line 8  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (e) 2017  (d) 2018  (e) 2019  (f) Total  (d) 2018  (f) Total  (d) 2018  (f) Total  (d) 2018  (f) 2018  (f) Total  (d) 2018  (f) 2018  (f) Total  (		received from other than disqualified					1 1	
C Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) → 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 15  18 9 13 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization → 1 is not more than 33 1/3								
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Section B. Total Support  Calendar year (or fiscal year beginning in)	8	T. T				Leaders and the second	10 to	
Calendar year (or fiscal year beginning in)    9	_			A Marit			4 1 2 1 2 1 2	
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10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		ADD TO THE RESIDENCE OF THE PARTY OF THE PAR	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 120 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Fublic support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  Public support percentage from 2018 Schedule A, Part III, line 15  Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentag						1		
section 511 taxes) from businesses acquired after June 30, 1975	6							
acquired after June 30, 1975	D							
C Add lines 10a and 10b								
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ω.							
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or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ш							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)	12							
(Explain in Part VI.)	12							
Total support. (Add lines 9, 10c, 11, and 12.)		THE REPORT OF THE PROPERTY OF						
and 12.)	12							
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13							
organization, check this box and stop here	14		rappization's fir	et cocond thir	d fourth or fift	th toy year as	anation FO1(a)	(2)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))								
Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	Sec	tion C. Computation of Public Suppor	t Percentage	<u> </u>	• • • • • • • • • • • • • • • • • • • •			···· • U
Public support percentage from 2018 Schedule A, Part III, line 15					column (fl)	W 200 W 200 W 200 W 200	15	
Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	Sec	tion D. Computation of Investment Inc	come Percer	ntage			10	
Investment income percentage from 2018 Schedule A, Part III, line 17					ne 13. column	(f))	17	%
<ul> <li>19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ [</li> <li>b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ [</li> </ul>								
17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶   b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶   □								
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐	b	33 1/3% support tests - 2018. If the organiz	ation did not of	eck a hov on l	ine 14 or line 1	10a and line 1	pported organiz	23 1/20/ and
Private foundation. If the organization did not check a box on line 14 19a or 19h check this box and see instructions		line 18 is not more than 33 1/3% check this	hox and ston !	nere The organ	nization qualifi	es as a nublicle	v supported era	anization ►
	20	Private foundation. If the organization did no	of check a box	on line 14 10s	nzation qualifi or 19h. chec	k this hov and	see instructions	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHERN AZ CHILDREN'S ADVOCACY CTR

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

SOUTHERN AZ CHI	LDREN'S ADVOCACY CTR 26-3208123				
Organization type (che					
Filers of:	Section:				
Form 990 or 990-EZ	▼ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
Observice of the control of the cont					
Check if your organization	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: Only a section 50 instructions.	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000				
	ney or property) from any one contributor. Complete Parts I and II. See instructions for determining a al contributions.				
Special Rules					
	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the				
	nder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line				
	Sb, 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 organ	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one				
	uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,				
200	ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organ	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one				
	uring 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 ye	ar for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the				
General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions					
totaling \$5,00	0 or more during the year · · · · · · · · · · · · · · · · · · ·				
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,				
	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 L line	2. to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PE)				

Name of organization
SOUTHERN AZ CHILDREN'S ADVOCACY CTR

Employer identification number

26-3208123

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
_1_	PIMA COUNTY SHERIFF RICO  1700 E BENSON HIGHWAY  TUCSON, AZ 85713	\$20,000	Person  Reproll  Noncash  (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		 \$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
			Person						

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name	e of the organization			Employer identification number
SOU	THERN AZ CHILDREN'S ADVOCACY CTR			26-3208123
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar I	Funds or Acco	unts.
V	Complete if the organization answered "Yes" on	Form 990, Part IV, line	6.	
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		***************************************	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			V and the base of the second s
5	Did the organization inform all donors and donor advisors in wr	Ling that the accets hold in	donor advised	· · · · · · · · · · · · · · · · · · ·
	funds are the organization's property, subject to the organizatio	주십		····· Tyes No
6	Did the organization inform all grantees, donors, and donor adv			· · · · · · · · · · · · · · · · · · ·
•				
	only for charitable purposes and not for the benefit of the donor		5). )A 3	Пу <sub>-</sub> , Пи <sub>-</sub>
Pa	rt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	• • • • • • •	· · · · · · · · · · · · · Yes   No
3.0.2	A DO SE SANDARON CONTRACTOR AND A CONTRACTOR OF A CONTRACTOR O	n Form 000 Dort IV line	- 7	
	Complete if the organization answered "Yes" or		e /.	
1	Purpose(s) of conservation easements held by the organization		r	
	Preservation of land for public use (e.g., recreation or educ	ation)		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in	n the form of a co	nservation
102	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				
С.	Number of conservation easements on a certified historic struct	SCHOOLSE CONTRACT CONTRACTOR CONT		· 2c
d	Number of conservation easements included in (c) acquired aft			
3	Number of conservation easements modified, transferred, relea	ised, extinguished, or termi	nated by the orga	nization during the
_	tax year •			
4	Number of states where property subject to conservation easer	an w		
5	Does the organization have a written policy regarding the period	1 <del>7</del> 87.1 18	andling of	
	violations, and enforcement of the conservation easements it he			· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enf	orcing conservation	on easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcin	g conservation ea	sements during the year
_	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)	(B)(i)
90.0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's finance	cial statements the	at describes the
D-	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections			ther Similar Assets.
8 <b>3</b> 50	Complete if the organization answered "Yes" o			
1a	If the organization elected, as permitted under FASB ASC 958, r			
	of art, historical treasures, or other similar assets held for public			nce of public
	service, provide, in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958, t			
	art, historical treasures, or other similar assets held for public ex	chibition, education, or rese	arch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasure		for financial gain,	provide the
	following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990 Part X			<b>_</b>

Pag	je 2

V e	4						
Sched	ule D (Form 990) 2019 SOUTHERN AZ CHI	LDREN'S ADVOC	ACY CTR		26-3208	123	Page 2
Pai	t III Organizations Maintaining	Collections of A	rt, Historic	al Treasures, or	Other Similar Ass	ets (co	
3	Using the organization's acquisition, accession	n, and other records, o	heck any of th	e following that make s	ignificant use of its		
	collection items (check all that apply):						
а	Public exhibition		d 🔲 1	Loan or exchange prog	rams		
b	Scholarly research		е 🗌	Other			
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain ho	w they further	the organization's exer	npt purpose in Part		
	XIII.						
5	During the year, did the organization solicit or r						
D-1	assets to be sold to raise funds rather than to	oe maintained as part	of the organiz	ation's collection? · ·			∐ No
Pai	t IV Escrow and Custodial Arrai		F 00	0 D-4 IV / I' 0 -			•22/02/20
	Complete if the organization a	answered "Yes" c	on Form 99	J, Paπ IV, line 9, o	r reported an amo	unt on F	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodiar					П.,	п
L						· 📙 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	na complete the follow	ing table:	Г			
•	Beginning balance				Amo	ount	
c d				a salat da telah da salah da dasa da da	1c		
e				8 CONT NO 1011 NO 1011 NO 101 NO 101	1d   1e		
f	Ending balance			2 1000 M 1001 M 1000 10 10 10 10 10 10 10 10 10 10 10 1	1f		
	Did the organization include an amount on For					Yes	П No
	If "Yes," explain the arrangement in Part XIII. C						
Par		neck here if the expla	mation has bee	en provided on rant Am			
2000	Complete if the organization a	answered "Yes" o	n Form 990	D. Part IV. line 10.			
171		(a) Current year	(b) Prior year		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	,	(=, ,		14, 111100 ) 0010 0001	(4)	,
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						M. (1975) 778-1111 (1975) 1111 (1975)
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses [						
g	End of year balance [						
2	Provide the estimated percentage of the currer	nt year end balance (lin	ne 1g, column	(a)) held as:			
а	Board designated or quasi-endowment   -	%					
b	Permanent endowment > %						
С	Term endowment ► %						
	The percentages on lines 2a, 2b, and 2c should	5)					
3a	Are there endowment funds not in the possess	ion of the organization	that are held	and administered for th	е	24	
	organization by:						Yes No
						3a(i)	
						3a(ii)	
	If "Yes" on line 3a(ii), are the related organization			?		3b	
	Describe in Part XIII the intended uses of the o		ent funds.				
Par	Land, Buildings, and Equipr		F 000	D 1 N/ P 4	0 = 000 =		- 10

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements		23,342	9,090	14,252
d	Equipment		330,531	237,217	93,314
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		107.566

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . . ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) · · · · · ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4) (5)(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2ACCRUED PAYROLL AND RELATED TAXES 46,391 (3ACCRUED VACATION PAY 31,110 (4) (5)(6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

77,501

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

rg 55 %

26-3208123

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,506,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1000	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,506,873
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	11 days	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,506,873
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	turn.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,286,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	the sound to	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,286,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	2.22	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,286,222
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; P	art X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

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

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public

Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization SOUTHERN AZ CHILDREN'S ADVOCACY CTR 26-3208123 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and email solicitations g Special fundraising events Phone solicitations d | In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes 1 2 3 5 6 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	41 ( 11					
		than \$15,000 of fundraising		nd gross income on Fori	m 990-EZ, lines 1 and 6	6b. List events with
	T	gross receipts greater than			_	,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TRNMT		None	(add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	35(5)/
aurie	1	Gross receipts	FO 100			
Revenue	Ι΄	Cross receipts	50,189			50,189
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	50,189			50,189
		53 W S				
	4	Cash prizes · · · · · · · · · · · · · · · · · · ·				
	5	Noncash prizes				
	٦	Noncasti prizes				1
S	6	Rent/facility costs				
ense						
χΣ	7	Food and beverages · · · · ·				
Direct Expenses	1000					
Ę	8	Entertainment				
	9	Other direct expenses				
	9	Other direct expenses	12,635			12,635
	10	Direct expense summary. Add lines	4 through 9 in column (d)			12,635
	11	Net income summary. Subtract line				37,554
Pa	rt II			Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	line 6a			
_			iiio oa.			•
e				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
venue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
Expenses	2	Gross revenue			(c) Other gaming	
Expenses	2	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue			(c) Other gaming	
Expenses	2	Gross revenue		bingo/progressive bingo		
Expenses	2 3 4	Gross revenue	(a) Bingo			
Expenses	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	
Expenses	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	
Expenses	2 3 4 5 6 7	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % No▶	
Expenses	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % No▶	
Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  Yes % No  2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % No▶	
Direct Expenses	2 3 4 5 6 7 8 Ente	Gross revenue	(a) Bingo  Yes % No  2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes % No  n (d)	☐ Yes % No▶	
Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Gross revenue	(a) Bingo  Yes % No  2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes % No  n (d)	☐ Yes % No▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes	(a) Bingo  Yes % No  2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes % No  n (d)	☐ Yes % No▶	col. (a) through col. (c))
d b 6	2 3 4 5 6 7 8 Entitif "N	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column on conducts gaming activities aming activities in each of the	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % No▶	col. (a) through col. (c))
d a b Direct Expenses	2 3 4 5 6 7 8 Entilisti	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column on conducts gaming activities aming activities in each of the	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % No▶	col. (a) through col. (c))
d a b Direct Expenses	2 3 4 5 6 7 8 Entilisti	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column on conducts gaming activities aming activities in each of the	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % No▶	col. (a) through col. (c))

#### SCHEDULE O

10

(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.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number SOUTHERN AZ CHILDREN'S ADVOCACY CTR 26-3208123 01. Form 990 governing body review (Part VI, line 11) THE 990 IS REVIEWED BT THE TEASURER AND AUDIT COMMITTEE ON BEHALF OF THE BOARD BEFORE FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMEBERS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST THAT ARISE AT THE NEXT BOARD MEETING. 03. CEO, executive director, top management comp (Part VI, line 15a) EXECUTIVE DIRECTORS' SALARIES WERE APPROVED BY THE BOARD EMPLOYING COMPENSATION INFORMATION FOR SIMILAR NONPROFIT ORGANIZATIONS IN THE TUCSON AREA. 04. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THE 990 AVAIABLE TO THE PUBLIC AT ITS OFFICE OR UPON WRITTEN REQUEST.

# Form 4562

Department of the Treasury

Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 2019

Attachment Sequence No. **179** 

Name(s) shown on return Business or activity to which this form relates Identifying number SOUTHERN AZ CHILDREN'S ADVOCACY FORM 990 -26-3208123 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 2 3 3 4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 8 9 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 1▶ Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 15,055 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 1,063 5 SL MQ 53 C 7-year property d 10-year property Statement #567 2,035 e 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM SI Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 \*\*\*\*\*\*\*\*\*\*\*\*\* 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions - . . . . 17,143 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs