Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	A For the 2015 calendar year, or tax year beginning , 2015, and ending				, 20		
В	C Name of organization			D Employer identification number			
V	Address o	change	AZ Blankets 4 Kids, Inc	86-1010572			
	Name change		Number and street (or P O. box, if mail is not delivered to street address) Room/suite	E Telephone number		number	
=	Initial return		PO Box 13385	480-216-1699			
=	Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ın Exe	emption	
=	Amended Application	n return on pending	Mesa, Arızona 85216-3385	Number ►			
==-		ting Method		<u> </u>	▶ ☑ if the organization is not		
	Vebsite	_				tach Schedule B	
				•	m 990, 990-EZ, or 990-PF).		
_			✓ Corporation ☐ Trust ☐ Association ☐ Other	·			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 93,885		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions		
_			the organization used Schedule O to respond to any question in this Part I			•	
	1		ons, gifts, grants, and similar amounts received		1	93,882 76	
	2		ervice revenue including government fees and contracts		2	0	
	3	_	up dues and assessments		3	0	
	4	Investment	•		4	2.99	
	5a		ount from sale of assets other than inventory 5a	. 0			
	b		or other basis and sales expenses	0	-		
	C	Gain or (los		5c	o		
	6	Gaming an	•	-			
	a	Gross inc					
22	_	\$15,000) .		0			
Reven	ь	Gross inco	s	,			
ě.			aising events reported on line 1) (attach Schedule G if the	_]	,		
V]		h gross income and contributions exceeds \$15,000) 6b	o			
	C	Less: direc	t expenses from gaming and fundraising events 6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract			
		line 6c) .			6d	0	
	7a	Gross sale:	s of inventory, less returns and allowances	ol	- '		
	ь		of goods sold	0	ا ر ٔ ا		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				0	
	8	Other revenue (describe in Schedule O)				0	
	9	Total reve	. ▶	9	93,885 75		
_	10		similar amounts paid (list in Schedule O)		10	96,464 00	
	11	Benefits paid to or for members				0	
es	12	•	ther compensation, and employee benefits		12	0	
Expense	13	Professional fees and other payments to independent contractors				0	
	14	Occupancy, rent, utilities, and maintenance				0	
	15	Printing, publications, postage, and shipping				561.14	
	16		nses (describe in Schedule O)		15 16	5,585.93	
	17			17	102,611.07		
(A	18	Excess or (nses. Add lines 10 through 16		18	(8,725.32)	
ě	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				
Net Assets	1		r figure reported on prior year's return)		19	15,732.58	
	20	•	ges in net assets or fund balances (explain in Schedule O)		20	0	
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	7,007.26	
					لنب		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2015)

FRESNO, CA

Form	990-EZ (2015)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			15,732 58	-	7,007.26
23	Land and buildings				23	0
24 25	Other assets (describe in Schedule O)			15,732.58	24	0 7,007.26
26	Total liabilities (describe in Schedule O)			<u>.</u>	26	7,007.28
27	Net assets or fund balances (line 27 of column		⊢	15,732.58		7,007.26
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Wha	t is the organization's primary exempt purpose?	Distribute blankets/o	uilts to children			ured for section c)(3) and 501(c)(4)
	cribe the organization's program service accompli				orga	inizations, optional for
	neasured by expenses. In a clear and concise m		e services provided	l, the number of	othe	rs.)
<u></u>	ons benefited, and other relevant information for ea		h			
28	Distributed 7,899 blankets to seriously ill and trauma	itizea chilaren inroug	n approved agencies	S		
	(Grants \$ 78,990) If this amount	includes foreign gra	nts. check here	▶ □	28a	78,990
29	Gave 13 sewing groups grants of money to purchase			~		10,770
	our organization	<u>.</u>				
	(Grants \$ 17,474) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	29a	17,474
30						
	/O		-ALL			
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	<u> </u>
31		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	through 31a)	ins, check here .		32	96.464
Par						
	Check if the organization used Schedule					<u>.</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	- (0)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	1	other compensation
		devoted to position	(If not paid, enter -0-)	deferred compensation	<u> </u>	
	attached Schedule O					
No c	ompensation or benefits paid to anyone			•	_	
					+	
					\top	
						<u>.</u>
		,				
				:		
			<u></u>		+	
					+	
		1				
					+	
		1				
					\top	
					\perp	
						_
		i		i		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		ᄆ
00	Dulaba anno inchina anno in anno anti-anti-anti-anti-anti-anti-anti-anti-	Γ	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			```
b	Did the organization file Form 1120-POL for this year?	37ь		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	* ***	-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Ţ.,		_ `.
39	Section 501(c)(7) organizations. Enter:	ĵ.,	.	ĺ ·
а	Initiation fees and capital contributions included on line 9	ĺ, · ·		1
ь 40а	Gross receipts, included on line 9, for public use of club facilities		;	
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			·
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	A	: •
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		,	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	i	,	, ,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ► Arizona			_
42a	The organization's books are in care of ▶ Barb Middleton, Treasurer Telephone no. ▶	480-21	6-169	9
	Located at ► 2224 E. Gable Avenue, Mesa, Arizona ZIP + 4 ►	85204		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	1,		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	D
		لـــــا	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		· •

Form 99	0-EZ (20	015)						P	age 4		
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities	on behalf	of or in opposi	tion 46	Yes	No		
Part '		Section 501(c)(3) organizations					1 40				
		All section 501(c)(3) organization 50 and 51.		stions 47–49b ar	nd 52, and	complete th	e tables fo	or line	es		
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	VI			. P		
				<u> </u>				Yes	No		
47 Did the organization engage in lobbying activities or have a section 501(h) election in effective year? If "Yes," complete Schedule C, Part II							tax . 47		~		
48	is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	. 48		1		
49a		ne organization make any transfers to			anization?		. 49a		V		
b		es," was the related organization a se					49b		<u> </u>		
50		omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key aployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
	empi	byees, who each received more than	*****			ealth benefits,	e, enter iv	one.			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	tions to employee lans, and deferred mpensation		Estimated amount of other compensation			
None			· · · · · · · · · · · · · · · · · · ·								
_											
											
					- 1						
f	Total	number of other employees paid over	er \$100,000	. ▶	0						
51		olete this table for the organization's 000 of compensation from the orga			ent contrac	tors who each	received	more	than		
	(a) Name and business address of each independent contractor			(b) Type of s	(c)	(c) Compensation					
None											
			••••								
											
											
d		number of other independent contra			.▶		0				
52		he organization complete Schedu leted Schedule A	le A? Note: All se	ction 501(c)(3) or	ganization		ıa . ⊳		No		
Under pe		of perjury, I declare that I have examined this re	eturn, including accompany	ying schedules and state	ements, and to						
true, con	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	rer has any kn	owledge.					
Sign		Signature of officer		1-25-2017 Date							
Here		Barb Middleton, Treasurer Type or print name and title									
			Preparer's signature		Date		PTIN				
Paid	;	Print/Type preparer's name					Check L if self-employed				
Prepa		Firm's name ▶	Firm's Eli								
Use (וחע	Firm's address ▶				Phone no					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			► ☐ Yes		No.		

SCHEDULE A (Form 990 or 990-EZ)

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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number AZ Blankets 4 Kids, Inc. 86-1010572 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives; (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. 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 (ii) EIN (vii) Amount of listed in your governing (described on lines 1-9 support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E) Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	j)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				,		
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		l				
	membership fees received. (Do not]	
	include any "unusual grants.")	75,588	70,771	81,393	88,719	93,883	410,354
2	Tax revenues levied for the	[(
	organization's benefit and either paid to or expended on its behalf		o		1	[0
3	The value of services or facilities	0		0	0	0	
3	furnished by a governmental unit to the) !]			
	organization without charge	o	a	0	n	٥	n
4	Total, Add lines 1 through 3	75,588	70,771	81,393	88,719	93,883	410,354
	•			7.5.4			
5	The portion of total contributions by each person (other than a			٠.٠ ٠.	1		
	governmental unit or publicly	1. ' 1		}		1.	
	supported organization) included on	1 1		-	•'	, (
	line 1 that exceeds 2% of the amount			~ , ,	, ,		
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.			·			410,354
	on B. Total Support	,,	, <u>-</u>	,	_r	,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	75,588	70,771	81,393	88,719	93,883	410,354
8	Gross income from interest, dividends,] }					
	payments received on securities loans,] }			1	}	
	rents, royalties and income from similar sources]	2	,	2	ا	12
9	Net income from unrelated business	3		2	3	3	13
9	activities, whether or not the business]		·			
	is regularly carried on	ا	0	0	o	o	0
10	Other income. Do not include gain or	<u>-</u>		ļ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>
	loss from the sale of capital assets	i i		1		1	
	(Explain in Part VI.)	o	0	o	o	o	0
11	Total support. Add lines 7 through 10	2 , , ,		0. 0 . 0 . 0	2, 2, 4	1 1 1 1 1 1	410,367
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the	•	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	🕨 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line		•			14	99 9968 %
15	Public support percentage from 2014 Sci					15	99.9970 %
16a	331/3% support test—2015. If the organi box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2014. If the organ	•		_			_
	check this box and stop here. The organ	izatıon qualıfıe:	s as a publicly	supported org	janization .		. ▶ □
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "forganization			i. i ne organiz	-	as a publicly si	
	•						, ▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar	u14. If the orga	inization did n	or cueck a pox	ton line 13, 16	ia, lop, or 1/a,	and line
	Explain in Part VI how the organization m						
	supported organization						· . ▶ □
10	Private foundation If the organization d						