

Form **990**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CITIZENS AGAINST PHYSICAL AND SEXUAL ABUSE</b>		<b>D</b> Employer identification number <b>87-0413330</b>
	Doing Business As		<b>E</b> Telephone number <b>435-753-2500</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 3617</b>	<b>G</b> Gross receipts \$ <b>1,372,548.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>LOGAN, UT 84323</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CAPSA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1984</b>
<b>M</b> State of legal domicile: <b>UT</b>			

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF CAPSA IS TO PROVIDE SAFE, CARING AND CONFIDENTIAL SHELTER, ADVOCACY, AND SUPPORT</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>19</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>19</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>36</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>72</b>																								
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>																								
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>																									
Revenue	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,023,662.</td> <td align="right">1,241,359.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">483.</td> <td align="right">-8,710.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">37,053.</td> <td align="right">39,816.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,061,198.</td> <td align="right">1,272,465.</td> </tr> </tbody> </table>			Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,023,662.	1,241,359.	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	483.	-8,710.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,053.	39,816.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,061,198.	1,272,465.						
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**Part II Signature Block**

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

Sign Here	Signature of officer: <i>Jill Anderson</i> Date: <i>10/20/15</i>			
	<b>JILL ANDERSON, EXECUTIVE DIRECTOR</b> Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <b>ALAN D. ALLRED</b>	Preparer's signature <i>Alan D. Allred</i>	Date <b>01/26/15</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00271546</b>
	Firm's name <b>ALLRED JACKSON, P.C.</b>		Firm's EIN <b>87-0406295</b>	
Firm's address <b>50 EAST 2500 NORTH, SUITE 200 NORTH LOGAN, UT 84341</b>		Phone no. (435) <b>752-6441</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**