

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable:	C	D Employer Identification Number
<input type="checkbox"/> Address change	CHILD ABUSE LISTENING MEDIATION 1236 CHAPALA ST SANTA BARBARA, CA 93101	23-7097910
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(805) 965-2376
<input type="checkbox"/> Terminated		G Gross receipts \$ <u>18,478,603.</u>
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: <u>NANCY BOLLAY</u> <u>SAME AS C ABOVE</u>	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I 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	H(c) Group exemption number ▶
J Website: ▶ <u>WWW.CALM4KIDS.ORG</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1970</u>	M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>CALM'S MISSION IS TO PREVENT, ASSESS AND TREAT CHILD ABUSE IN SANTA BARBARA COUNTY BY PROVIDING COMPREHENSIVE, CULTURALLY COMPETENT SERVICES FOR CHILDREN, ADULTS AND FAMILIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a).....	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	26
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	100
	6	Total number of volunteers (estimate if necessary).....	6	65
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	13,094.
7b	Net unrelated business taxable income from Form 990-T, line 34.....	7b	11,395.	
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g).....	4,027,793.	4,348,309.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	185,966.	187,598.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	838,588.	435,244.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	177,544.	164,186.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	5,229,891.	5,135,337.
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	3,739,460.	4,393,077.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>452,028.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	983,594.	1,014,761.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,723,054.	5,407,838.
	19	Revenue less expenses. Subtract line 18 from line 12.....	506,837.	-272,501.
	20	Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26).....	16,911,113.	18,028,130.
22	Net assets or fund balances. Subtract line 21 from line 20.....	4,307,243.	4,370,213.	
		12,603,870.	13,657,917.	

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	Date	
	▶ <u>NANCY BOLLAY</u> Type or print name and title.	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>BRAD STOLTEY, CPA</u>	<u>BRAD STOLTEY, CPA</u>	
	Firm's name ▶ <u>STOLTEY & ASSOCIATES</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00241354</u>
	Firm's address ▶ <u>PO BOX 57</u> <u>LOS OLIVOS, CA 93441</u>	Firm's EIN ▶ <u>77-0581023</u>	Phone no. <u>(805) 689-5880</u>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,740,237. including grants of \$) (Revenue \$ 187,598.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,259,760. including grants of \$) (Revenue \$)

SEE SCHEDULE O



4c (Code:) (Expenses \$ 1,043,865. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 228,156. including grants of \$) (Revenue \$)

4e Total program service expenses 4,272,018.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		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
6 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 'Yes,' complete Schedule D, Part I.....		X
7 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,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	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.....	X	
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.....		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.....		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.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		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.....		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.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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 employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 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.	X	

BAA

Form 990 (2013)

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 19		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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. 100		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	X	
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 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.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 26 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 in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		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
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers of key employees of the organization. SEE SCHEDULE O.	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	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 taken 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 ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ CONTROLLER 1236 CHAPALA SANTA BARBARA CA 93101 (805) 965-2376

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNY KEARNS PRESIDENT	6 0	X		X				0.	0.	0.
(2) MARY HANSON SECRETARY	2 0	X		X				0.	0.	0.
(3) NANCY BOLLAY VICE PRESIDENT	1 0	X		X				0.	0.	0.
(4) RAY OLMSTEAD FINANCIAL VP	3 0	X		X				0.	0.	0.
(5) ALEX ALTAVILLA DIRECTOR	1 0	X						0.	0.	0.
(6) ROSA E. ALVARADO DIRECTOR	2 0	X						0.	0.	0.
(7) ARLENE BERGMAN DIRECTOR	1 0	X						0.	0.	0.
(8) WALT BIES DIRECTOR	1 0	X						0.	0.	0.
(9) STEPHEN M. BLAIN DDS, M DIRECTOR	3 0	X						0.	0.	0.
(10) KEVIN BOURKE DIRECTOR	1 0	X						0.	0.	0.
(11) D'ARCY CORNWALL DIRECTOR	1 0	X						0.	0.	0.
(12) SONJA CUTNER DIRECTOR	1 0	X						0.	0.	0.
(13) BEN DIENER, MD DIRECTOR	1 0	X						0.	0.	0.
(14) DIANE DUKES DIRECTOR	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) LARRY DURHAM DIRECTOR	1 0	X					0.	0.	0.
(16) BRIDGET FOREMAN, CPA DIRECTOR	1 0	X					0.	0.	0.
(17) TOM GARCIA DIRECTOR	1 0	X					0.	0.	0.
(18) KRISTINE M. JACQUIN, PH.D. DIRECTOR	1 0	X					0.	0.	0.
(19) ANNA KOKOTOVIC, PHD DIRECTOR	1 0	X					0.	0.	0.
(20) BEN LADINIG DIRECTOR	1 0	X					0.	0.	0.
(21) EDWARD J. MCKINLEY DIRECTOR	1 0	X					0.	0.	0.
(22) DAN MOLL DIRECTOR	1 0	X					0.	0.	0.
(23) DAVID TAPPEINER, ESQ DIRECTOR	1 0	X					0.	0.	0.
(24) MARCIA WOLFE DIRECTOR	1 0	X					0.	0.	0.
(25) ANNE YUNGLING DIRECTOR	1 0	X					0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							442,182.	0.	16,791.
d Total (add lines 1b and 1c)							442,182.	0.	16,791.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 3,459,631.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 888,678.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 4,348,309.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a PROGRAM SERVICE FEES	624100	187,598.	187,598.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶	187,598.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	366,645.		366,645.	
	4 Income from investment of tax-exempt bond proceeds..	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	(ii) Personal			
		72,363.				
		b Less: rental expenses	38,562.			
		c Rental income or (loss) ...	33,801.			
	d Net rental income or (loss)	▶	33,801.		13,094.	20,707.
	7 a Gross amount from sales of assets other than inventory..	(i) Securities	(ii) Other			
		13216836.				
		b Less: cost or other basis and sales expenses	13148237.			
		c Gain or (loss)	68,599.			
	d Net gain or (loss)	▶	68,599.	68,599.		
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	286,204.			
		b Less: direct expenses	b	156,467.		
c Net income or (loss) from fundraising events		▶	129,737.			101,172.
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE			648.	648.		
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶		648.			
12 Total revenue. See instructions	▶		5,135,337.	256,845.	13,094.	488,524.

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	3,587,102.	2,909,557.	446,993.	230,552.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,504.	52,403.	7,860.	5,241.
9 Other employee benefits	471,765.	382,031.	60,282.	29,452.
10 Payroll taxes	268,706.	217,952.	33,484.	17,270.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	69,278.		69,278.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	65,517.	53,142.	8,164.	4,211.
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,996.	154,403.	7,019.	18,574.
12 Advertising and promotion	66,699.			66,699.
13 Office expenses	297,879.	224,489.	16,500.	56,890.
14 Information technology				
15 Royalties				
16 Occupancy	82,274.	72,895.	4,786.	4,593.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	46,188.	37,464.	5,755.	2,969.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,202.	109,664.	16,848.	8,690.
23 Insurance	29,615.	24,021.	3,690.	1,904.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	23,240.	18,850.	2,896.	1,494.
b EDUCATION & TRAINING	18,873.	15,147.	237.	3,489.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,407,838.	4,272,018.	683,792.	452,028.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	246,711.	1	231,125.
	2 Savings and temporary cash investments	1,433,378.	2	391,968.
	3 Pledges and grants receivable, net	428,140.	3	424,264.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	69,828.	9	91,196.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,036,308.		
	b Less: accumulated depreciation	10b 624,892.	4,377,160.	10c 4,411,416.
	11 Investments – publicly traded securities	10,091,166.	11	12,478,161.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	264,730.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,911,113.	16	18,028,130.	
LIABILITIES	17 Accounts payable and accrued expenses	367,316.	17	450,993.
	18 Grants payable		18	
	19 Deferred revenue	2,050,000.	19	2,029,293.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,889,927.	23	1,889,927.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,307,243.	26	4,370,213.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,889,060.	27	9,053,864.
	28 Temporarily restricted net assets	191,959.	28	81,202.
	29 Permanently restricted net assets	4,522,851.	29	4,522,851.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,603,870.	33	13,657,917.	
34 Total liabilities and net assets/fund balances	16,911,113.	34	18,028,130.	

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Form 990 (2013)

Part 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	5,135,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,407,838.
3	Revenue less expenses. Subtract line 2 from line 1	3	-272,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,603,870.
5	Net unrealized gains (losses) on investments	5	1,326,548.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,657,917.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CHILD ABUSE LISTENING MEDIATION	Employer identification number 23-7097910
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Part I 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)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% 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 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.)
- 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 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,667,313.	1,029,696.	4,439,640.	4,027,793.	4,348,369.	17,512,811.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	3,667,313.	1,029,696.	4,439,640.	4,027,793.	4,348,369.	17,512,811.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						17,512,811.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	3,667,313.	1,029,696.	4,439,640.	4,027,793.	4,348,369.	17,512,811.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	144,555.	244,617.	260,532.	262,016.	366,645.	1,278,365.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	-4,888.	280.	18,473.			13,865.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.			13,163.	6,844.	648.	20,655.
11 Total support. Add lines 7 through 10.						18,825,696.
12 Gross receipts from related activities, etc (see instructions).					12	5,664,391.
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	93.03 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	92.55 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 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 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 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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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.						
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 IV.)						
13 Total Support. (Add lns 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 for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2013.** 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.

b **33-1/3% support tests – 2012.** 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.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
	\$ 648.	\$ 6,844.	\$ 13,163.		
TOTAL	<u>\$ 648.</u>	<u>\$ 6,844.</u>	<u>\$ 13,163.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

COPY

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

CHILD ABUSE LISTENING MEDIATION

23-7097910

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	10,647,384.	10,491,219.	10,743,697.	6,824,319.	0.
b Contributions				2,290,449.	871,034.
c Net investment earnings, gains, and losses	1,696,141.	594,165.	-221,989.	1,628,929.	
d Grants or scholarships					
e Other expenditures for facilities and programs	468,000.	438,000.		0.	48,925.
f Administrative expenses			30,489.		
g End of year balance	11,875,525.	10,647,384.	10,491,219.	10,743,697.	5,944.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 62.00 %
 - b Permanent endowment ▶ 38.00 %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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
1 a Land				
b Buildings	2,050,000.	1,996,570.	34,167.	4,012,403.
c Leasehold improvements		603,940.		603,940.
d Equipment				
e Other		385,798.	590,725.	-204,927.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,411,416.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to 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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,509,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	1,326,548.	
	b Donated services and use of facilities	2b	47,552.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,374,100.	
3	Subtract line 2e from line 1		3	5,135,337.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,135,337.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,455,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	47,552.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	47,552.	
3	Subtract line 2e from line 1		3	5,407,838.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,407,838.

Part XIII Supplemental Information.

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO ENSURE CALM'S VIABILITY IN THE FUTURE.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE CALIFORNIA REVENUE AND TAX CODE.

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED ASC 740-10 (FORMERLY

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

KNOWN AS FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), WHICH PRESCRIBED A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE ORGANIZATION HAS ADOPTED ASC 740-10. THERE WAS NO IMPACT TO THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF ASC 740-10.

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ▶ See separate instructions.
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CHILD ABUSE LISTENING MEDIATION

Employer identification number

23-7097910

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

COPY

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.

CA

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	CALM AUXILIARY (event type)	CALM AT HEART (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	195,174.	59,503.	31,527.	286,204.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	195,174.	59,503.	31,527.	286,204.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		10,725.	10,725.	
	7	Food and beverages	49,800.	40,694.	90,494.	
	8	Entertainment	2,175.	9,108.	54.	11,337.
	9	Other direct expenses	34,978.	6,025.	2,908.	43,911.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				156,467.
11	Net income summary. Subtract line 10 from line 3, column (d)				129,737.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? Yes No
- b If 'No,' explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If 'Yes,' explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

2013

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CHILD ABUSE LISTENING MEDIATION

23-7097910

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. **7**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8**

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 CECILIA RODRIGUEZ, MFT EXECUTIVE DIRECTOR	(i)	135,301.	0.	0.	0.	16,202.	151,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

COPY

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD ABUSE LISTENING MEDIATION

Employer identification number

23-7097910

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CHILD ABUSE LISTENING MEDIATION

23-7097910

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CALM'S MISSION IS TO PREVENT, ASSESS AND TREAT CHILD ABUSE IN SANTA BARBARA COUNTY BY

PROVIDING COMPREHENSIVE, CULTURALLY COMPETENT SERVICES FOR CHILDREN, ADULTS AND

FAMILIES. TREATMENT & PREVENTATIVE SERVICES ARE AVAILABLE:

~ TO CHILDREN AND FAMILIES WITHOUT REGARD TO ABILITY TO PAY

~ UNTIL THE NEED IS FULFILLED WITHOUT ARBITRARY TIME LIMITS

~ IN ENGLISH, SPANISH, CANTONESE, AMERICAN SIGN LANGUAGE AND OTHER LANGUAGES

THROUGH INTERPRETERS

CALM'S CONTINUUM OF CARE INCLUDES:

~ PREVENTION AND EARLY INTERVENTION

~ TREATMENT ON-SITE AT CALM

~ INTENSIVE COMMUNITY-BASED TREATMENT

COPY

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PREVENTION AND EARLY INTERVENTION: THE GREAT BEGINNINGS PROGRAM PROVIDES PREVENTION,

EARLY INTERVENTION AND TREATMENT TO CHILDREN AND THEIR FAMILY AGES PRENATAL - 7 WHERE

THERE ARE RISK FACTORS FOR CHILD MALTREATMENT, WHERE THE CHILD HAS A MENTAL HEALTH

DIAGNOSIS, HAS BEEN EXPOSED TO TRAUMA, OR DISPLAYS CHALLENGING BEHAVIOR IN THE HOME

OR AT SCHOOL. SERVICE IS DELIVERED IN THE HOME, PRESCHOOL, FAMILY RESOURCE CENTERS OR

AT CALM.

SPECIFIC PROGRAMS RUN THROUGH GREAT BEGINNINGS INCLUDE:

CHILD PARENT PROGRAM - AN EVIDENCE BASED TREATMENT USING DYADIC MODELS AND PLAY

THERAPY TECHNIQUES WHICH PROMOTES BONDING AND ATTACHMENT IN THE EARLY YEARS. THIS

PROGRAM HELPS CHILDREN AND THEIR CAREGIVERS RECOVER FROM TRAUMA OR ABUSE (313

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CHILDREN SERVED).

PREVENTION AND EARLY INTERVENTION - UTILIZING THE HEALTHY FAMILIES AMERICA MODEL, PROVIDES HOME VISITATION SERVICES WORK TO FOSTER PROTECTIVE FACTORS IN THE CHILD AND FAMILY BY PROVIDING EDUCATION ON POSITIVE PARENTING PRACTICES, DEVELOPMENTAL GUIDANCE, AND ASSESSMENT. THE PROGRAM ALSO PROVIDES ASSISTANCE AND ADVOCACY IN ACCESSING PROGRAMS TO ASSIST WITH BASIC NEEDS, HEALTHCARE, CHILDCARE, OR HOUSING (165 FAMILIES SERVED).

SAFECARE - AN EVIDENCE-BASED PARENT EDUCATION CURRICULUM DELIVERED IN THE HOME. PARENTS RECEIVE THREE EDUCATIONAL MODULES: HOME SAFETY, CHILD HEALTH AND PARENT-CHILD INTERACTION WHICH WORKS TO AMELIORATE CHILD NEGLECT AND PHYSICAL ABUSE OF CHILDREN (21 PARENTS SERVED).



PREVENTING CHILD ABUSE THROUGH FAMILY STRENGTHENING IS A COMMUNITY COLLABORATION BETWEEN CALM AND THE FAMILY RESOURCE CENTER NETWORK AND EARLY CARE AND EDUCATION PROVIDERS TO PROVIDE A CONTINUUM OF TARGETED SERVICES TO PREVENT CHILD ABUSE AND NEGLECT, PROVIDE TREATMENT AND FAMILY CASE MANAGEMENT SERVICES (440 INDIVIDUALS SERVED COLLABORATIVELY).

MENTAL HEALTH CONSULTATION AND REFLECTIVE SUPERVISION IS A CAPACITY BUILDING AND PROBLEM SOLVING INTERVENTION IMPLEMENTED IN EARLY CHILDHOOD SETTINGS AND HOMES. OUR REFLECTIVE PRACTITIONERS DEVELOP A COLLABORATIVE AND REFLECTIVE RELATIONSHIP WITH TEACHERS AND CAREGIVERS IN ORDER TO ENABLE THEM TO BETTER SERVE THE CHILDREN IN THEIR PROGRAMS (300 CHILDREN, THEIR TEACHERS AND PARENTS BENEFITTED).

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

POSTPARTUM SUPPORT - POSTPARTUM DEPRESSION IS A RISK FACTOR FOR CHILD ABUSE AND WHEN UNTREATED CAN ADVERSELY IMPACT CHILD DEVELOPMENT. CALM PROVIDES GROUPS AND INDIVIDUAL SUPPORT TO HELP MOTHERS WITH POSTPARTUM DEPRESSION ATTEND TO THEIR CHILDREN AND BUILD STRONG PARENT CHILD BONDS (100 MOTHERS SERVED).

KATIE A MENTAL HEALTH SCREENINGS ARE AN ADJUNCT SERVICE UNDER OUR GREAT BEGINNINGS PROGRAM. WE PROVIDE MENTAL HEALTH SCREENINGS AND TREATMENT RECOMMENDATIONS FOR CHILDREN 0-5 YEARS IMMEDIATELY AFTER THEY ENTER FOSTER CARE OR THE CHILD WELFARE SERVICE VOLUNTARY FAMILY MAINTENANCE PROGRAM (176 CHILDREN WERE GIVEN BIO/PSYCHO/SOCIAL ASSESSMENTS).

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

INTENSIVE COMMUNITY BASED TREATMENT: THE WHATEVER IT TAKES (WIT) TEAM PROVIDES INTENSIVE THERAPEUTIC INTERVENTIONS TO CHILDREN AND FAMILIES ACROSS ALL OF SANTA BARBARA COUNTY. THE WIT PROGRAM SERVES CHILDREN WHO NEED THE HIGHEST LEVEL OF CARE. THESE CLIENTS INCLUDE CHILDREN WHO ARE SEVERELY EMOTIONALLY DISTURBED OR MENTALLY ILL, CHILDREN IN FOSTER CARE AND CHILDREN WHO ARE IMPACTED BY PARENT ADDICTION. THERAPISTS DEVOTE FROM 3 TO 15 HOURS PER CLIENT PER WEEK. A TOTAL OF 371 CLIENTS WERE SEEN IN THE WIT PROGRAM. INCLUDING CLIENTS AND FAMILY MEMBERS APPROXIMATELY 1300 CHILDREN AND PARENTS WERE HELPED BY CALM INTERVENTIONS.

SPECIFIC WIT PROGRAMS INCLUDE:

INTENSIVE IN-HOME THERAPY PROVIDES TREATMENT TO CHILDREN STRUGGLING IN HOME, SCHOOL AND IN THE COMMUNITY. THESE ARE CHILDREN WITH EMOTIONAL DISTURBANCES OR MENTAL ILLNESS WHO PUT THEMSELVES AND AT TIMES OTHERS AT RISK. MANY OF THESE CLIENTS HAVE TRAUMA HISTORIES. WORK INCLUDES THERAPY, SKILL BUILDING AND SUPPORT OF THE CLIENT IN

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THE OTHER AGENCIES IN WHICH THE CLIENT IS INVOLVED.

HELPING OTHERS IN PARENTING ENVIRONMENTS (HOPE) WAS DEVELOPED IN RECOGNITION OF THE TRAUMA EXPERIENCED BY CHILDREN WHO ENTER THE FOSTER CARE SYSTEM. HOPE IS AN ARRAY OF INTENSIVE IN-HOME SERVICES AVAILABLE TO CHILDREN AND PARENTS IN FOSTER HOME AND EXTENDED FAMILY HOME PLACEMENTS. THE HOPE PROGRAM COMBINES SKILL-BASED INTERVENTION WITH MAXIMUM FLEXIBILITY SO THAT SERVICES ARE AVAILABLE TO FAMILIES AND FOSTER HOMES ACCORDING TO THEIR UNIQUE NEEDS. 232 CLIENTS RECEIVED TREATMENT IN THE IIH AND HOPE PROGRAMS.

CHILDREN SERVICE SCREENINGS ARE AN ADJUNCT SERVICE UNDER OUR HOPE PROGRAM. WE PROVIDE MENTAL HEALTH SCREENINGS AND TREATMENT RECOMMENDATIONS FOR CHILDREN IMMEDIATELY AFTER THEY ENTER FOSTER CARE OR THE CHILD WELFARE SERVICE VOLUNTARY FAMILY MAINTENANCE PROGRAM. 52 CHILDREN AND THEIR BIOLOGICAL PARENTS WERE GIVEN BIO/PSYCHO/SOCIAL ASSESSMENTS.

CAM (CHILDREN AFFECTED BY METHAMPHETAMINE) AND FRESH START (FAMILIES IN RECOVERY EMBRACING SOBRIETY AND HEALTH) ARE TWO PROGRAMS TO HELP CHILDREN AND FAMILIES IMPACTED BY PARENTAL ADDICTION. THERAPISTS PROVIDE TRAUMA INFORMED SERVICES TO WOMEN AND CHILDREN LIVING IN RESIDENTIAL TREATMENT AT GOOD SAMARITAN SHELTERS IN LOMPOC AND SANTA MARIA. THEIR CHILDREN WHO ARE IN FOSTER CARE, FATHERS, AND SIGNIFICANT OTHERS ARE ALSO ENGAGED IN INDIVIDUAL, FAMILY AND GROUP TREATMENT. THE PROGRAMS STRENGTHEN THE CAPACITY AND ABILITY OF PARENTS AND CARE PROVIDERS TO PROVIDE A NURTURING, STABLE HOME FOR THEIR CHILDREN. THIS IS AN EXTENDED SERVICE TO SUPPORT THE CHILDREN AND FAMILIES THROUGH GRADUATION FROM FAMILY DRUG COURT TO FAMILY REUNIFICATION. (81 CHILDREN AND PARENTS RECEIVED SERVICES.

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SPRIT IS A FAMILY CENTERED, COMMUNITY ORIENTED, HIGHLY INDIVIDUALIZED, WRAP AROUND STRATEGY, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, DESIGNED TO HELP FAMILIES FACING SERIOUS CHALLENGES FIND SOLUTIONS TO KEEP CHILDREN AND TEENS SAFELY IN THEIR HOME, BE SUCCESSFUL IN SCHOOL AND FUNCTION WELL IN THE COMMUNITY (58 CHILDREN AND THEIR FAMILIES SERVED).

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

TREATMENT ON-SITE AT CALM: INCLUDES ALL KINDS OF TREATMENT AND PREVENTION FOR CHILDREN AND FAMILIES. CHILDREN WHO HAVE WITNESSED VIOLENCE IN THEIR HOMES AND CHILDREN WHO HAVE EXPERIENCED SEXUAL OR PHYSICAL ABUSE ARE TREATED ON-SITE IN SANTA BARBARA, CARPINTERIA, LOMPOC AND SANTA MARIA. ADDITIONAL, CALM ON-SITE THERAPISTS WORK TO EDUCATE PARENTS, TEACHERS AND CHILDREN ABOUT ABUSE IN SCHOOL, COMMUNITY CENTERS AND HOMES.

COPY

ON-SITE TREATMENT PROGRAMS INCLUDE:

THERAPEUTIC TREATMENT: EVIDENCE BASED PRACTICES ARE USED IN TREATING CHILDREN WHO HAVE EXPERIENCED ABUSE OR FAMILY VIOLENCE. CHILDREN WHO HAVE BEEN SEXUALLY ABUSED, PHYSICALLY ABUSED OR NEGLECTED BENEFIT FROM TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY. TEENS WHO ARE EXHIBITING SELF-DESTRUCTIVE BEHAVIOR BENEFIT FROM DIALECTIC BEHAVIOR THERAPY GROUPS (264 CLIENTS SERVED).

FAMILY VIOLENCE PROGRAM: USES BOTH EVIDENCE BASED AND PROMISING PRACTICES TO SERVE CHILDREN AND THEIR NON-OFFENDING PARENTS IN HEALING FROM THE TRAUMA OF DOMESTIC VIOLENCE (307 INDIVIDUALS SERVED).

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FRONT PORCH: FRONT PORCH IS DESIGNED TO HELP FAMILIES ABOUT WHOM THERE IS CONCERN LEADING TO A REFERRAL TO CHILD WELFARE SERVICES BUT WHO WERE NOT FOUND TO BE ABUSING THEIR CHILDREN. THE FRONT PORCH ENGAGEMENT SPECIALIST CONTACTS THESE FAMILIES, HELPS THEM IDENTIFY WHICH SERVICES MIGHT BE HELPFUL TO THEM AND THEN CONNECTS THEM TO THOSE SERVICES. THIS PROGRAM IS SO SUCCESSFUL THAT LAST YEAR A SECOND REFERRAL OF SUCH FAMILIES TO CHILD WELFARE SERVICES FELL FROM A PREVIOUS RATE OF 30% TO 5% (549 REFERRALS RECEIVED).

FORENSIC INTERVIEWS: AT THE REQUEST OF LAW ENFORCEMENT OR CHILD WELFARE SERVICES, CALM INTERVIEWS CHILDREN WHEN THERE IS AN ALLEGATION OF CHILD SEXUAL OR PHYSICAL ABUSE. CALM IS THE ONLY AGENCY IN SANTA BARBARA COUNTY PROVIDING THIS CRITICALLY IMPORTANT SERVICE THAT IS UNPREDICTABLE, YET URGENT (121 INTERVIEWS CONDUCTED IN SANTA MARIA, LOMPOC AND SANTA BARBARA).

COPY

SCHOOL BASED PREVENTION: CALM PROVIDES EDUCATION TO CHILDREN, TEACHERS AND CAREGIVERS ABOUT BODY SAFETY. IN FY 2014, CALM PROVIDED 106 PRESENTATIONS AND REACHED MORE THAN 4,500 CHILDREN, TEACHERS AND CAREGIVERS IN BOTH SANTA BARBARA AND SANTA MARIA. CALM ALSO PROVIDED 8 MANDATED REPORTER TRAININGS WHICH REACHED 401 TEACHERS, COACHES AND CAMP COUNSELORS.

PARENTING PROGRAMS: CALM PROVIDES A VARIETY OF PROGRAMS TO PARENTS TO IMPROVE THEIR PARENTING PRACTICES. THESE INCLUDE THERAPEUTIC GROUP AND INDIVIDUAL SERVICES TO PARENTS AFFECTED BY THEIR OWN HISTORIES OF ABUSE, PARENT-CHILD INTERACTION THERAPY FOR PARENTS WITH THEIR CHILDREN WHO HAVE DEMONSTRATED SERIOUSLY CHALLENGING BEHAVIOR, AND EDUCATIONAL PROGRAMS USING THE INCREDIBLE YEARS CURRICULUM (141 PARENTS SEEN).

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HEAL: GROUP SERVICES TO ADULTS AFFECTED BY A CHILDHOOD HISTORY OF SEXUAL ABUSE. 25
ADULTS WHO WERE ABUSED AS CHILDREN PARTICIPATED.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CENTER FOR EXCELLENCE

PSYCHOLOGY AND TRAINING: CALM IS A PREMIER TRAINING SITE FOR PSYCHOLOGISTS, SOCIAL
WORKERS AND MARRIAGE AND FAMILY THERAPISTS WHO ARE WORKING TOWARD LICENSURE. OUR
PSYCHOLOGY AND TRAINING DEPARTMENT PROVIDES SUPPORT TO ALL OF CALM'S CLINICAL
PROGRAMS AND PROVIDES PSYCHOLOGICAL ASSESSMENT WHICH INFORMS TREATMENT AND PROVIDES
TREATMENT OUTCOME DATA. PSYCHOLOGY PRACTICUM STUDENTS PERIODICALLY CONDUCT RESEARCH
WHICH PROVIDES CALM WITH AN ADDITIONAL AVENUE TO EVALUATING THE EFFECTIVENESS OF OUR
TREATMENT AND IMPACT OF OUR SERVICE TO THE COMMUNITY.

COPY

CALM EMPLOYES 3 PSYCHOLOGISTS AND 10 PHD STUDENTS.

IN FY 2014, CALM STAFF CONDUCTED 50 TRAININGS FOR STAFF DEVELOPMENT AND FOR THE
COMMUNITY. THESE TRAININGS REACHED 833 INDIVIDUALS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT 990 WAS PROVIDED TO EACH BOARD MEMBER FOR REVIEW AND COMMENT. ONCE ALL
BOARD MEMBERS HAD TIME TO REVIEW, THE FORM 990 WAS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

CALM MAINTAINS AN EXECUTIVE COMMITTEE (EC) WHICH IS MADE UP OF VOLUNTEER MEMBERS OF THE BOARD OF DIRECTORS. IN SETTING THE COMPENSATION RATES OF THE EXECUTIVE DIRECTOR, THE EC AND STAFF REVIEW PAST AND UPDATED DATA ON SALARY LEVELS FOR SIMILAR EMPLOYEE POSITIONS AMONG NONPROFITS IN GENERAL AND ALSO AMONG THOSE WITH SIMILAR MISSION AND SIZE. THE DATA IS COMPARED LOCALLY AND ALSO REGIONALLY. THE EC REVIEWS COMPENSATION OF THE EXECUTIVE DIRECTOR AND ALL POSITIONS AS A PART OF CALM'S ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

CALM MAINTAINS AN EXECUTIVE COMMITTEE (EC). IN SETTING THE COMPENSATION RATES OF THE EXECUTIVE DIRECTOR, STAFF REVIEW PAST AND UPDATED DATA ON SALARY LEVELS FOR SIMILAR EMPLOYEE POSITIONS AMONG NONPROFITS IN GENERAL AND ALSO AMONG THOSE WITH SIMILAR MISSION AND SIZE. THE DATA IS COMPARED LOCALLY AND ALSO REGIONALLY. THE EC REVIEWS COMPENSATION OF THE EXECUTIVE DIRECTOR, OTHER TOP MANAGEMENT MEMBERS AND ALL POSITIONS AS A PART OF CALM'S ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

