# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2012 cale	endar year, or tax year beginning 07/01 , 2012, and ending	06/30		, 20 13
В	Check i	f applicable:	C Name of organization SEXUAL ASSAULT CENTER	D	Employ	er identification number
П		s change	Doing Business As			62-1043294
Ħ	Name c	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E.	Telepho	ne number
금		•	l ·		•	615-259-9055
	Initial re		101 French Landing			010-200-9000
$\sqcup$	Termina	ited	City, town or post office, state, and ZIP code	1_	_	
Ц	Amende	ed return	Nashville, TN 37228			ceipts \$ 1,563,707
	Applicati	tion pending	F Name and address of principal officer: Tim Tohili			for affiliates? 🔲 Yes 🗹 No
			101 French Landing, Nashville, TN 37228			ncluded? Yes No
ī	Tax-exe	mpt status:	✓ 501(c)(3)	If "No," attac	ch a list.	(see instructions)
J	Website		center.org	H(c) Group ex	emption	number >
K			✓ Corporation       Trust       Association       Other ►       L Year of formation			of legal domicile: TN
	art I	Summ		. 10.0		
	_		escribe the organization's mission or most significant activities: To end s	annial uiolana		provide beeling for
	1				e and	provide nealing for
ø	1	children,	adults and families affected by sexual assault through counseling and educa	uon.		
Activities & Governance						
Ę						
š	2	Check th	his box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of	more than 2	5% of	its net assets.
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	24
જ	4		of independent voting members of the governing body (Part VI, line 1b)		4	24
<u>ĕ</u> .	1		· · · · · · · · · · · · · · · · · · ·		5	27
(₹	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		1	
তু	6		mber of volunteers (estimate if necessary)		6	35
•	7a		related business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b_	0
				Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)	9:	37,463	1,040,810
Revenue	9		service revenue (Part VIII, line 2g)		17,166	329,884
Š	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)		24,248	25,875
ē	10					
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,798	125,857
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,4	19,675	1,522,426
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
c/s	15	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,1:	25,459	1,133,489
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
뒃	b		idraising expenses (Part IX, column (D), line 25) ► 172,469		Control of the Contro	A property of the property of
ă			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	9.	68,306	401,391
_	117					
	18	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		93,765	1,534,880
	19	Revenue	less expenses. Subtract line 18 from line 12		74,090	-12,454
ò	}		Bei	ginning of Curre	nt Year	End of Year
35	20	Total ass	sets (Part X, line 16)	4,6	99,192	4,738,966
A A	21	Total liab	pilities (Part X, line 26)		11,455	9,151
Net Assets Fund Balany	22		ets or fund balances. Subtract line 21 from line,20	4.6	87,737	4,729,815
	art II		ture Block			
			ary, I declare that I have examined this return, including 40companying schedules and stateme	nts and to the	hest of i	my knowledge, and belief, it is
<u>U</u>	ie. correc	attes or period	lete. Declaration of preparer (other than officer) is based parall information of which preparer ha	as any knowled	ge.	,,,,,
		1		· ·	1/1	4/16
٠.				Doto.	-4/-	71/1
	gn	Sign	nature of officer	Date	•	
He	ere	Do:	nna Center, VP of Finance			
		Тур	e or print name and title			
		Print/Ty	/pe preparer's name Preparer's signature Date		Check	□ if PTIN
	aid				self-em	
	epare			Firm's	EIN -	
U	se On					
		Firm's	address >	Phone		
Ma	ay the I	HS discus	s this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No

Pag	е	2
_	Г	7

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To end sexual violence and provide healing for children, adults and families affected by sexual assault through counseling and
	education.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,101,135 including grants of \$ 0 ) (Revenue \$ 248,910 )
	SAC provided 7.395 sessions to 583 clients. The first Hospital Accompaniment volunteer training trained 12 volunteers to serve as
	advocates at Metro General Hospital when survivors are seeking a medical rape exam. These volunteers began this new role on
	June 12.
4b	(Code:) (Expenses \$
	The Education staff made 47 presentations during the year for children, college, students, drug court clients, law enforcement
	agencies and other non-profits for a total audience of 1,668. The Safe@Last education program served 41,297 students during the
	2012-13 fiscal year.
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	4
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	•••••••••••••••••••••••••••••••••••••••
	***************************************
	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4c	
	N/A
	•••••••••••••••••••••••••••••••••••••••
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4e	Total program service expenses ► 1,269,393

art!	V Checklist of Required Schedules	- 1	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		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	✓	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		<u>·</u> ✓
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	5		✓
6	Tes. Complete Joneoule Dirace in the second control of the second	6		<u>✓</u>
7	THE ENVIRONMENT HISTORIC IGNORAGION OF TRACTORIO OF THE CONTRACTORIO OF THE CONTRACTOR	7		<b>✓</b>
8	COMDIECE SCREAME DE CITATINA	8		<u> </u>
9	debt liedottation actividat it itaal dampiata aanaara ay a	9		✓
10	ennowneeds, beinglight chowmonto, or quadrational and an arrangement of the contract of the co	10	✓	
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.		Constitution of the consti	And Andrews Comments of the Co
а	complete Schedule D. Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
		11c		1
d	Tebulted in Lait V' line 10: 11 100' dottibloto dottibuarit - 1 m. m.	11d 11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b>v</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	<b>√</b> .	
b	the diganization analysis and to the to the real state of the state of	12b		· V
13	is the organization a school described in section 17 o(b)(1)(1)(1)(1)(1)	13 14a		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	i Tu		<b>'</b>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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)	17		1
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.	18	<b>✓</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b> </b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	2 (001)

Part l	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		✓
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<i>✓</i>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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?  If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓_
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? If "Yes," complete Schedule L, Part III	27		1
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 Company of the Comp	The second secon	Control of the contro
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	<b>√</b>
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	38	1	
		For	uar	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
	; L		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Company or company	Free Company of the C
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			CONTRACTOR AND
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	· · · · · · · · · · · · · · · · · · ·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	The second secon		A STATE OF S
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27	200	220	den an Proposition
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	a Particular annual de
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	The second second	A CONTROL OF THE PARTY OF THE P	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		1
	account)?	4a	Participation of the control of the	Control to the Control of the Contro
b	If "Yes," enter the name of the foreign country:	We're following the history of the h	Printing August  Authorized August	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	A Secretary Secretary	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		<del>'</del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	/	
6	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
b	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).	Company Company		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		A CONTRACTOR OF THE PROPERTY O	
-	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	(Q. Sec. 11 annual	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	And an order of the control of the c	The second second	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f.	<del>-,</del>	<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del>/</del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			COMPAND OF
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	Maria Maria	
_	organization, have excess business holdings at any time during the year?		40400000	See the see
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	Total Maria Makes	224124244
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	A STREET		Springer 1
10	Initiation fees and capital contributions included on Part VIII, line 12	Communication of the Communica		The Annah Control of the Control of
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		Control of the second	
11	Section 501(c)(12) organizations. Enter:	The service of the se		
··a	Gross income from members or shareholders		Andrew Constitution of the	
b	Gross income from other sources (Do not net amounts due or paid to other sources	Territoria		The state of the s
	against amounts due or received from them.)	TOTAL COMME	defends section	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	10 c 21 Ag A	en ra anatai jul
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Company of the compan	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Section.	
а	is the organization licensed to issue qualified health plans in more than one state?	13a	nggayest.	
	Note. See the instructions for additional information the organization must report on Schedule O.	·   Extraord		
b	Enter the amount of reserves the organization is required to maintain by the states in which	Control of the contro		Demograph
	the organization is licensed to issue qualified health plans	The second secon		
С	Enter the amount of reserves on hand	44-		7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	_	<del>                                     </del>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 990	(2012)
				, /

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			<u> </u>
	1	None and a	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			The second secon
	If there are material differences in voting rights among members of the governing body, or	The state of the s		And the second of the second o
	if the governing body delegated broad authority to an executive committee or similar			The state of the s
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	Alle a species	✓
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?	3		<b>1</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>/</b>
6	Did the organization have members or stockholders?	6		<b>✓</b>
7a	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?	7a		<b>-</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		✓
	stockholders, or persons other than the governing body?	7b	CONTRACTOR OF THE PARTY OF THE	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		A Plant and a real of the same	7000
	the year by the following:	8a		The Management of
а	The governing body?	8b	1	<del> </del>
р	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5	•	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	)
			Yes	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100 mm		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13	<b>V</b>	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?	10000000	179 ACCESS	
а	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b	<b>/</b>	The street of th
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a	Character Control of the Control of	/
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 take steps to safeguard the	To both of water		
_	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure	<b></b>		
17	List the states with which a copy of this Form 990 is required to be filed TN	n 604	(c)(2)	e only
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	11 30 1	(U)(U)	o orny
	—			
40	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest	policy
19	and financial statements available to the public during the tax year.			. ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of th	е	
	organization: Savual Account Contar (615)259,9055			

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Daga	1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Chook if Schodula O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization	on nor any relate	d org	aniz			omper	ารล	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box.	ot ch unles	s pei	ition more	than o	an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or direct		Officer	Key employee	_	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
Pamela Busby Board Member	2	1						0	0	0
Linda Rue	2	<u> </u>	┢							
Board member	0	<b>V</b>						o	0	0
Patrick Keeble	2									
Board Member	0	1						0	0	0
Dr Charles Ihrig	2									
Board Member	0	✓						0	0	0
Samuel L Jackson	2	]								
Board Member	0	✓						0	0	0
Elizabeth Kraft	2							]		
Treasurer	0	<b>/</b>		✓				0	0	0
Dr Kellian Chidsey	2									
Board Member	0	<b>/</b>						0	0	0
Kevin Cross	2									
Board Member	0	1				ļ		0	0	0
Trey Harwell	2									
Board Member	0	<b>✓</b>		<u> </u>				0	0	0
Karen Miller	2									_
Board member	0	1		<u> </u>				0	0	0
Mary Maynard	2	٫ ا							_	
Board Member	0	<b>✓</b>						0	0	0
Missy Williams	2	1,						_	_	
Secretary	0	1		_				0	0	0
Lisa Ramsey Cole	2			,			,	_		
Board Member	. 0	1		1	_	<b>  </b>	✓	0	0	0
Angela Bostelman	2	1						_		
Board member	0	<b>/</b>					<u> </u>	0	0	Form <b>990</b> (2012

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(0							
	(A)	(B)			Posi				(D)	(€)	-	(F)
	Name and title	Average					than o		Reportable	Reportable	1	Estimated
	hours per	office				or/trust		compensation	compensation fro related	m	amount of other	
	•	week (list any hours for	옥콧	5	Qf	8	픐	7	from the	organizations	1	compensation
		related	divid	titu	Officer	ष्	plos	Former	organization	(W-2/1099-MISC	<b>)</b> [	from the
		organizations below dotted	증률	tion	,	륯	9 C		(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	altr		Key employee	άg		1			organizations
			tee	Institutional trustee			Highest compensated employee					
				Φ			g.					
Dr Deborah Webst	er Clair	2										_
Board Member		0	<b>/</b>	<u> </u>				_	0		0	0
		2	,								0	0
Board member		0	<b>✓</b>	-		┞	<u> </u>	├	0	<u> </u>	-	<u> </u>
		0	1						0		٥	0
Board Member		2	+ •	├─				_	<u> </u>		1	
Jason R Hill Board member		0	1					1	0		0	0
Tommy Landstree		2					<u> </u>					
Board Member	· · · · · · · · · · · · · · · · · · ·	0	<b>1</b>						0		0	0
Karen Doochin Sh	affer	2										
Board member		0	<b>✓</b>					L	0		0	0
Kristy Tinsley		2	١.				ĺ	1				
Board member		0	<u> </u>	├	_			┡-	0		0	0
20000000000000		2	,			]		1		1	0	0
Board Member		0	<b>✓</b>	╀	┡	_		┢	0		U	
Dr Sadhna William	AS	2	1						0		0	0
Board Member		40	<del>                                     </del>	┡	<u> </u>	┢		-			<b>—</b>	
***************************************		0	1		/				101,598		0	13,012
President		2		Ħ	<del>                                     </del>	<del> </del>		1				
Chair		† <del></del>	1		1				0	ļ F	0	0
		1	· ·	٠.	•			┢	101,598		0	13,012
	ontinuation sheets to Part		n A					<b>&gt;</b>				
d Total (add	l lines 1b and 1c)							<b>&gt;</b>	101,598	<u> </u>	0	13,012
2 Total numl	ber of individuals (including bu	t not limite	d to tl	nose	elis	ted	abov	e) w	vho received m	ore than \$100	,000	of
reportable	compensation from the organ	ization 🕨 1										
		ee							alayaa ar bigi	ant company	atad	Yes No
3 Did the or	rganization list any former o on line 1a? If "Yes," complete	tticer, direc	ctor, (	or ti	rust ind	ee, livid	key i	emţ	ployee, or nigi	iest compens	aleu	3 /
4 For any inc	dividual listed on line 1a, is the on and related organizations	e sum of re	porta an \$	IDIE 150	กกา	าว	nsau f "Ye	)   c	complete Sci	hedule I for :	such	The second secon
organizado individual		greater tr	ιαι τ		,							4 🗸
5 Did any pe	erson listed on line 1a receive	or accrue c	ompe	ensa	tion	i fro	m an	y ur	related organi	zation or indiv	idual	
for service	es rendered to the organization	? If "Yes,"	comp	lete	Sci	hed	ule J	for:	such person			5 ✓
	endent Contractors						•					
1 Complete	this table for your five highest	compensa	ted in	dep	enc	ient	cont	ract	tors that receiv	ed more than	\$100,	,000 of
compensa	ation from the organization. Re	port compe	ensati	on f	or t	he o	calend	dar	year ending wi	th or within the	e orga	anization's tax
year.								-				
•	(A) Name and business ad	draaa							(B) Description of a	senices	c	(C) Compensation
	Name and business au	uress						╀	Description of	JOI VICES		5011p0//04/15/1
								╁				···
								$\dagger$				
								T				
								1				
2 Total num	ber of independent contract	ors (includ	ing b	ut :	not	limi	ted t	o t	hose listed ab	oove) who		Value of the second of the sec
received r	more than \$100,000 of comper	sation from	the o	orga	niza	ation	1 <b>&gt;</b>		0	10 min of 20 min	2000	

Part VIII		Statement of Reve Check if Schedule O		مومم	nea to any guest	tion in this Part V					
	The second secon	CHECK II SCHEOUIE O	omanis a r	copu	nse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns		1a	123,446	The state of the s			A Control of a control of the contro		
	b	Membership dues .		1b	0			The state of the s	and the first of the figure of the first of		
	С	Fundraising events .	_	1c	0			The state of the s	Comment of the Commen		
a iii		Related organizations	_	1d	0	A second property assembly branch dyspectrum in property of the second property of the seco	And the second s	The second secon	And the second s		
ii is	е	Government grants (conf		1e	360,774			Section 1 to the second section of the second section of the section of the second section of the section of th	A cost of the control of the control of the cost of th		
ig is	f	All other contributions, gi				The state of the s		The state of the s	The balance of the former of the balance of the bal		
혈류		and similar amounts not inc	L.	1f	556,590		Company of the Compan		The second secon		
불일	g	Noncash contributions includ		-	0	The state of the s			registers from a register to desire to the control of the control		
	<u>h</u>	Total. Add lines 1a-11	<u> </u>	,		1,040,810			The second secon		
Program Service Revenue					Business Code	A service of the serv	The second secon	The state of the s	And the second s		
e e	2a	Client fees and Insurar			621420	248,910	248,910	0	0		
e B	b	Education Curriculum	••••		611710	8,687	8,687	0	0		
ξ	C	Victim services fees, fe	ee contracts		624110	72,287	72,287	0	0		
ŝ	d										
ığ	e	All all an anamana com	doe revenu			0	0	0	0		
§	1	All other program serv					V		a Proposition of the continuous prop		
-	<u>g</u> 3	Total. Add lines 2a-2i Investment income				329,884		and the second s	A STATE OF THE PARTY OF THE PAR		
	3	and other similar amo				25,875	25,875	0	0		
	4	4 Income from investment of tax-exempt b				25,075	20,070	0	0		
	5	Royalties		-		0	0	0	0		
	Ū	rioyanico i i i	(i) Real		(ii) Personal		The process of the pr				
	6a	Gross rents				The second secon		25 XZV control of the second	The second secon		
	b	Less: rental expenses							Of the first management of the control of the contr		
	C	Rental income or (loss)		0	0	And the second s			Section 11 Adjusted to the least of the leas		
	ď	Net rental income or (loss)		>							
	7a	Gross amount from sales of	(i) Securitie	9\$	(ii) Other	The Annual Property of the Control o			The state of the s		
		assets other than inventory				A service of the serv			The state of section of the state of the sta		
	b	Less: cost or other basis									
		and sales expenses .							Control of the Contro		
	С	Gain or (loss)		0	0			Control of the Contro	Marine of a District Control of the		
	d	Net gain or (loss) .			<u> </u>				200000000000000000000000000000000000000		
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18		•	167,138						
돌	b	Less: direct expenses	3	b	41,281	The second secon			Particular formation and control of the control of		
		Net income or (loss) f			events . 🕨	125,857	1170	0	125,857		
	9a	Gross income from ga				The second secon		The second secon	The state of the s		
									A THE CONTROL OF THE		
	b	Less: direct expenses	3 <sub></sub> .	b		Control of the Contro			argument (see the reason) and the first the second of the		
		Net income or (loss) f			vities						
	10a	Gross sales of in returns and allowance				The second secon			The second secon		
				a				The second of th	The second contract of		
		Less: cost of goods s				And the second state of th					
	C	Net income or (loss) f		1 1110	Business Code			Security Control of Co	mention promptly of the control of t		
	44				Business code	The second secon	The state of the s	and purchased the second of th	And the second s		
	11a b				<u> </u>						
	C		•••••								
	d	All other revenue .			} <del></del>						
	e	Total. Add lines 11a-				0	Complete Com	The second secon	And the second s		
	12	Total revenue. See in			▶	1,522,426	355,759	0	125,857		
						,,			Form <b>990</b> (2012)		

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 respons				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	. 0	. 0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 114,276	0 68,566	22,855	22,855
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	824,043	715,869	29,064	79,110
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,141	13,863	1,326	952
9	Other employee benefits	105,752	91,113	5,593	9,046
10	Payroll taxes	73,277	61,626	3,640	8,011
11 a	Fees for services (non-employees):  Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	12,063	10,342	618	1,103
þ	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	and Michigan In James and Angeling and Angel	And a first come, we obtain a measurement of particular description of a first	0
f	Investment management fees	5,452	0	5,452	. 0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,330	55,977	587	5,766
12	Advertising and promotion	33,391	16,212	183	16,996
13	Office expenses	22,792	16,487	4,477	1,828
14	Information technology	38,825	31,912	3,516	3,397
15	Royalties	0	0	0	0
16	Occupancy	74,834	62,862	7,444	4,528
17 18	Payments of travel or entertainment expenses	3,013	1,861	69	1,083
40	for any federal, state, or local public officials	0	0	1 005	2 240
19	Conferences, conventions, and meetings .	11,968	6,754	1,995	3,219
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization	103,021	97,870	4,121	1,030
23	Insurance	16,016	13,888	685	1,443
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		Marian and Art (Art (Art (Art (Art (Art (Art (Art		
	line 24e amount exceeds 10% of line 25, column			Control of	
	(A) amount, list line 24e expenses on Schedule O.)				Control of the Contro
а	Bad Debt	9,329	0	0	9,329
b	Licenses and fees	6,500	3,365	471	2,664
c d	Miscellaneous	1,857	826	922	109
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,534,880	1,269,393	93,018	172,469
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    if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . . 1 2 Savings and temporary cash investments . . . . . . 518,797 2 652,686 3 209,864 3 199,625 4 4 7,018 3,300 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 0 7 Notes and loans receivable, net . . . . . 0 Inventories for sale or use . . . . . . 8 0 3,834 9 Prepaid expenses and deferred charges 11,826 8,300 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,192,193 Less: accumulated depreciation . . . . 10b 10c 521,202 2,760,862 2,670,991 11 Investments—publicly traded securities . . . . . 11 Investments-other securities. See Part IV, line 11 . . . 12 1,186,991 12 1,204,064 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 . . . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 4,699,192 4,738,966 17 17 11,455 9,151 18 18 19 19 ol 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 . . 11,455 9,151 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 3,113,329 27 3,147,664 28 28 Temporarily restricted net assets . . . . . . . . 394,711 402,454 29 1,179,697 1,179,697 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 4,687,737 4,729,815 Total liabilities and net assets/fund balances . . . 34 4,699,192 4,738,966

		Pag	ge <b>12</b>
			_
		٠	<u> </u>
		1,522	2,426
		1,534	,880
		-12	2,454
		4,687	7,737
		54	1,532
			0
			0
			0_
			0
		4,72	9,815
-			
		Yes	No
			And the second s
	2a	<b>/</b>	
	2b	A Company of the Comp	The second secon
	Party Day	The proof of the p	manufacture and the control of the c

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI . . . . . 2 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII . . . . . . . Accounting method used to prepare the Form 990: Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 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: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis b Were the organization's financial statements audited by an independent accountant? 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.... За 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 Form 990 (2012)

Form 990 (2012)

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

**Public Charity Status and Public Support** 

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number 62-1043294

SEX	UAL ASSAULT CEN					*******				43294		
			ri <b>ty Status</b> (All orga						nstructio	ns.		
1 2 3 4 5	A church, con A school desc A hospital or a A medical reschospital's nan An organization section 170(b	vention of churc wibed in section a cooperative ho earch organizatione, city, and state on operated for o)(1)(A)(iv). (Com	the benefit of a colle	churches ch Schedi ation desc ction with	s describe ule E.) cribed in s a hospit versity ov	ed in sec section 1 al describ wned or	tion 170( 170(b)(1)( ped in se	b)(1)(A)(i) A)(iii). ction 170 by a go	D(b)(1)(A)(			oed in
6 7	An organization described in s	on that normally section 170(b)(1)	receives a substantia (A)(vi). (Complete Par	il part of t II.)	its suppo	ort from a	governr	nental un	it or from	the ge	neral į	oublic
8 9	An organization receipts from support from acquired by the	on that normally activities related gross investment ne organization a	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	an 331/3% ions—sul lated bus se <b>sectio</b>	of its su oject to c siness ta n 509(a)(	ipport fro certain ex xable inc <b>2).</b> (Comp	ceptions come (les olete Part	, and (2) is section : III.)	no more n 511 ta:	than 3	31/3%	of its
10	An organization purposes of control 509(a)(3). Che a Type I	on organized ar one or more put ock the box that b  Type		ely for th nizations supportin I–Functio	ie benefii described ig organiz nally inte	t of, to post of in sect cation and grated	oerform t ion 509(a d comple d □ □	he funct )(1) or se te lines 1 Type III-N	ions of, ection 509 1e throug Ion-funct	9(a)(2). S gh 11h. ionally ir	iee <b>se</b> itegra	ection ted
е	other than for or section 509	ındation manage 7(a)(2).	that the organization ers and other than one	e or more	publicly	supporte	ed organi	zations c	lescribed	in secti	on 50	9(a)(1)
f g	organization,	check this box	a written determination							e III su <sub>l</sub>	oportii	ng · 🔲
_	following pers  (i) A person (iii) below,  (ii) A family m	ons? who directly or i the governing b ember of a pers	ndirectly controls, eithody of the supported on described in (i) about a person described ir	her alone organizat ove?	or toget	her with	persons	described		11g(i 11g(i 11g(ii	)	No
h			ion about the support							<u> </u>		
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	rganization sted in your document?	the organ col. (I) supp	ou notify nization in of your port?	organizat (i) organi U.	ion in col. zed in the S.?	(vil) Amou sı	nt of me	onetary
			`	Yes	No	Yes	No	Yes	No			
(A)												
(B)					:					**********		
(C)										·····		
(D)												
(E)												
		The second secon	The second secon		A control of the cont	The second secon	A Feb Armed Company Co					

Page 2 Schedule A (Form 990 or 990-EZ) 2012 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 (e) 2012 (f) Total (d) 2011 (a) 2008 (b) 2009 (c) 2010 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2,203,082 1,188,590 1,356,007 1,157,408 1,207,948 7,113,035 levied revenues organization's benefit and either paid to or expended on its behalf . . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 7,113,035 1,356,007 1,157,408 1,207,948 Total, Add lines 1 through 3.... 2,203,082 1,188,590 The portion of total contributions by 5 person (other than a governmental unit publicly or

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			Control of Security (Control of Security Control of Security Contr			
	Public support. Subtract line 5 from line 4.	When the second of the second	And the second s	The second of th	And the second s	The second secon	7,113,035
	n B. Total Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	2,203,082	1,188,590	1,356,007	1,157,408	1,207,948	7,113,035
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,252	27,823	64,740	162,879	80,407	357,101
	Net income from unrelated business activities, whether or not the business is regularly carried on					•	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
	Total support. Add lines 7 through 10	And the second s					7,470,136
	First five years. If the Form 990 is for the						
	organization, check this box and stop he					* * * * *	
	on C. Computation of Public Suppor			d ==1(6)\		14	95.22 %
	Public support percentage for 2012 (line					15	96.15 %
15 16a	1 400 100 100 100 100 100 100 100 100 10						
104	box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test—2011. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	
~	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization		
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes 	nces" test, che t. The organiza	eck this box ar ation qualifies	nd <b>stop here.</b> I as a publicly s	Explain in upported
	b 10%-facts-and-circumstances test—2011. 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						
	Private foundation. If the organization di					k this box and	see
	instructions						. <b>&gt;</b> 🗀
			<u> </u>		Sof	nedule A (Form 99	0 or 990-EZ) 2012

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

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

1 Gilts, grants, contributions, and membership fees received. (Do not include any trusual grants.) 2 Gross receighs from additivishment and the congenization's tax-exempt purpose or grants and 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 or the organization's benefit and either paid to or expended on the behalf or the organization without charge or facilities furnished by a governmental unit to the organization without charge or facilities furnished by a governmental unit to the organization without charge or facilities furnished by a governmental unit to the organization without charge or for the disqualified persons be an included on lines 1, 2, and 3 received from disqualified persons be an included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b.  Public support (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Angular transfer or some from interest, dividends, payments received on securities beans, rents, royalities and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses sectivities 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.)	1 diffs, greats, contributions, and membership less received. Door Inchools any various grants.] 2 Gross receipts from admissions, merchandse sold or services performed, or facilities furnished in any activity that is related to the organization's to-exemit purpose . 3 Gross receipts from admissions, merchandse regularities to service performed, or facilities furnished in any activity that is related to the organization's to-exemit purpose . 3 Gross receipts from admissions are deliber paid to or expended on its behalf to or expended on without charge . 4 Tax revenues levided on fines 2 and 3 received from discretal field persons . 5 Amounts included on fines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on file 13 for the year . 5 Add lines 7 and 7 b . 5 Public support (Subtract line 7 of from line 6) . 5 Cross income from interest, dividends, payments received on securifies loans, rieth, royalfies and income from interest, dividends, payments received on securifies loans, rieth, royalfies and income from interest on submisses accities for laxes) from businesses acquired after June 30, 1975 . 5 Add lines 10 and 10 b . 5 Add lines 10 and 10 b . 5 In Nel income from included in line 100, Whether or not the business is regularly carried on 100 country in the safe of capital assets (Explain in Part IV) . 5 Total support. (Add lines 9, 10c, 11, and 12). 6 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(k/2) organization, check this box and stop here. 6 Public support percentage for 2011 Schedule A, Part III, line 17 in 15 in 16 in 16 in 17 in 18 in 17 in 18 in	1 Gilts, grants, contributions, and membership less received. Open bindus any nursual grants. 1 2 Gines receited by non tendate any nursual grants. 1 3 Gines receited by non tendate any nursual grants. 1 3 Gines receited by must be related to the organization's barnetis must section 513 4 Tax revienues levided for the organization's barnetis and either paid to or expended on its behalf 1 5 The value of services or facilities furnished by a governmental unit to the organization without charges 1 6 Total. Add lines 1 through 5. 1 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 1 8 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 2 Add lines 7 and 75 a. 7 8 Public support (Subtract line 7 of from line 6) . 2 9 Amounts from line 6 . 3 10a Gioss income from interest, dividends, payments received on securifies lorans, rents, reysities and income from similar sources . b Unrelated business taxable lincome (Bess section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b . 11 Net income from unrelated business sandities in Fart IV) . 9 . 1076 . 13 Total support. (Add lines 9, 1075) . 13 Total support, (Add lines 9, 1075) . 13 Total support, (Add lines 9, 10, 11, and 12) . 14 First five years. If the Form 980 is for the organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (file 8, column (g) divided by line 13, column (g)) . 15 96 . 16 9 . 33 376 support percentage for 2012 (file 8, column (g) divided by line 13, column (g)) . 17 96 . 33 376 support percentage for 2014 Schodule A, Part III, line 15 . 16 96 . 36 . 33 376 support percentage for 2014 Schodule A, Part III, line 17 1, and 12 9. 33 376 support percentage for 2014 Schodule A, Part III, line 16 1, and 16 1 lines 18 and 16 1 lines 18 and 16 1 lines 18 and 16 lin	Section	on A. Public Support				-		
received, (Do not include any 'unusual grants.') 2 Gross receipts from adhistelsons, merchandles 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	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandses sold or services performed, or faillites fundabled in any activity that is related to the organization's tex-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levided 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.  7 Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  9 Amounts included on lines 2 and 3 received from other than disqualified persons.  9 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.  9 Add lines 7 and 7b 9 Public support (Subtract line 7c from line 6.).  10a Gross income from interest, dividends, payments received on securities leans, rants, royalties and income from interest, dividends, payments received on securities leans, rants, royalties and income from interest, dividends, payments received on securities leans, rants, royalties and income from businesses activities not included fine 100, whether or not the business is regularly carried on 100 there income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here certained.  12 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).  13 Total support percentage for 2012 (line 10, column (f) divided by line 13, column (f)).  14 Public support	received, (Do not brothed any 'unusual grants,') 2 Gross receipts from admissions, merchandses add or services performed, or fazilities furnished any activity that is releted to the organization's to-exempt purpose.  Gross needles from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's brental and either paid to or exponded on its behalf.  5 The value of sarvices 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 1, 2, and 3 received from disqualified persons are ceived from other than disqualified persons that exceed the greater of \$3,000 or 1% of the amount on line 15 for the year of Add lines 7 and 75 .  8 Public support (Subtract line 7 from line 6) .  9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities lears, ents, royalities and income from similar sources .  b Unrelated business toxable income leas section 611 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b .  11 Net income from unrolated business acquivities not included jain or loss from the sale of capital assets (Explain in Part IV) .  12 Total support. (Add lines 9, 10c, 11, and 12) .  13 Total support (Add lines 9, 10c, 11, and 12) .  14 First they 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  15 Public support percentage for 2012 (line 6, column (f) divided by line 13, column (f) .  15 Months support percentage for 2012 (line 6, column (f) divided by line 13, column (f) .  17 Investment income percentage for 2012 (line 6, column (f) divided by line 13, column (f) .  18 Jan 18	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
2 Gross receipts from admissions, merchandliss sold or services performed, or facilities furnished in any activity that is related to the organization's tax-ewent 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 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 .  10a Gross income from interest, dividends, payments received on securities loans, rents, royalfies 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 tousiness are 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 lines 9, 10c, 11, and 12.)  First five years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(6 organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2011 Schedule A, Pat III, line 15 .  16 III.	2 Gross receipts from admissions, merchandles sold or services performed, or facilities turnished in any activity that is related to the organization's tox-exempt purposes .  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 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 .  6 Public support (subtract line 7c from line 6) .  9 Amounts from line 6  10a Gross income from interest, dividends, payments received or securities bens, rents, royalies and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses accipited after June 30, 1975 .  c Add lines 10a and 10b .  Net income Do not include gain or loss from the sale of capital assets (Explain in Part IV) .  10 Total support, (Add lines 9, 10c, 11, and 12) .  11 Total support, (Add lines 9, 10c, 11, and 12) .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) .  13 Total support, (Add lines 9, 10c, 11, and 12) .  14 First five years, if the Form 900 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 contage from 2011 Schedule A, Part III, line 17 .  15 Public support percentage from 2011 Schedule A, Part III, line 17 .  16 Public support percentage from 2011 Schedule A, Part III, line 17 .  17 In on tom or firm 33/35 schedule A, Part III, line 17 .  18 Investment income percentage from 2011 Schedule A, Part III, line 17 .  18 Investment income percentage from 2011 Schedule A, Part III, line 17 .	2 Gross receipts from admissions, merchandises sold or services porformed, or facilities furnished in any activity that is related to the organization's tace-worst purpose.  3 Gross receipts from activities that sen of an unrelated thad or business under section 513  4 Tax revenues leyled for the organization without charge.  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 76 from line 6).  9 Public support (Subtract line 76 from line 6).  9 Amounts from line 6  10 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from semilar sources.  b Unrelated business taxable income (leas season) for 11 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Nel 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 lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, octumn (f) divided by line 13, column (f)) 15   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17   96, 2010   17	1							
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levield for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total. Add lines 1 through 5 .  Amounts included on lines 2 , 2, and 3 received from disqualitied persons .  Amounts included on lines 2 and 3 received from disqualitied persons .  Amounts included on lines 2 and 3 received from other than disqualitied persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 7 .  Public support (Subtract line 7c from line 6) .  Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6 .  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .  b Unrelated business taxable income (less section 50 fit taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b  Net income from unrelated business activities not included in line (bo, whether or not the business is regularly carried on 12 Other income. Do not included gain or loss from the sale of capital assets (Explain in Part IV) .  Total support, (Add lines 9, 10c, 11, and 12) .  First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(corganization, check this box and stop here	sold or services parformed, or facilities furnished in any activity that is related to the organization's terminal transport of the companization'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 .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Amounts included on lines 1 2, and 3 received from disqualified persons .  7 Announts included on lines 1 2, and 3 received from disqualified persons .  8 Amounts included on lines 2 and 3 received from other than disqualified persons .  9 Amounts included on lines 1 2, and 3 received from other than disqualified persons .  9 Public support (Subtract line 7c from line 6.) .  9 Public support (Subtract line 7c from line 6.) .  9 Public support (Subtract line 7c from line 6.) .  9 Public support (Subtract line 7c from line 6.) .  10a Gross Income from interest, dividends, payments received on securities lanns, rents, royalties and income from interest, dividends, payments received on securities lanns, rents, royalties and income from interest, dividends, payments received on securities lanns, rents, royalties and income from interest, dividends, payments received on securities lanns, rents, royalties and income from businesses accitivities not included fine 10pt, whether or not the business is regularly carried on 11 Net income from unrolated business activities not included fine 10pt, whether or not the business is regularly carried on 12 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  10 Total support, (Add lines 9, 10c, 11, and 12.) .  11 Net income from unrolated business activities not included fine 10pt, whether or loss from the sale of capital assets (Explain in Part IV)  12 Total support percentage from 2011 Schedule A, Part III, line 17 .  13 Total support percentage from 2011 Schedule A, Part III, line 17 .  14 Investment income percen	sold or services parformed, or feaillites furnished any activity that is related to the organization's tare-usempt purpose.  Gross recipits from activities that are not an unrelated trade or business under section 513  4 Tax revenues levided for the organization's binefit 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. Acd lines 1 through 5.  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. Bh. Amounts included on lines 2 and 3 received from disqualified persons. Bh. 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 7 and 7 b.  Public support (Subtract line 7c from line 3).  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9. Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities to ans, rents, reyalties and income from similar sources.  b Unrelated business taxable income fless section 511 taxel) from businesses acclured after June 30, 1975.  c Add lines 10a and 10b.  11 Net income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  12 Total support. (Add lines 9, 10c, 11, and 12, 1.  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 (c) Computation of Public Support Percentage  5 Public support percentage from 2012 (line 8, column (f) divided by line 13, column (f)).  15 Proportion of Investment Income Percentage  17 Investment Income percentage from 2011 Schedule A, Part III, line 15 .  18 Jan 25 (c) And lines 1 (a) Appropriation of Investment Income Percentage  17 Investment Income percentage from 2011 Schedule A, Part III, line 15 .  18 Jan 25 (c) Appropriation of Investment Income Percentage  18 Investment Income percen								
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.  7 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 of Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6).  Section B. Total Support  Calendar year for fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total support sectived no scurifies loans, rents, royalties and income from interest, dividends, payments received on socurifies loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (sess 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 lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(6) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2012 (line 8, column (f) divided by line 13, column (f)) 15	turnished in any activity that is related to the organization's tax-exempt purpose s.  Gross receipts from activities that are not an unrelated trace or business under section 613  Tax revenues levied for the organization without charge .  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total, Add lines 1 through 5 .  Amounts included on lines 1, 2, and 3 received from disqualified persons .  Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amounts of line 13 for the year c.  Add lines 7a and 7b .  Public support (subtract line 7 from line 6)  Unrelated business taxable income (less section 511 taxes) from businesses accipited after June 30, 1975 .  Amounts included to line st, dividends, payments received on securities blans, rents, royalities not included in line 10b, whether or not the business is regularly carried to 12 to 12 to 12 to 12 to 13 to 1	furnished in any activity that is related to the organization's lax-exempt purpose.  3 Gross receipts from activities that are not an unrelated wated or business under section 513  4 Tax revenues levied for the organization without charges.  5 The value of services or facilities furnished by a governmental unit to the organization without charges.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified presons.  b Amounts included on lines 1, 2, and 3 received from disqualified presons.  b Amounts included on lines 1, 2, and 3 received from disqualified presons.  ceived from other than disqualified persons.  charges and 7b.  7a Public support (Subtract line 7c from line 6.).  Section B. Total Support.  Calendar year (or fiscal year beginning in) > (a) 2003 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6.).  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities learn, ents, royalities and income from similar sources.  10b Unrelated business taxable income (ses section 511 taxes) from businesses acquired after June 30, 1975 .  10c Add lines 10a and 10b  11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part IV) .  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  17 Investment income percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .  18 Gestion D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 Schedule A, Part III, line 17 .  18 Jan 3/3/8 support tests—2012. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33/3/6, and line 16 is not more than 33/3/6, check this box and stop here.  18 Jan 3/4/8 support tests	2	Gross receipts from admissions, merchandise					:	
organization's tax-exempt purpose .  3 Gross received 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 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) .  9 Amounts from line 6 .  9 Amounts from interest, dividends, payments received nore interest, dividends, payments received no securities loans, rents, royalties and income from similar sources .  5 Unrelated business taxable income (ses section 511 taxes) from businesses 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 lines 9, 10c, 11, and 12) .  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(6) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2012 (line 8, column (f) divided by line 15, column (f)) 15    16	organization's lax-exempt purpose of cross secretary and control to the conganization's benefit and either paid to or expended on lis behalf or organization without charge organization organization is decided on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 15 of the amount on line 13 for theyear or Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.)  Public support (Subtract line 7c from line 6.)  Gross income from interest, dividends, payments received on securities loans, rents, revalles and income from similar sources.  b Urrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  Net income from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  Net income from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  Net income from unrelated organization or loss from the sale of capital assets (Explain in Part IV.).  13 Total support, Add lines 9, 10c, 11, and 12.).  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  ection C. Computation of Public Support Percentage  15 Public support percentage from 2011 Schedule A, Part III, line 15 is more than 331a%, and line 17 is not more than 331a%, check this box and stop here.  16 Total not more than 351a%, check this box and stop here. The organization qualifies as a publicly support de	organization's lax-exempt purpose of Gross included on lines 1, 2, and 3 received from the state of the state of the sequence		sold or services performed, or facilities						
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(Add lines 9, 10c, 11, and 12) .  13 Total support (Public support Percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . 15 % Public support percentage for 2012 (line 16, column (f) divided by line 13, column (f)) . 17 % ection D. Computation of Investment income Percentage from 2011 Schedule A, Part III, line 15 .  15 Public support percentage from 2011 Schedule A, Part III, line 17 .  16 Investment income percentage from 2011 Schedule A, Part III, line 17 .  17 Investment income percentage from 2011 Schedule A, Part III, line 17 .  18 Interestment income percentage from 2011 Schedule A, Part III, line 17 .  18 Interestment income percentage from 2011 Schedule A, Part III, line 17 .  19 Investment income percentage from 2011 Schedule A, Part III, line 17 .  10 Investment income percentage from 2011 Schedule A, Part III, line 17 .  10 Investment income percentage from 2011 Schedule A, Part III, line 17 .  11 Investment	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 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6.)  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c Add lines 10a and 10b	C Add lines 10a and 10b	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 lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))							1	
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 lines 9, 10c, 11, and 12.)	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.)	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.)		acquired after June 30, 1975						
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.)	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 lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 331/2% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line  17 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization.	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.)	C							
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 lines 9, 10c, 11, and 12.)	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.)	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.)	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)	loss from the sale of capital assets (Explain in Part IV.)	loss from the sale of capital assets (Explain in Part IV.)								
(Explain in Part IV.)	(Explain in Part IV.)	(Explain in Part IV.)	12					1		
Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  ection C. Computation of Public Support Percentage  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2011 Schedule A, Part III, line 15  Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Pa	Total support. (Add lines 9, 10c, 11, and 12.)								
and 12.)	and 12.)	and 12.)							<u> </u>	
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)(c) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	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  cection C. Computation of Public Support Percentage  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13							
organization, check this box and stop here	organization, check this box and stop here	organization, check this box and stop here		and (2.)		ale first sees	d third fourth	or fifth toy y	par as a sectio	n 501(c)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	14		ne organizado	II S III SI, SECOII	ia, iinia, ioara	i, or martax y	car as a score	<b>▶</b> Γ
Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	01							<u> </u>
16 Public support percentage from 2011 Schedule A, Part III, line 15	Public support percentage from 2011 Schedule A, Part III, line 15	16 Public support percentage from 2011 Schedule A, Part III, line 15					2 column (fl)		15	%
	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)	Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))		Public support percentage for 2012 (line	o, coluinn (i) u	ilvided by fine .	io, coluinii (i <i>jj</i>		16	
Section D. Computation of Investment Income Percentage	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	10				<u> </u>		1101	70
17 Investment income percentage for 2012 (line 10c column (f) divided by line 13 column (f))	Investment income percentage from 2011 Schedule A, Part III, line 17	Investment income percentage from 2011 Schedule A, Part III, line 17	-	Investment income percentage for 2012	line 10c colu	mn (f) divided h	v line 13 colu	mn (fl)	17	%
	19a 33½% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.	33¹/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ □ 33¹/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □		Investment income percentage for 2012 (	une 100, colui 1 Schedule A	Part III line 17	, iiio 10, 00iu		18	
100 3316% support tests—2012. If the organization did not check the hox on line 14, and line 15 is more than 3316%, and line	17 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . • □	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► □  b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► □								
17 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization .	and the second state of the second state of the second sec	b 331/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	เชส	17 is not more than 331,8%, check this hox	and stop here	. The organizati	ion qualifies as	a publicly supr	orted organizat	ion ► Γ
	h 3344% support tests—2011. If the organization did not check a dox on line 14 of line 19a, and line to is more than 35/376, and	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
b 3316% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, an	by the support total and the support to the support to the support total and the support	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	n	line 18 is not more than 3312%, check this	box and stop I	here. The organ	ization qualifie	s as a publicly	supported organ	nization 🕨 🛚
b 331/s% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/s%, an line 18 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization	line 18 is not more than 331/2%, check this box and stop here. The organization qualities as a publicly supported organization		20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🛭
b 331/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, an line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization		20	Private foundation. If the organization d	id not check a	box on line 14	I, 19a, or 19b.	check this box	and see instru	ictions 🕨 🗍

Pa	ne	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
•••••	
••••	
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#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization 62-1043294 SEXUAL ASSAULT CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 . . . . . . . . . . . . . . . . . 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: 

F	ac	10	2

Dort	III Organizations Maintaining	Collections of A	Art Historical T	reasures, or Of	her Similar Ass	ets (continued)
	Using the organization's acquisition, a	ccession and oth	er records, check	k any of the follow	wing that are a sig	nificant use of its
3	collection items (check all that apply):	tooosion, and on	10, 1000100, 01100	is unity of the roller		
	· ·		.r. □ 1.ccc	or ovohongo prog	rome	
	Public exhibition			or exchange prog		
	Scholarly research		e 🗌 Other			
C	☐ Preservation for future generations			Cth the a saw		st nurnoso in Part
4	Provide a description of the organizat	ion's collections a	nd explain now ti	iey turtner the ort	ganization's exemp	or harhose in Lair
	XIII.					
5	During the year, did the organization	solicit or receive	donations of art,	nistorical treasure	s, or other similar	
	assets to be sold to raise funds rather	than to be mainta	ined as part of the	organization's co	ollection?	Yes No
Part	V Escrow and Custodial Arra	<b>ngements.</b> Cor	nplete if the org	anization answe	red "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun	t on Form 990, F	Part X, line 21.			
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary fo	r contributions of	r other assets not	
	included on Form 990, Part X?					🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able:		
~		•			Am	ount
С	Beginning balance			10	;	
d	Additions during the year				3	
	Distributions during the year				•	
e	Ending balance			· · · · · <del>  · ·</del>		
f	Did the organization include an amoun	t on Form 900 Pa	ort Y line 212			☐ Yes ☐ No
2a	If "Yes," explain the arrangement in Pa	nt Off Full it 330, Fo	s if the evolunation		ed in Part XIII	
		at All. Check her	ation answered	"Ves" to Form 9	90 Part IV line	10.
Pari	Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
						844,854
1a	Beginning of year balance	1,186,991	1,281,462		1	
b	Contributions	0	0	450,000	0	0
C	Net investment earnings, gains, and					
	losses	80,407	-46,020	162,879		
d	Grants or scholarships	0	0	0	0	0
е	Other expenditures for facilities and					
	programs	63,334	48,451	69,017	57,137	53,185
f	Administrative expenses	0	0	0		
g	End of year balance	1,204,064				729,697
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	ı, column (a)) held	as:	
a	Board designated or quasi-endowme		5 %			
b	Permanent endowment ▶	95 %	<b></b>			
c	Temporarily restricted endowment ▶	0 %				
Ŭ	The percentages in lines 2a, 2b, and 2		0%.			
3a	Are there endowment funds not in th	e possession of th	e organization th	at are held and a	dministered for the	•
ou	organization by:	- 1	Ü			Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
L	If "Yes" to 3a(ii), are the related organ		equired on Sched	ule B?		3b
b	Describe in Part XIII the intended use	s of the organization	an's endowment f	unds.		<u> </u>
4		mont See Forn	000 Part X lin	e 10		
Par		(a) Cost or of			Accumulated	(d) Book value
	Description of property	(investm			depreciation	(4)
			· ·		An arms the life of the case of the first transfer of the case of	552,618
1a	Land	•	0	552,618	244.040	1,714,370
b	Buildings	•	0	1,959,280	244,910	
C	Leasehold improvements	•	0	334,196	64,981	269,215
d	Equipment	•	0	337,495	204,966	132,529
е	Other	•	0	8,604	6,345	2,259
Total.	Add lines 1a through 1e. (Column (d)	nust equal Form 9	90, Part X, colum	n (B), line 10(c).)	<u></u> . ▶	2,670,991

Part VII Investments — Other Securities	s. See Form 990, Part X.	line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	arket value
(1) Financial derivatives	1,204,06	4 End-of-Year Market Value	
(2) Closely-held equity interests			
(3) Other	•		
(A) (B)			
(C)			
(D)			
<u>\-7</u> (E)			
(F)	-		
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	1,204,06	4	The second secon
Part VIII Investments - Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
(1)			
(2)		-	
(3)			
(4)			
(5)			
(6)		•	
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, F		The state of the s	A CONTRACTOR OF THE PROPERTY O
Other Assets. See rollingso, r	(a) Description		(b) Book value
(1)		-	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X,	col (R) line 15 )		
Part X Other Liabilities. See Form 99	0 Part X line 25		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)		The second secon	A second property of the second property of t
(3)			
(4)			And the state of t
(5)			A COLUMN TO THE PROPERTY OF T
(6)			For the first transfer of the control of the contro
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide th	e text of the footnote to the o	rganization's financial statements that	reports the organization's
liability for uncertain tax positions under FIN 48 (ASC	2 740). Check here if the text	of the footnote has been provided in F	art XIII
massing for discontain tax positions officer the to proceed			Schedule D (Form 990) 201

Page	4
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	5 V 5111 CO0/2012				9
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,659,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			Committee of the commit	
а	Net unrealized gains on investments	2a	54,532	IN BELLEVIA	
b	Donated services and use of facilities	2b	41,101	ASSESSMENT OF THE PROPERTY OF	
С	Recoveries of prior year grants	2c	0	Commission of the Commission o	
d	Other (Describe in Part XIII.)	2d	41,281	70000000000000000000000000000000000000	
ө	Add lines 2a through 2d			2e	136,914
3	Subtract line 2e from line 1	,		3	1,522,426
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0	1000000	
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,522,426
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Returr	1
1	Total expenses and losses per audited financial statements			1	1,617,262
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Control of the contro	
а	Donated services and use of facilities	2a	41,101	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
b	Prior year adjustments	2b	0	Control Control	
С	Other losses	2c	0	Torrida Marina	
d	Other (Describe in Part XIII.)	2d	41,281	A STATE OF THE ACT OF T	
е	Add lines 2a through 2d			2e	82,382
3	Subtract line 2e from line 1	<i></i> .		3	1,534,880
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Maria de Cara	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	. 0	Control of the contro	
b	Other (Describe in Part XIII.)	4b	0	A STATE OF THE STATE OF T	•
C	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,534,880
	XIII Supplemental Information				
Part V, inform Sched	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.  ule D, Part V, Line 4 - The organization budgets 5% of the endowment investmenting at 101 French Landing.	. Also ent eac	complete this part to	provide a	any additional of maintaining
	ule D, Part XI, Line 2d - Expenses for annual fundraiser that were not netted ag	jainst i	ncome in the audited f	inancial s	tatements.

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

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 62-1043294 **SEXUAL ASSAULT CENTER** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants ☐ Mail solicitations а f Solicitation of government grants ☐ Internet and email solicitations g 

Special fundraising events ☐ Phone solicitations ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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. (v) Amount paid to (or retained by) fundraiser listed in col. (l) (vi) Amount paid to (or retained by) (iii) Did fundraiser have (Iv) Gross receipts from activity (i) Name and address of individual custody or control of contributions? (ii) Activity or entity (fundraiser) organization No Yes 1 4 5 6 10 Total 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.

	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" to and gross income on I	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 atter Dinner and Silent A (event type)	(b) Event #2 Walk in Their Shoes (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	127,703	39,435		167,138
ď	2	Less: Contributions Gross income (line 1 minus	0	0		0
	3	line 2)	127,703	39,435		167,138
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
suses	6	Rent/facility costs	0	0		0
Direct Expenses	7	Food and beverages	0	0		0
Direc	8	Entertainment	0	0		0
	9	Other direct expenses .	41,281	0		41,281
Pa	10 11 rt III	Direct expense summary. An Net income summary. Comb Gaming. Complete if the	oine line 3. column (d), a	nd line 10	▶ 	( 41,281 ) 125,857 reported more
		than \$15,000 on Form 9	90-EZ, line 6a.			T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes ,	:			
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Ves %	□ Yes %	☐ Yes %	Tanggara king (2003), and a major parallel state a major parallel state of the stat
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ No	
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summa	ry. Combine line 1, colur	mn d, and line 7	<b>&gt;</b>	
ę	a Is	nter the state(s) in which the o the organization licensed to o "No," explain:	organization operates ga	in each of these states		
	"		= :: :: :			
10		ere any of the organization's " "Yes," explain:	gaming licenses revoked			r? , 🗌 Yes 🗌 No

Schedu	le G (Form 990 or 990-EZ) 2012 Page 3
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	part to provide any detailment (Control of the Control of the Cont

#### **SCHEDULE J** (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization SEXUAL ASSAULT CENTER

Employer identification number

62-1043294

Part l	Questions Regarding Compensation		Yes	No
1a	990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	The second secon	A Principal Control of the Control o	The state of the s
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		The state of the s	
	☐ Travel for companions ☐ Payments for business use of personal residence		200 CO CO	
	Tay indemnification and gross-up payments Health or social club dues or initiation fees	INCOME.	And the second s	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
			22,000,000	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	*/	STATE OF THE PARTY.	The state of the s
	or reimbursement or provision of all of the expenses described above? If Tho, complete Fait in to	١		
	explain	1b	A STATE OF THE PARTY OF	Transmiss A
	" to and be all officers			Tenanta de
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	2		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		Control of Control	
	and the state of the			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		The state of the s	
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	1100000000		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study		Property of the second	Constitution of the consti
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		Participant of the	The second secon
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	V 100 mg 100 mg		
4	organization or a related organization:		The second of the second	
	Receive a severance payment or change-of-control payment?	4a		<b>V</b>
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>/</b>
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<b>V</b>
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		The same of the sa	7011277
	II 165 to any or lines 42 o, not the personne time provide and provide and personne time provide and personne time provide and personne time provide and personne time per			Today Salaman
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	The second		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	2000000		
•	compensation contingent on the revenues of:			
а	The organization?	5a		1
b		5b	A. 1. Canada and	<b> </b>
~	If "Vae" to line 5a or 5b, describe in Part III.	2000 To 1000 T	Control of the Contro	10000000000000000000000000000000000000
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	Transferance		
	compensation contingent on the net earnings of:	GOLDANIA S	1000000	
а	The organization?	6a 6b	_	+-
b	Any related organization?	do		V
	If "Yes" to line 6a or 6b, describe in Part III.	Parameter and		AND THE PARTY OF
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7	1	1
	payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>—</b>	+	+
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 53.4956-4(a)(5)? If Tes, described	8		1
	in Part III		1	+
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	- 3		

Schedule J (Form 990) 2012

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.

Schedule J (Form 990) 2012 (F) Compensation reported as deferred in prior Form 990 110,947 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 column (D) and (E) amounts for that individual. 127,288 (E) Total of columns (B)(I)-(D) 9,584 (D) Nontaxable benefits 3,428 0 (C) Retirement and other deferred compensation 0 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 00 (ii) Bonus & incentive compensation 114,276 (i) Base compensation Œ 6 E e E EE EE Œ E e E EE  $\epsilon \epsilon$ EE E € € **E E** EE e E (A) Name and Title Tim Tohill, President 72 5 # 5 9 œ 6 **9** F N က S 9 ,

the this part for any additional information.	Viso complete this par
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	1
	*
complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, ba, 6b, 7, and 8, and for Part II. also complete this part for any additional information.	complete this part to I
is part to provide the information, explanation, or descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.	on the this part to

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

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SEXU.	AL ASSAULT CENTER	₹								62-1	04329	14		
Part	Excess Benef	fit Transaction	s (section 501	(c)(3)	and secti	ion 501(c)(4	orga	anizations only).	m aar	レビフ	Part \	/ lino	40b	
	Complete if th						ne 25	a or 25b, or For	111 996	J^EZ,	rail \	, 1116	(d) Con	ecteri?
1	(a) Name of disqualified	person	(b) Relationship be	itween o organiza		person and		(c) Description	of tran	saction	ı		Yes	No
(1)														
(2)														
(3)		1												
(4)														
(5)														
(6)														
2	Enter the amount under section 4958					gers or disc			ring ti 	ne ye: 	ar ► \$			
3	Enter the amount o		line 2, above,	reimb	ursed by	the organi	zatio	1		)	<b>&gt;</b> \$			
		/ = luda-	td Darson											
Part	Loans to and	/or From Inter	ested Person answered "Ye	ຮ. ຮ" on :	Form 99	0-EZ, Part \	V. line	38a or Form 99	90, Pa	rt IV, I	line 2	6; or i	fthe	
	organization r	eported an am	ount on Form	990, P	art X, line	e 5, 6, or 22	2							
			T	1 -		[		10 Polonco duo	(a) In a	ofault?	(h) And	aroved	n w	ritten
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Origin principal am		(f) Balance due	(g) In default?		by board or		agreement?	
		, , , , , , , , , , , , , , , , , , ,		orga	nization?					committee?		iittee?		
				То	From	]			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)												L		
(5)									<u> </u>					
(6)									ļ					
(7)									<u> </u>		<u> </u>		ļ	
(8)											<u> </u>		ļ	
(9)									<u> </u>	<u> </u>				
(10)				<u> </u>	İ	1			(10) 100 100 100 100 100 100 100 100 100	A Marine Colonia de Marine	er malancia (Viz	and an annual section of		
Total							<u>.                                    </u>	\$			SHEEK!		200	
Part	III Grants or As	sistance Bene	fitina Interesi	ted Pe	rsons.			7						
	Complete if the	ne organization	answered Ye	es" on	ī		1	/		T				
(a)	Name of interested perso	n (b) Relation person	iship between Inte and the organizati	rested on	(c) Amount	t of assistance		(d) Type of assistant	ce .	{e	) Purpo	se of a	ıssistar	e
(1)														••••
(2)												·		
(3)							<u> </u>							
(4)														
(5)										ļ				
(6)							<u> </u>							
(7)							ļ			_				
(6) (7) (8)	-						1							
(9)							1			-				•
(10)					1		1			1				

Part IV Business Tra Complete if th	nsactions Involvine organization and	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	τ	
(a) Name of interest	ed person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
					Yes	No
(1) Tom Landstreet		Board Member	1,200	Payment for services of band at fur	_	<b>✓</b>
(2)					-	
(3)					_	-
(4)					-	-
(5)					<u> </u>	
(6)	<del></del>				├	
(7)					<u> </u>	
(8)					╫	
(9)						
(10) Part V Supplementa	al Information	I Iditional information for re	esponses to question	ns on Schedule L (see instructions	i).	
- Complete trice	, part to provide at					
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 62-1043294 **SEXUAL ASSAULT CENTER** Form 990, Part VI, Section B, Line 11b - The Form 990 is completed by VP of Finance with financial information from the audited financial statements. The completed return is reviewed by the VP of Finance and President. It is forwarded to the Board Finance Committee, Board Chairman and Board Treasurer for review before it is submitted for filling. All Board members receive a copy of the audited financial statements and the submitted Form 990 is made available to them. Form 990, Part VI, Section B, Line 12c - All Board members are required to sign a Conflict of Interest Policy form and are made aware of the implications of related party transactions with the organization as a non-profit. All instances are investigated immediately. Form 990, Part VI, Section B, Line 15 - The Board of Trustees are responsible for the review and any increase in compensation of the President. This review takes place during the fall of each year with a committee of members chosen by the Board Chairman. Any increase in compensation is generally based on the budgeted increase approved with the operating budget by the full board. Periodic reviews are done by the Board HR committee of the salary scale using salary surveys and other statistical data. New salary scales are approved by the HR and Executive Committees about every 7 years. Form 990, Part VI, Section C, Line 19 - Anyone may request in writing to see a copy of the organizations financial statements or Form 990. This information is also listed on the web at Guidestar.org and GivingMatters.org for anyone to review.

#### Schedule O, Statement 1

Form: 990 Page: 1

Line Number:

SEXUAL ASSAULT CENTER 62-1043294

#### Reasonable Cause Explanations

Explanation

A request for an extension was submitted and approved.