PUBLIC DISCLOSURE COPY

# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	$\simeq$ 2018 calendar year, or tax year beginning $$ JUL $1,$ $2018$ $$ and end	ding ၂	UN 30,	2019						
В	Check if applicable	C Name of organization				cation number					
	Addres	SEXUAL ASSAULT CENTER									
	Name change Initial	Doing business as				043294					
	return Final return/	101 FRENCH LANDING DR.	oom/suite	E Telephon	E Telephone number (615)259-9055						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receip	ts\$	3,308,292.					
	Ameno return	NASHVILLE, TN 37228		H(a) Is this a	group re	turn					
	Application	F Name and address of principal officer: RACHEL FREEMAN		for sub	ordinates'	? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all sub	ordinates in	cluded? Yes No					
<u>T</u>	Tax-exe	empt status: $\overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527	If "No,"	attach a	list. (see instructions)					
J	Websit	e: SACENTER.ORG		H(c) Group	exemption	n number					
K	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 1	.978 <b>v</b>	State of legal domicile: <b>TN</b>					
	art I	Summary									
4	1	Briefly describe the organization's mission or most significant activities: ${ t TO  ext{ }  ext{PRO}}$	OVIDE	HEALIN	G FOR	CHILDREN,					
Governance		ADULTS AND FAMILIES AFFECTED BY SEXUAL VIOI	LENCE	THROUG	H CO	UNSELING					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more t								
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	25					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				25					
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				48					
Ziţi.	6	Total number of volunteers (estimate if necessary)			6	72					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.					
				Prior Yea		Current Year					
ø	8	Contributions and grants (Part VIII, line 1h)	4,596,		2,651,224.						
Revenue	9	Program service revenue (Part VIII, line 2g)			995.	243,399.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			314.	49,431.					
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			019.	166,388.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,881,		3,110,442.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,326,		2,427,700.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
X	. b	Total fundraising expenses (Part IX, column (D), line 25)   242,140									
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			458.	996,887.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,966,		3,424,587.					
_	19	Revenue less expenses. Subtract line 18 from line 12		1,915,		-314,145.					
Net Assets or	ii ii		Beg	ginning of Curr	ent Year	End of Year					
sset	20	Total assets (Part X, line 16)		7,137,		6,743,296.					
at A	21	Total liabilities (Part X, line 26)			579.	264,111.					
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20		6,744,	254.	6,479,185.					
				-1	h	Imposite days and halfaf it is					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an			-	knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	і ріерагег і	las ally kilowie	uye.						
C:~	_	Signature of officer		I Date							
Sig		RACHEL FREEMAN, PRESIDENT									
He	е	Type or print name and title									
		Print/Type preparer's name Preparer's signature	D	ate	Check	PTIN					
Pai	d		0.02.05 13:	51:47 -05'00'	if self-employe						
	parer	Firm's name CHERRY BEKAERT LLP			s EIN 🕨	56-0574444					
	Only	Firm's address 222 SECOND AVE, SOUTH STE 1240			O LIIV						
		NASHVILLE, TN 37201		Phon	ie no. 61!	5-383-6592					
Ma	y the IF					X Yes No					

гаі	Statement of Frogram dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE HEALING FOR CHILDREN, ADULTS AND FAMILIES AFFECTED BY	
	SEXUAL ASSAULT AND TO END SEXUAL VIOLENCE THROUGH COUNSELING,	
	EDUCATION AND ADVOCACY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes No
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	neoe
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	es, and
4a		38,640.)
-14	DIRECT SERVICES TO SURVIVORS: THERAPY, ADVOCACY, SAFE CLINIC, CRI	
	SUPPORT LINE:	
	THE SEXUAL ASSAULT CENTER IS THE ONLY MIDDLE TENNESSEE AGENCY THAT	<u>r</u>
	EXCLUSIVELY PROVIDES COUNSELING, SUPPORT, AND ADVOCACY TO CHILDREN	
	ADULTS, AND FAMILIES AFFECTED BY SEXUAL VIOLENCE. WE HAVE PROVIDE	
	THIS SPECIALIZED CARE FOR OVER 40 YEARS. OUR INITIAL OBJECTIVE IS	OT 3
	PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE SURVIVORS/VICTIMS A	ARE
	BELIEVED AND NOT BLAMED. MASTERS PREPARED, LICENSED THERAPISTS DE	EVELOP
	INDIVIDUALIZED TREATMENT PLANS FOR EACH SURVIVOR AND RELY ON EVIDE	
	BASED PRACTICES TO PROVIDE HIGH QUALITY, EFFECTIVE CARE. ADVOCATES	3 HELP
	ADULT SURVIVORS NAVIGATE THE COMPLEX CRIMINAL JUSTICE SYSTEM AND	
	CONNECT SURVIVORS TO OTHER COMMUNITY RESOURCES. SAC'S SAFE (SEXUA	
4b	(Code:) (Expenses \$149,476. including grants of \$) (Revenue \$	<b>4,759.</b> )
	COMMUNITY ENGAGEMENT: PREVENTION, OUTREACH AND TRAINING:	3370
	SAC SEEKS TO END SEXUAL VIOLENCE THROUGH ITS PREVENTION, TRAINING	AND
	OUTREACH EFFORTS IN THE COMMUNITY. OUR PREVENTION PROGRAMS FOR CHILDREN ARE RESEARCH-BASED AND DRAW FROM THE BEST PRACTICES OF	
	PREVENTION IN THE FIELD OF SEXUAL VIOLENCE AND PERSONAL SAFETY AS	WEIT
	AS EDUCATION CURRICULUM STANDARDS. PROGRAMS ARE AGE-APPROPRIATE,	WILL
	SEQUENTIAL AND COMPREHENSIVE. TEEN PROGRAMING IS DESIGNED TO PREVE	
	SEXUAL ASSAULT AS WELL AS TO ASSIST TEENS WITH THE TOOLS THEY NEED	
	MAKE A DISCLOSURE AND SEEK HELP IF NEEDS ARISE. TRAINING FOR HIGH	
	EDUCATION STUDENTS FOCUSES ON RECOGNIZING CONSENT, BYSTANDER	
	INTERVENTION, AND TRAUMA-INFORMED RESPONSE TO DISCLOSURES OF SEXUA	ĀL
	ASSAULT. STEWARDS OF CHILDREN IS A PRIMARY PREVENTION PROGRAM TH	HAT
4c	(Code:) (Expenses \$	)
4.1	Other present and incomplete in Calcabilla O.)	
<b>4</b> 0	Other program services (Describe in Schedule O.)	
40	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \rightarrow \frac{\text{2,989,515}}{\text{.}}	
<del>1</del> 0	iotal program service expenses 🚩 🚨 / 700 / 3±3 •	

Form 990 (2018) SEXUAL ASSAULT CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	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			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ <b>v</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	444	Х	
<b>h</b>	Part VI	11a	21	$\vdash$
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		<sub>v</sub>
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on traiting column (-), into 1: II res. complete scriedule I. Parts I and II	41		- 43

Form 990 (2018) SEXUAL ASSAULT CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\wedge}{\vdash}$
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
		28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 25
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		x
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X 000	

Form 990 (2018) SEXUAL ASSAULT CENTER

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions	)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		37
			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		60		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		_6a_		
b			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	rama a national and a second and	vioco providou to tilo payor.	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	l I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a		11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b   10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2018) SEXUAL ASSAULT CENTER 62-1043294 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to into ea, es, or this soleti, december in embedinees, proceeded, or changes in echicadia e.	000 1110	stractione.			
0	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				T.,	T
			25		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a	25	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ا ا	25			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					v
•	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					<sub>V</sub>
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			l _		<sub>V</sub>
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					<sub>V</sub>
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	Х	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					x
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		• • •	9	ļ	Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Gode.)		Yes	Na
100	Did the organization have local chapters, branches, or affiliates?			10a	162	No X
				IUa		- 25
b	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	DCIOI	s ming the form:	IIa		
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		liote?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		
·		,		12c	х	
13	in Schedule O how this was done  Did the organization have a written whistleblower policy?			13	X	
14				14	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approva					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ii ic	iependent			
a	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
104	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ▶TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-1	(Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	550	(222.311 001(0)(0)	y)		
	Own website X Another's website X Upon request Other (explain	in Sah	edule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financ	ial	
.5	statements available to the public during the tax year.			manc	···ai	
20	State the name, address, and telephone number of the person who possesses the organization's body	ks and	records -			
_0	TANA KIMBRO - 615-259-9055	4110				
	101 FRENCH LANDING, NASHVILLE, TN 37228					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 ne	or any related	orga	nizat	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	dualt	ution	16	Key employee	st co	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) ANASTASIA KRAJECK	1.00									
BOARD MEMBER		X						0.	0.	0.
(2) CYNTHIA ARNHOLT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) CYNTHIA PITTS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DANA SANDERS	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) DR. SHEREE WALKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JAN SMYRE	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) JANEL LACY	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) JIM BARKER	1.00									•
CHAIR	1 00	Х		Х				0.	0.	0.
(9) KIM CARPENTER DRAKE	1.00	3,7							,	0
BOARD MEMBER (10) KRISTY TINSLEY	1 00	X						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) LISA CAMPBELL	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) LUKE DELAVERGNE	1.00							0.	0.	<u></u>
BOARD MEMBER	1:00	х						0.	0.	0.
(13) MARY WILSON	1.00							•		
BOARD MEMBER		Х						0.	0.	0.
(14) PETER ERICKSON	1.00								•	
BOARD MEMBER		Х						0.	0.	0.
(15) SARAH HANNAH	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(16) STEPHEN ZRALEK	1.00									
BOARD MEMBER		Х			L			0.	0.	0.
(17) TRACY KORNET	1.00									
SECRETARY		Х		Х				0.	0.	0.

Form **990** (2018)

Name and title	Form 990 (2018) SEXUAL AS	SSAULT C	EN	ITE	R					62-104	132	294	Page 8
Name and strie    Average   house per week   house per we	Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	Compensated Employee	s (continued)			
Pour Service   Pour	(A)	(B)			(0	C)			(D)	(E)			(F)
Noutre   Pour	Name and title	Average	(-1-						Reportable	Reportable		Est	mated
Week (list ary hours for related organizations)   Property   Pro		hours per								•			
(18) ALTCE ALLEY		week	offi	cer ar	nd a di	irecto	or/trus	tee)	from	•		c	ther
(18) ALTCE ALLEY		(list any	tor										
(18) ALTCE ALLEY		hours for	dire				<sub>e</sub>		organization	(W-2/1099-MISC	)	fro	m the
(18) ALTCE ALLEY		related	tee o	stee			usat		(W-2/1099-MISC)			orga	nization
(18) ALTCE ALLEY		organizations	trus	lar T		)yee	l m					and	related
(18) ALTCE ALLEY			/idua	tetio	Ja.	du	est c	je J				orgar	nizations
BOADD MEMBER		line)	ığı	Insti	Offic	Key 6	High	Form					
1.00   X	(18) ALICE AILEY	1.00											
BOARD MEMBER	BOARD MEMBER		Х						0.	(	).		0.
(21) LIBBY CALLOWAY  (21) LIBBY CALLOWAY  (21) STEVE COOK  (21) STEVE COOK  (21) STEVE COOK  (23) SAY LAZAROV  (24) JOSE PERFE NUNEZ  (25) DARD MEMBER  (26) DOTT PRESEMAN  (27) DEVELOPMENT  (28) DOTT PRESEMAN  (29) DOTT PRESEMAN  (29) DOTT PRESEMAN  (20) DOTT PRESEMAN  (21) DOTT PRESEMAN  (22) DOTT PRESEMAN  (23) DOTT PRESEMAN  (24) DOTT PRESEMAN  (25) DOTT PRESEMAN  (26) DOTT PRESEMAN  (27) DEVELOPMENT  (28) DOTT PRESEMAN  (29) 840.	(19) DEVON ALLEN	1.00											
BOARD MEMBER    X   0	BOARD MEMBER		Х						0.	(	).		0.
Call State Column   Call Col	(20) NANCY BUNTING	1.00									П		
Case   Description   Descrip	BOARD MEMBER		Х						0.	(	).		0.
BOARD MEMBER    X   0	(21) LIBBY CALLOWAY	1.00									┪		
ROARD MEMBER   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	BOARD MEMBER		x						0.	(	) .		0.
BOARD MEMBER    X   0		1 00			$\vdash$	$\vdash$	$\vdash$	$\vdash$	<u> </u>	`	~		
ROARD MEMBER    A		1.00	v						0	(	١,		٥
BOARD MEMBER    X   0		1 00	Λ				$\vdash$		0.		<del>'</del> +		<u> </u>
A	, - · ,	1.00	v						0	,	,		0
BOARD MEMBER    1.00   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00	Λ		$\vdash$	$\vdash$	$\vdash$		0.		<del>'  </del>		0.
25   DR. PAMPEE YOUNG   1.00   X   0.00		1.00	~							,			0
BOARD MEMBER    A		1 00	Δ				$\vdash$		0.		<del>'  </del>		0.
V.P. OF DEVELOPMENT		1.00	٠,,							,			0
V.P. OF DEVELOPMENT   X   99,840.		40.00	X				-		0.	·	<del>'  </del>		0.
Total from continuation sheets to Part VII, Section A		40.00							00 040	,		_	0.50
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation											$\overline{}$		
c Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  Total number of independent of the calendar year ending with or within the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than	1b Sub-total							ightharpoons			$\overline{}$		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Tyes No  Jets No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	c Total from continuation sheets to Part VI	I, Section A						ightharpoons	309,090.		$\overline{}$		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	d Total (add lines 1b and 1c)							<b></b>	408,930.	(	).	33	,791.
Section B. Independent Contractors   Indep								o r	eceived more than \$100,	000 of reportable			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than							,		·				2
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than												,	Yes No
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any <b>former</b> officer.	director, or tru	ıste	e. ke	v en	nplo	vee.	or	highest compensated er	nplovee on			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	-				-	-	-		- ·	•	- [	3	х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											: h		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than												4	y
rendered to the organization? If "Yes," complete Schedule J for such person		,		•							··	4	A
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than												_	v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than		<u>plete Schedule</u>	e J f	or st	ıch r	oers	on				<u></u>	5	^
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than													
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than											ısati	ion fror	n
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		the calendar ye	ear e	endir	ng w	ith c	or wi	thir		ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than					_				1 ' '		_		
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompen	sation
	<del></del>												
	·	ncluding but no	ot lir	nited	d to t			tec	above) who received mo	ore than			

	SSAULT C	. 111	111	11/					62-104	J
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			(C Pos	<b>C)</b> ition	ı		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) MARY BETH HEANEY-GARATE	40.00			.,				00 250	0	0 100
I.P. OF PROGRAMS	40.00			Х				89,352.	0.	9,120
(28) RACHEL FREEMAN PRESIDENT (2018)	40.00			х				110 500	0.	12 675
(29) TANA KIMBRO	36.00			_				118,500.	0.	12,675
V.P. OF FINANCE	30.00			Х				101,238.	0.	3,037
								101/2001		37037
						_				
						_				
					_	_				
Fotal to Part VII, Section A, line 1c								309,090.		24,832

62-1043294

Form 990 (2018) SEXUAL ASSAULT CENTER
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
တ တ	1	_	Federated campaigns	1a	183,200.				012 014
ants an	'				105,200.				
हुं ड्र			Membership dues						
fţ\$,			Fundraising events						
E E			Related organizations		750,847.				
ns, Sim			Government grants (contributi		730,047.				
er S		Ť	All other contributions, gifts, gran		717 177				
<sub>ế</sub> 됨			similar amounts not included above	,	717,177.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines			2,651,224.			
O g		n	Total. Add lines 1a-1f						
	_		VICTIMO CEDVICE		Business Code		100 267		
ice	2		VICTIMS SERVICE		624110	123,367.	123,367.		
er Per			CLIENT FEES AND		624100	115,273.	115,273.		
n S			EDUCATION CURRI	COLOMS	611710	4,759.	4,759.		
Jrar Sev		d							
Program Service Revenue		е							
<u>-</u>			All other program service reve			242 200			
		g	Total. Add lines 2a-2f			243,399.			
	3		Investment income (including	•	•	24,066.			24,066.
			other similar amounts)			24,000.			24,000.
	4		Income from investment of tax						
	5		Royalties						
	_			(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
				() O 1:					
	1	а	Gross amount from sales of	(i) Securities 118,206.	(ii) Other				
			•	110,200.					
		D	Less: cost or other basis	92,841.					
		_	and sales expenses						
			Gain or (loss)		•	25,365.			25,365.
			Net gain or (loss)			25,505.			23,303.
ne	0	а	Gross income from fundraising including \$						
Ven			contributions reported on line						
Other Revenu			Part IV, line 18	,	271,397.				
Je		h	Less: direct expenses		105,009.				
₽			Net income or (loss) from fund			166,388.			166,388.
			Gross income from gaming ac	-	<b>&gt;</b>				
	•	u	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
		_	and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
İ	11	a							
		b							
		С		_					
		d	All other revenue	<del>_</del> _					
		е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12		Total revenue. See instructions			3,110,442.	243,399.	0.	215,819.

# 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).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must comp.  Check if Schedule O contains a response			ipiete coluiriii (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	скрепосо
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	408,930.	353,452.	23,500.	31,978.
6	Compensation not included above, to disqualified	,	,	,	<u>,                                      </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,657,923.	1,432,998.	95,277.	129,648.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	20,736.	18,349.	1,072.	1,315.
9	Other employee benefits	20,736. 178,317.	157,789.	9,217.	11,311.
10	Payroll taxes	161,794.	143,168.	8,363.	1,315. 11,311. 10,263.
11	Fees for services (non-employees):	,	·	,	
а	Management				
	Legal				
	Accounting	55,359.	50,563.	2,450.	2,346.
	Lobbying				-
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	100,340.	91,648.	4,440.	4,252.
12	Advertising and promotion	19,432.	3,043.	1,822.	4,252. 14,567.
13	Office expenses	122,460.	114,530.	5,219.	2,711.
14	Information technology	86,154.	82,879.	2,015.	1,260.
15	Royalties				
16	Occupancy	122,654.	114,852.	6,092.	1,710.
17	Travel	81,333.	76,549.	4,617.	167.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,075.	2,204.	9,354.	1,517.
20	Interest	5,767.	4,928.	300.	539.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,372.	128,488.	7,818.	14,066.
23	Insurance	21,579.	20,126.	830.	623.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SAFE CLINIC	209,534.	191,383.	9,272.	8,879.
b	LICENSES AND FEES	7,956.	2,064.	1,112.	4,780.
С	MISCELLANEOUS	872.	502.	162.	208.
d					
е	All other expenses	2 424 -2-	0.000 =1=	100 000	0.10 1.10
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,424,587.	2,989,515.	192,932.	242,140.
26	<b>Joint costs</b> . 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)				5 <b>000</b> (0040)

Form 990 (2018)
Part X Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	374,260.
2	Savings and temporary cash investments		L	325,017.	2	301,719.
3				1,247,153.	3	741,198.
4				8,189.	4	10,400.
5						
	trustees, key employees, and highest compensa	ited emp	loyees. Complete			
					5	
6						
	section 4958(f)(1)), persons described in section	4958(c)(	3)(B), and contributing			
		•			6	
7						
_						
	B			14.656.		5,707
	Land buildings and aguinment aget as other	1 1		==, ; ; ;		, , , , ,
	basis Complete Part VI of Schedule D	10a	4.751.392.			
h	Less: accumulated depreciation	10h	929.464.	3.898.468.	10c	3.821.928.
				1.462.993.		3,821,928, 1,488,084,
						2,200,002
				7 137 833.		6 743 296
				219.116.		6,743,296 89,648
				223/2200		05/010
					22	
22	•			174 463.		174,463
				17171001		1/1/100
25						
	0 1 1 1 0				25	
26				393.579.		264,111.
20	-			23273731		201/111
			noro p			
27				4,197,762.	27	4,405,954.
						893,534.
						1,179,697.
	Organizations that do not follow SFAS 117 (A			, i		
	-					
30	and complete lines 30 through 34.				30	
30 31	and complete lines 30 through 34. Capital stock or trust principal, or current funds				30 31	
31	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq	Juipment	fund		31	
	and complete lines 30 through 34. Capital stock or trust principal, or current funds	luipment come, or	fund	6,744,254.		6,479,185.
	2 3 4 5 6	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and for trustees, key employees, and highest compensal Part II of Schedule L 6 Loans and other receivables from other disquality section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employers and sponsoring organizations (see instr). 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 1 13 Investments - program-related. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equitable) peferred revenue 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete II 22 Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, paparties, and other liabilities not included on lines Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and Unrestricted net assets  Temporarily restricted net assets	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former offi trustees, key employees, and highest compensated emp Part II of Schedule L 6 Loans and other receivables from other disqualified persisection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(employees' beneficiary organizations (see instr). Completed Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10b Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 Intangible assets 16 Total assets. Add lines 1 through 15 (must equal line 34 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Loans and other payables to current and former officers, key employees, highest compensated employees, and dicomplete Part II of Schedule L 10 Secured mortgages and notes payable to unrelated third payaties, and other liabilities not included on lines 17-24). Schedule D 10 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 10 Temporarily restricted	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,751,392.  b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   1 Urnestricted net assets 28 Temporarily restricted net assets	Cash - non-interest-bearing   181, 357.	Cash - non-interest-bearing   181, 357. 1

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

					ge 🛂
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,11	),4	42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,42	4,5	87.
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	4,1	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,74	4,2	54.
5	Net unrealized gains (losses) on investments	5	4	9,0	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,47	9,1	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

Form **990** (2018)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization SEXUAL ASSAULT CENTER 62-1043294 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1178825.	1436649.	2060221.	4596223.	2651224.	11923142.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1178825.	1436649.	2060221.	4596223.	2651224.	11923142.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						628,460.
6	Public support. Subtract line 5 from line 4.						11294682.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	1178825.	1436649.	2060221.	4596223.	2651224.	11923142.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	39,553.	26,448.	18,711.	22,563.	24,066.	131,341.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						12054483.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	<u>,336,857.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
_	organization, check this box and stor	here	······				<b>&gt;</b>
	ction C. Computation of Publi						
14	Public support percentage for 2018 (li					14	93.70 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	90.85 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2017. If the o						
	and <b>stop here.</b> The organization qual		• • •				
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	-	•	*	-		
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets th		•		• •		,
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T		1	1	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u></u>
14	First five years. If the Form 990 is for	-			•		
Sa	check this box and stop here ction C. Computation of Publi						<b>P</b>
	•			actions (f)		15	
	Public support percentage for 2018 (I Public support percentage from 2017			.,,		16	<u>%</u> %
	ction D. Computation of Inves				•••••	] 10	70
	Investment income percentage for 20			ne 13 column (f)		17	<u></u> %
18	Investment income percentage from					18	——————————————————————————————————————
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box ar						<b>.</b> —
	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
00		
3с		
4a		
46		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
n 990 or 99	0-FZ)	2018

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		<b>V</b>	
	Many a majority of the approximation to altimate on the other devices the devices and a majority of the altimate of		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s). tion D. All Type III Supporting Organizations	'		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970 (explain in I	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
Ū	(provide details in <b>Part VI</b> ). See instructions.	and digamzation is responsive		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount	/i)	/ii)	/:::\
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	<b>.</b> .			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

**Employer identification number** 

	SEXUAL ASSAULT CENTER 62-1043294					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	al Rule. See instructions.				
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
sections 509(a)	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, total conti	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively relocomplete any of the parts unless the <b>General Rule</b> applies to this organization becauable, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box ligious, charitable, etc., use it received <i>nonexclusively</i>				
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

SEXUAL ASSAULT CENTER

62-1043294

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,182,653.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>273,962.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 63,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 221,993.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>116,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>56,506.</u>	Person X Payroll

Name of organization

Employer identification number

SEXUAL ASSAULT CENTER

62-1043294

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# SEXUAL ASSAULT CENTER

62-1043294

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** SEXUAL ASSAULT CENTER 62-1043294 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SEXUAL ASSAULT CENTER

**Employer identification number** 62-1043294

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(1) 5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pai	impermissible private benefit?		Part IV For 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		-
b		and the standard tracks	
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	,	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ü	b	landing of violations, and emorning con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
•	S	ing of violations, and emoreing conserve	ation casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	·	·
	conservation easements.		the organization of decounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	,	·
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:	,	7.
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	ollections of Art,	, Historical Tre	asures, or C	ther S	imilar As	sets (contin	ued)	
3	, , ,								
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs	S				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	fart, historical treas	sures, or other s	imilar ass	sets			_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Ye	s" on Fo	rm 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Par	X, line 21.							
1a	Is the organization an agent, trustee, custodia		,					_	_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
							Amount	t	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			٦
	Did the organization include an amount on Fo		•		•		Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if								
ı uı	Endownient Funds. Complete ii					Three weers	hook (a) Four		haalı
4.	Designing of year belongs	(a) Current year 1,462,993.	(b) Prior year 1,358,636.	(c) Two years b		Three years		304,	
	Beginning of year balance	1,402,555.	1,330,030.	1,200,2	233.	1,323,3	507. 1,	304,	120.
	Contributions	98,507.	171,317.	143,6	539	14,1	163	36	889.
	Net investment earnings, gains, and losses	30,307.	171,317.	145,0	,,,,			- 50,	005.
	Grants or scholarships						+		
е	Other expenditures for facilities and programs	73,416.	66,960.	65,2	236	63,5	517	11	430.
	Administrative expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , ,				,	
		1,488,084.	1,462,993.	1,358,6	536.	1,280,2	233. 1	329,	587.
g 2	Provide the estimated percentage of the curre	•				_,,		,	
	Board designated or quasi-endowment	ont year end balance	%	y ricid as.					
	Permanent endowment ► 79.28	%							
	Temporarily restricted endowment ▶ 20								
•	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ion that are held ar	nd administered	for the o	rganization			
	by:	ŭ				Ü		Yes	No
	(i) unrelated organizations						3a(i)		X
	(m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						a (::\		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or ot		or other	` '	ımulated	(d) Bool	k value	е
		basis (investm	· ·	(other)	depre	ciation	<u> </u>		
	Land			2,618.				2,6	
	Buildings			9,280.		8,802.			
	Leasehold improvements			1,978.		3,343.			
	Equipment			4,611.		5,991.		3,62	
	Other		· · · · · · · · · · · · · · · · · · ·	2,905.		1,328.		L,5'	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	<u>(. column (B). line 1</u>	0c.)		<b></b>	3,822	L, 9.	۷٥.

Schedule D (Form 990) 2018 SEXUAL ASSA	ULT CENTER		62-1043294 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ine 11d See Form 990 Part X line 15	
	Description	ine Tra. Gee Form 330, Fart X, inie 13.	(b) Book value
	2 000111211		(2, 2001. 10.00
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

(7) (8) (9)

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,446,180.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40.076		
а	• • • • • • • • • • • • • • • • • • • •		49,076. 181,653.	.	
b			181,653.	-	
С	Recoveries of prior year grants		105 000	-	
d	,		105,009.		225 720
е	J			2e	335,738.
3	Subtract line 2e from line 1			3	3,110,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
D	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	3,110,442.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	3,711,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,,
a	Donated services and use of facilities	2a	181,653.		
b	Prior year adjustments		•		
С	Other losses				
d	Other (Describe in Part XIII.)	1 1	105,009.		
е	Add lines 2a through 2d			2e	286,662.
3	Subtract line 2e from line 1			3	3,424,587.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,424,587.
	rt XIII Supplemental Information.		101 5 11/1: 4	· · ·	/ !: 0 D ! \/
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part X	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		
PAF	RT V, LINE 4:				
S.Z	A.C. MAY USE UP TO 5% OF THE ENDOWMENT EA	ACH YEAR	TO FUND GE	NER/	ΑL
OPE	ERATING EXPENSES OF THE ORGANIZATION. TH	HIS 5% IS	CALCULATE	D B	<u>Z</u>
AVI	ERAGING THE YEAR END BALANCES OVER THE PA	AST THREE	YEARS.		
PAF	RT X, LINE 2:				
m+++	T COMMED TO DURING BOAR THOOME WAY INCOME	GEORETON.	F01/G\/3\	<b>ОП</b> Г	
THE	E CENTER IS EXEMPT FROM INCOME TAX UNDER	SECTION	501(C)(3)	OF '	THE
тътп	DEDNAL DEVENUE CODE AND IC NOM A DETVAME	EOIMD 2 M		TATOT	W MO
<u>TM.</u> 1	TERNAL REVENUE CODE AND IS NOT A PRIVATE	FOUNDATI	LON. ACCORD	TING	JY, NO
DDC	OVISION FOR INCOME TAX HAS BEEN MADE.				
PRC	OVISION FOR INCOME TAX HAS BEEN MADE.				
THE	E CENTER ACCOUNTS FOR INCOME TAXES IN ACC	CORDANCE	WITH INCOM	E T2	ΑX
ACC	COUNTING GUIDANCE IN FASB ASC TOPIC 740,	INCOME 7	TAXES. THE	GUII	DANCE

Part XIII | Supplemental Information (continued)

PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET

BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD

IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION

OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL

MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS

THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING

REALIZED UPON ULTIMATE SETTLEMENT. THE CENTER DOES NOT BELIEVE THERE WERE

ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2019 AND 2018. ADDITIONALLY, THE

CENTER HAS NOT RECOGNIZED ANY TAX RELATED INTEREST AND PENALTIES IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTME	NTS:
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FUNDRAISER EXPENSE NOT NETTED AGAINST INCOME IN AUDITED

FINANCIAL STATEMENTS 105,009.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSE NOT NETTED AGAINST INCOME IN AUDITED

FINANCIAL STATEMENTS 105,009.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

SEXUAL	ASSAULT CENTER				62-1043	294
	· Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I		
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includance)	non-g gover aising ding of onal fu	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>.</b>			
3 List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is exempt from re	gistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MAD HATTER (add col. (a) through DINNER AND SSAAM 2019 col. (c)) (event type) (event type) (total number) 163,352. 102,507. 5,538. 271,397. Gross receipts 2 Less: Contributions 163,352. 102,507. 5,538. 3 Gross income (line 1 minus line 2) 271,397. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 72,195. 72,195. 2,931. 2,931. 7 Food and beverages 8 Entertainment 29,883. 29,883. 9 Other direct expenses 105,009. **10** Direct expense summary. Add lines 4 through 9 in column (d) 166,388. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 SEXUAL ASSAULT CENTER 6	2-104	3294	: Page <b>3</b>			
	Does the organization conduct gaming activities with nonmembers?		Yes	No			
	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_				
	to administer charitable gaming?	$acksquare$	Yes	No			
	Indicate the percentage of gaming activity conducted in:	ĺ	1				
	a The organization's facility			<u>%</u>			
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13	<b>b</b>	<u>%</u>			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.						
	Name						
	Address						
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No			
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t					
	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						
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	٦.,	<b></b>			
	retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	∟	Yes	∟ No			
L	organization's own exempt activities during the tax year > \$	ie.					
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III,	lines 9,	9b, 10b,			
	, , ,						

Schedule G	(Form 990 or 990-EZ)	SEXUAL ASSAULT	CENTER	62-1043294 Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)		<u> </u>

#### **SCHEDULE O**

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-E2.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SEXUAL ASSAULT CENTER

Employer identification number 62-1043294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ADVOCACY SERVICES; AND TO PREVENT SEXUAL VIOLENCE THROUGH OUTREACH

AND PREVENTION PROGRAMS DESIGNED FOR CHILDREN AND ADULTS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN SEPTEMBER 2018, SAC OPENED THE SAFE CLINIC AT OUR CURRENT LOCATION. THE SAFE CLINIC PROVIDES SEXUAL ASSAULT FORENSIC EXAMS TO RECENT RAPE VICTIMS/SURVIVORS, 16-YEARS OF AGE AND OLDER. UNTIL THE CREATION OF THE SAFE CLINIC, NASHVILLE GENERAL HOSPITAL WAS THE ONLY PLACE A RAPE VICTIM COULD RECEIVE A MEDICAL LEGAL RAPE EXAM IN DAVIDSON COUNTY. IN 80-90% OF SEXUAL ASSAULT CASES, THE VICTIM/SURVIVOR DOES NOT NEED THE CARE OF AN EMERGENCY ROOM. AFTER 3 YEARS OF WORK ON A MAYOR-APPOINTED TASK FORCE, SAC BUILT THE SAFE CLINIC, IN PARTNERSHIP WITH NASHVILLE GENERAL HOSPITAL, THE DISTRICT ATTORNEY'S OFFICE, LAW ENFORCEMENT, OFFICE OF FAMILY SAFETY, OUR KIDS, OTHER AREA HOSPITALS, AND LOCAL COLLEGES AND UNIVERSITIES. SAC NOW OPERATES A 24-HOUR FACILITY THAT IS VICTIM AND SURVIVOR-CENTERED, TRAUMA INFORMED AND PROVIDES COMPASSIONATE, QUALITY, LOVING CARE IN A NON-HOSPITAL SETTING. SEXUAL ASSAULT NURSE EXAMINERS FROM NASHVILLE GENERAL HOSPITAL PROVIDE THE EXAMS AT THE SAFE CLINIC, WHILE SAC STAFF AND VOLUNTEERS PROVIDE ADVOCACY AND ONGOING EMOTIONAL SUPPORT TO VICTIMS/SURVIVORS. BASED ON HISTORICAL DATA, WE ESTIMATED THAT APPROXIMATELY 100 SURVIVORS WOULD RECEIVE SERVICES DURING THE SAFE CLINIC'S FIRST YEAR. INSTEAD, 251 VICTIMS/SURVIVORS WERE SERVED DURING THE SAFE CLINIC'S FIRST YEAR OF OPERATION. THE SAFE CLINIC IS PROVIDING A COMPREHENSIVE COORDINATED RESPONSE TO RAPE VICTIMS/SURVIVORS AND IS UNFORTUNATELY, MEETING AN

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization SEXUAL ASSAULT CENTER 62-1043294 UNMET NEED IN OUR COMMUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ASSAULT FORENSIC EXAM) CLINIC PROVIDES MEDICAL LEGAL RAPE EXAMS TO RAPE VICTIMS 16 YEARS OF AGE AND OLDER. WE DO THIS THROUGH A PARTNERSHIP WITH NASHVILLE GENERAL HOSPITAL'S SEXUAL ASSAULT NURSE EXAMINER TEAM AND LAW ENFORCEMENT. SAC'S TEAM OF STAFF AND VOLUNTEER ADVOCATES PROVIDE MEDICAL ACCOMPANIMENT TO SEXUAL ASSAULT VICTIMS/SURVIVORS PRESENTING FOR A SEXUAL ASSAULT FORENSIC EXAMINATION 24 HOURS A DAY, 365 DAYS A YEAR. MEDICAL ACCOMPANIMENT SERVICES ARE OFFERED AT SAC'S SAFE CLINIC, NASHVILLE GENERAL HOSPITAL, AND VANDERBILT MEDICAL CENTER. ADDITIONALLY, SAC PROVIDES A 24-HOUR CRISIS AND SUPPORT HOTLINE. SAC OFFERS A CONTINUUM OF CARE TO ENSURE ALL NEEDS OF SEXUAL ASSAULT VICTIMS/SURVIVORS ARE MET WHEREVER THEY ARE ON THE HEALING JOURNEY. DURING THE 2018-2019 FISCAL YEAR, WE: PROVIDED OVER 12,500 THERAPY AND ADVOCACY SESSIONS SERVED NEARLY 1,300 VICTIMS/SURVIVORS RESPONDED TO 2,500 CRISIS HOTLINE CALLS REACHED OVER 10,000 CHILDREN, TEENS, COLLEGE-YOUTH AND ADULTS THROUGH OUR PREVENTION AND TRAINING PROGRAMS PROVIDED ADVOCACY SERVICES TO 350 INDIVIDUALS PROVIDED SERVICES IN THE SAFE CLINIC TO 251 RECENT RAPE VICTIMS/SURVIVORS EXPANDED TO A TEAM OF 48 STAFF MEMBERS INCREASED OUR PARTNERSHIPS THROUGHOUT THE COMMUNITY INCREASED OUR FOCUS ON DIVERSITY AND INCLUSION TO GROW AND IMPROVE OUR PRACTICES TO UNDERSERVED AND UNDERREPRESENTED COMMUNITIES.

VICTIMS/SURVIVORS.

Name of the organization SEXUAL ASSAULT CENTER

Employer identification number 62-1043294

84% OF THE CLIENTS WE SERVED THIS YEAR DECREASED THEIR TRAUMA SYMPTOMS AND IMPROVED THEIR COPING SKILLS.

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

EQUIPS ADULTS WITH THE TOOLS AND SKILLS THEY NEED TO PROTECT CHILDREN

FROM SEXUAL ABUSE. SAFE BAR IS A PROGRAM THAT RAISES AWARENESS ABOUT

THE ROLE ALCOHOL PLAYS IN SEXUAL ASSAULT AND USES A TRAIN THE TRAINER

MODEL TO TEACH BAR AND RESTAURANT OWNERS ABOUT BYSTANDER INTERVENTION

STRATEGIES. ADDITIONALLY, OUR STATEWIDE TRAINING TEAM PROVIDES TRAINING

AND SUPPORT TO PROVIDERS ACROSS THE STATE TO INCREASE OTHER

PROFESSIONALS' CAPACITY FOR RESPONDING TO AND WORK WITH SEXUAL ASSAULT

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS EMAILED TO ALL BOARD MEMBERS PRIOR TO THE BOARD MEETING IN WHICH
THE 990 WILL BE DISCUESSED AND APPROVED. THE 990 IS ON THE AGENDA FOR THE
BOARD MEETING AND APPROVED PRIOR TO FILING.

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 AND

BROUGHT BEFORE THE EXECUTIVE COMMITTEE FOR CORRECTIONS IF NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD PRESIDENT ANNUALLY REVIEWS CEO SALARY/BENEFITS AND RECOMMENDS

INCREASE BASED ON WORK PERFORMANCE REVIEW.

Name of the organization  SEXUAL ASSAULT CENTER	Employer identification number 62-1043294
SAC MANAGEMENT UTILIZES THE NONPROFIT SALARY DATA PROVIDED	ANNUALLY BY CNM
TO REVIEW THE SALARIES OF OUR EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANYONE MAY REQUEST IN WRITING TO SEE A COPY OF THE ORGANIZ	ATION'S FINANCIAL
STATEMENTS OR FORM 990.	