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Form	330

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

20 **Open to Public** nenection

OMB No. 1545-0047

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<u>A</u>	For the	e 2013 cale	ndar year, or tax year beginning 07/01 , 2013, and e	ending	06	/30	, 20 14
В	Check if	f applicable:	C Name of organization SEXUAL ASSAULT CENTER			D Employe	r identification number
	Address	s change	Doing Business As				62-1043294
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Root	om/suite		E Telephon	e number
	Initial re	turn	101 French Landing				615-259-9055
	Termina	ated	City or town, state or province, country, and ZIP or foreign postal code				
		ed return	Nashville, TN 37228			G Gross red	ceipts \$ 1,680,050
	Applicat	tion pending	F Name and address of principal officer: Tim Tohill	1	H(a) Is this a gr	oup return for s	ubordinates? 🗌 Yes 🗹 No
			101, French Landing, Nashville, TN 37228	I	H(b) Are all s	subordinates	included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 52	27	If "No," att	ach a list. (s	ee instructions)
J	Website		center.org	1	H(c) Group	exemption r	number 🕨
-		organization:	✓ Corporation Trust Association Other ► L Year of for	ormation:	1975	M State of	of legal domicile: TN
Ρ	art I	Summ	,				
	1	Briefly de	escribe the organization's mission or most significant activities: To	o end se	xual viole	ence and p	rovide healing for
Ce		children,	adults and families affected by sexual assault through counseling and	l educati	on.		
Activities & Governance							
ver	2		is box \blacktriangleright if the organization discontinued its operations or dispos			25% of i	ts net assets.
ŝ	3	Number	of voting members of the governing body (Part VI, line 1a)			3	24
Š	4	Number	of independent voting members of the governing body (Part VI, line	e1b) .		4	24
tie	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a)			5	28
ť	6	Total nur	nber of volunteers (estimate if necessary)			6	20
A	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	ated business taxable income from Form 990-T, line 34			7b	0
					Prior Ye	ar	Current Year
Ð	8	Contribu	tions and grants (Part VIII, line 1h)		1	,040,810	994,058
enu	9	Program	service revenue (Part VIII, line 2g)			329,884	385,814
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			25,875	35,682
щ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			125,857	200,934
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1	,522,426	1,616,488
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
Se	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)))	1	,133,489	1,279,983
nse	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 208,166	6			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			401,391	395,808
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1	,534,880	1,675,791
	19	Revenue	less expenses. Subtract line 18 from line 12			-12,454	-59,303
ro Ses				Begi	nning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		4	,738,966	4,816,694
t As Id B	21	Total liab	ilities (Part X, line 26)			9,151	10,185
a P	22	Net asse	ts or fund balances. Subtract line 21 from line 20		4	,729,815	4,806,509
Pa	art II	Signat	ture Block				

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

Sign Here	Signature of officer Donna Center, VP of Finance Type or print name and title			Date	3	
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name	Firm's	s EIN 🕨			
	Firm's address 🕨			Phon	e no.	
May the IRS	discuss this return with the preparer	shown above? (see instructions) .				. 🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	ate instructions.	Cat. No. 11282Y	<i>,</i>		Form 990 (2013)

Form 99	0 (2013)				Page 2
Part			Accomplishments		
			esponse or note to any line in this P	art III	<u> []</u>
1	Briefly describe the	•			was allow as and
	education.		g for children, adults and families affec		
2			ficant program services during the ye)
	prior Form 990 or 99				🗌 Yes 🗹 No
•	If "Yes," describe the				
3			g, or make significant changes in h		
	If "Yes," describe the				🗌 Yes 🕑 No
4		-	vice accomplishments for each of its	three largest program services	s as measured by
•			4) organizations are required to report		
	the total expenses, a	and revenue, if any, f	or each program service reported.	-	
4a			182,002 including grants of \$		375,941)
			s. The Hospital Accompaniment Volunt	-	
		*	nen survivors are seeking a medical rap		
	during the year. Our	24 hour crisis line and	swered 1662 calls providing support, cr	sis intervention and other assista	ance.
	(a)) /				
4b			178,811 including grants of \$		8,873)
			ns served 72,407 students during the 20 ss to Light Program and 5,700 adults, co		
			d presentations from our staff on sexual		
4c	(Code:) (Expenses \$	0 including grants of \$	0) (Revenue \$	0)
10	N/A				
4d	Other program servi	ces (Describe in Sch	edule O.)		
-	(Expenses \$	 including gi 		\$ 0)	
4e	Total program servic		1,360,813		

Form 99	0 (2013)		1	Page 3
Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		r
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \therefore	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2013)		F	-age 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
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 so, complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		~
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 b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		~ ~
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
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	37	~	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Check if Schedule O contains a response or note to any line in this Part V The the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1 D Enter the number of opticable in the target of the calendar year anding with ord within the year covered by this return? Note. If the sam of the 2a, dith tery appricable is or opticable in the number of opticable and the applicable in the sam of the sam of the sam of the applicable in the sam of the sam of the sam of the applicable in the sam of the sam of the sam of the sam of the applicable in the sam of the	Form 99	0 (2013)		F	Page 5
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 13 b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 10 0 c Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming logens ling variable within the year covered by this returns? 10 2 a Enter the number of emproves reported to gamization in the year covered by this returns? 2 2 2 b If at least one is reported to line 2a, did the organization in lar equired to e-file (see instructions) 2a 2a 2 2a 2 2a 2	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Forms W-2G included in line 1a. Enter -0- in not applicable 1a 1a 1a b Enter the number of enyme W-2G included in line 1a. Enter -0- in not applicable 1b 1c v 2 Enter the number of enyme W-2G included in line 1a. Enter -0- in not applicable 1c v 2 Enter the number of enyme W-2G included in line 1a. Enter -0- in not applicable 1c v 3 Enter the number of enyme W-2G included in line 1a. Enter -0- in not applicable 1c v 3 Enter the number of enyme W-2G included in line 1a. Enter -0- in not applicable 1c v 3 Enter the number of enyme W-2G included in line 1a. Enter -0- in the applicable 1c v 3 Did the organization have uniterest in unrelated basiness gross income of 51,000 or more other authority over, a financial account in a foreign country (such as a bark account, socurities account, or other authority over, a financial account in a foreign country (such as a party to a prohibited tax shelter transaction 7 3a v 5 Was the organization have warm of DF 60-221, Report of Foreign Bask and Financial Accounts. 5a v 5 Was the organization have warm or DF 60-221, Report of Foreign Bask and Financial Accounts. 5a v 6 Was the organization envice warm o		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0-If not applicable. Ib 1b 0 D Def the organization complexes reported on Form W-3, Transmittal of Wage and Tax. 2a 2a 2a 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. 2a				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 1c ✓ 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 2b ✓ 3a Did the organization have unneleted buisness gross income of \$1,000 r more outring the year? 3a ✓ bit of veganization have unneleted buisness gross income of \$1,000 r more a signature on the authority over, a financial account in a foreign country (\$\nu\$ to a bank account, securities account, or other financial account?)? 3a ✓ bit "Yes," enter the name of the foreign country. Sec instructions of filing requirements for Form DF 90-221, Report of Foreign Bank and Financial Accounts. 5a ✓ 5a Was the organization have annual gross receipts that are nortibuled tax shelfer transaction? 5a ✓ 5b Did my taxable party notify the organization file form 886-77 5b ✓ 6a V 5b ✓ 5b ✓ 7b Did any taxable party notify the organization receive a payment in excess of 37 made party as a contribution on and party for groups. 5a ✓ 7c Organization receive a payment in excess of 37 made party as a contribution and party fo	1a				
reportable gaming (gambling) winnings to prize winners? ic ic 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax ic ic 29 If at least one is reported on line 2a, did the organization file all required fedral employment tax returns? ic ic 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? ic	b				
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax trans? 2a 25 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b ✓ B Did the organization have unrelated business gross income during the year? . 3a ✓ B Did the organization have unrelated business gross income of \$1,000 or more during the year? . . 3a ✓ B At any time during the calendary year, did the organization have an interset in, or a signature or other authority over, a financial account in a foreign country: ► . . 3b . 4a ✓ B If "Yes," has it filed a Form 900-T for this year? If "Yos," and the name of the foreign country: ► .	С				
Statements, filed for the calendar year ending with or within the year covered by this return tax returns? 28 28 b If at least one is reported on line 2a, diff the organization file all required federal employment tax returns? 2b ✓ 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ 34 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ 34 At any time during the calendar year, did the organization have an interest in, or a signature or other situatority over, a financial account; contriv (such as a bank account, securities account, or other financial account? 4a ✓ 54 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 54 Did any taxable party notify the organization file form 886-17 5a ✓ 5b ✓ 55 Did any taxable party notify the organization file form 886-17 5a ✓ 5b ✓ 5b ✓ 56 V Organization situat were not tax deductible as charitable contributions? 5a ✓ 5b ✓ 57 Organizations that may receive a deductible contribution an express statement that such contributions? 5a ✓ ✓	_		1c	~	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b v 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a v 3b If "Yes," has it filed a Form 990-T for this year? If "No" to <i>ine 3b, provide an explanation in Schedule</i> 0 3a v 3b If "Yes," has it filed a Form 990-T for this year? If "No" to <i>ine 3b, provide an explanation in Schedule</i> 0 3a v 3b If "Yes," thas it filed a Form 990-T for this year? is a bark account, or a signature or other authority over, a financial account in a foreign country. If "Yes," enter the name of the foreign country. Image: Schedule 22 Sa v 5c Was the organization aptry to a prohibited tax shelter transaction at any time during the tax year? Sa v 5d Does the organization network and agross receipts that are normally greater than \$100,000, and did the organization network and excess of \$75 made party as contributions and services provided to the payor? 7a v 7 Organizations that may receive deductible contributions under section 170(c). 7a v 7 Organization sective a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7b v 7 Did th	2a				
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). 3a Did the organization have sumetade business gross income of 51,000 rmore during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to <i>line 3b, provide an explanation in Schedule O</i> . 3a 4A at any time during the calendar year, did the organization have an interest in, or a signature or other financial account, or other financial account, securities account, or other financial accounts. 3a 5B if "Yes," enter the name of the foreign country: > See instructions for filing requirements for Form TD F0-22.1, Report of Foreign Bank and Financial Accounts. 5a 5W set he organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 6 Did any taxable party notify the organization file Form 8886-17 5a 5a 5a 6a 1f "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5a 5a 5a 7 Organization setting receive edeuctible contributions under section 170(c). 7a 7a 7a 7a 0 Did the organization neally dreader the payod? 7b 7b 7a					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ 3b H "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 4A At any time during the calendar year, (d) the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account or other financial account or other financial account? 4a ✓ b If "Yes," enter the name of the foreign country (such as a bank account, securities account, securities account, or other financial account? 4a ✓ 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 6 Does the organization fully the organization file Form 8886-1? 5a ✓ 6 Does the organization neuker were valle deductible accharitable contributions? 5a ✓ 7 Organization neuker were valle ack deductible accountibutions? 5a ✓ 7 Organization neuker were valle ack deductible accountibutions? 5a ✓ 7 Organization neuker were valle ack deductible accountibutions? 5a ✓ 7 Organization neuker action resolutibution at were ore tax deductible? 5a ✓	b		2b	~	
b If "Yes," has it field a Form 990-T for this year," if "No" to line 3b, provide an explanation in Schedulo 0. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other dinancial account; over, a financial account; 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other dinancial account; 3b 4a If "Yes," enter the name of the foreign country: (such as a bank account, securities account, or other financial accounts. 5a 5a Was the organization aparty to a prohibited tax shelter transaction ant any time during the tax year? 5a 5b If "Yes," to line 5a or 5b, did the organization fille form 8886-17? 5a 6 Organization include with every solicitation an express statement that \$100,000, and did the organization include with every solicitation an express statement that \$100,000, and did the organization include with every solicitation and partly for goods and services provided to the payor? 5a 7 Organization shat may receive deductible contributions under section 170(c). 7a 7a 7 Did the organization notify the conor of the value of the goods or services provided? 7a 7a 7 Did the organization notify the conor of the value of the goods or services provide? 7a 7a 7a 7 Did the organizati	20		•		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; or other financial account; in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6a Does the organization shat was annual gross receipts that are normally greater than \$100,000, and did the organization notide with every solicitation an express statement that such contributions? 5c 7 Organizations that may receive deductible contributions under section 170(c). 7a 7a 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7a 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7a 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7a 7 If "Yes," did the organization notify the donor of the value of the goods or services provide? 7a 7a 7 If "Yes," did the organization notify the gorgorid atore value of the walue of the gorganization fre					~
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Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. 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 0. 1a 24 2 Did any officer, director, trustee, or key employee? 1b 24 3 Did the organization because, or key employees to a management company or other person? 3 4 Did the organization backets, or twey employees to a management company or other person? 3 4 Did the organization backets, or wey employees to a management organy or other person? 4 6 Did the organization have members, stockholders? 6 7a Did the organization have members or stockholders? 7a 7b Did the organization nave members, stockholders? 7b 7a Did the organization nave members or stockholders? 7b 7b Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: 7a 7b Did the organization have members or stockholders? 7b 7b Did the organization have members or stockholders? 7b 7b Each committee with autho	Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins	tructi	ions.			
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19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	17	List the states with which a copy of this Form 990 is required to be filed ► <u>None</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Sectior	n 501(c)(3)s	only)			
financial statements available to the public during the tax year.		□ Own website ☑ Another's website □ Upon request □ Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of inte		-	/, and			

20	State the name	, physical address, and telephone number of the person who possesses the books and records of the
	organization: 🕨	Sexual Assault Center, (615)259-9055

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

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 nor any related organization compensated any current officer, director, or trustee.

					C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per					or/trust	ee)	compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Pamela Busby	2									
Board Member	0	~						0	0	0
Linda Rue	2									
Board member	0	~						0	0	0
Patrick Keeble	2									
Board Member	0	~						0	0	0
Dr Charles Ihrig	2									
Board Member	0	~						0	0	0
Samuel L Jackson	2									
Board Member	0	~						0	0	0
Elizabeth Kraft	2									
Treasurer	0	~						0	0	0
Dr Kellian Chidsey	2									
Board Member	0	~						0	0	0
Karen Miller	2									
Board member	0	~						0	0	0
Mary Maynard	2									
Board Member	0	~						0	0	0
Missy Williams	2									
Secretary	0	~						0	0	0
Lisa Ramsey Cole	2									
Board Member	0	~						0	0	0
Angela Bostelman	2									
Board member	0	~						0	0	0
Dr Deborah Webster Clair	2									
Board Member	0	~						0	0	0
Kendall Flanagan	2									
Board member	0	~						0	0	0

Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	yees	s, ar	nd ⊦	lighes	st C	ompensated E	mployees (contin	ued)	-	
				•	C)							
(A)	(B)	(-1	- 4 - 1-		ition			(D)	(E)		(F)	
Name and title	Average					e than c is both		Reportable	Reportable	Est	imated	
	hours per	office				or/trust		compensation	compensation from		ount of	
	week (list any hours for	۹ J	Ing	ç	<u>ک</u>	en	Fo	from the	related organizations		ther ensatior	n
	related	dire	itu	Officer	ý er	ghes	Former	organization	(W-2/1099-MISC)		m the	
	organizations below dotted	cto	Institutional)	ldu	st cc yee	Ĩ	(W-2/1099-MISC)			nization related	
	line)	Individual trustee or director	altr		Key employee	mp					nizations	5
	,	tee	l trustee			Highest compensated employee				Ū		
			ð			ated						
Lourdes Garrido	2											
Board Member	0	~						0	0			0
Jason R Hill	2											
Board member	0	~						0	0			0
Tommy Landstreet	2	-										
Board Member	0	~						0	0			0
Karen Doochin Shaffer	2	-										
Board member	0	~						0	0			0
Kristy Tinsley	2											
Board member	0	~						0	0			0
Melissa Waddey												
Board Member	0	~						0	0			0
Dr Sadhna Williams	2											
Board Member	0	~						0	0			0
Tim Tohill	40	-										
President	0			~				102,727	0		12	2,008
Leslie Zmugg	2											
Chair	0	~						0	0			0
Aubrey Harlwell III	2											
Board Member	0	~						0	0			0
		-										
1b Sub-total						•		102,727	0		12	2,008
c Total from continuation sheets to			-	•		•		100 707				
d Total (add lines 1b and 1c)								102,727	0	0 - f	14	2,008
2 Total number of individuals (includin reportable compensation from the c	•		iose	e iist	ea	above	e) w	no received m	ore than \$100,00			
											Yes	No
3 Did the organization list any form employee on line 1a? If "Yes," comp									est compensate			
										3		~
4 For any individual listed on line 1a, organization and related organizat												
individual		-	,				.,					

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who 0	

4

5

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a res	oonse or note to	anv line in this l	Part VIII...		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns .		149,286				
Grai	b	Membership dues	1b	0				
s, (Am	С	Fundraising events		0				
Gifi Iar	d	Related organizations .		0				
imi,	е	Government grants (contrib		350,504				
er S	f	····, · ··, · ··,						
othe		and similar amounts not include		494,268				
onti od C	g	Noncash contributions included i		0				
	h	Total. Add lines 1a-1f .		🕨	994,058			
Program Service Revenue				Business Code				
eve	2a	Client fees and insurance		621420	298,472	298,472	0	0
e B	b	Education Curriculums		611710	8,873	8,873	0	0
zic	C	Victims Services fees, fee	e contracts	624110	78,469	78,469	0	0
Se	d							
ram	e							
rog	T a	All other program service			0	0	0	0
<u> </u>	9 3	Total. Add lines 2a–2f . Investment income (inc		<u></u> ►	385,814			
	3	and other similar amount			25 (02	25 (02	0	•
	4	Income from investment of	,	L	35,682	35,682	0	0
	4 5	Royalties		· -	0	0	0	0
	5		(i) Real	(ii) Personal	0	0	0	0
	6a	Gross rents	0					
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (los		►				
	7a	· · · · · · · · · · · · · · · · · · ·	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis and sales expenses .						
	с	Gain or (loss)	0	0				
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fund events (not including \$ of contributions reported c	0					
er		See Part IV, line 18		264,496				
fh	b	Less: direct expenses .	b	63,562				
Ŭ	с	Net income or (loss) from	n fundraising	events . 🕨	200,934		0	200,934
	9a	Gross income from gamir						
		See Part IV, line 19						
		Less: direct expenses .						
		Net income or (loss) from	• •	vities 🕨				
		Gross sales of inver returns and allowances	···a					
		Less: cost of goods sold						
	c	Net income or (loss) from Miscellaneous Revel		-				
	4.4	Miscellaneous Reve	nue	Business Code				
	11a							
	b							
	C d	All other revenue						
	d	All other revenue Total. Add lines 11a–110		•				
	е 12	Total revenue. See instr			0	401.407		200.024
	12			🕨	1,616,488	421,496	0	200,934

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule Q contains a response or note to any line in this Part IX

	Check if Schedule O contains a respon		-		
	t include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0	5	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 .	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0 70,623	23,541	23,541
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	0	0	0	0
7	Other salaries and wages	944,629	796,045	34,037	114,547
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,186	14,281	1,348	2,557
9	Other employee benefits	118,116	96,462	5,478	16,176
10	Payroll taxes	81,347	66,842	4,223	10,282
11	Fees for services (non-employees):				
a L	Management	0	0	0	0
b	Legal	0	0	0	0
c d		12,500 0	7,785	610	<u>4,105</u> 0
e	Professional fundraising services. See Part IV, line 17	0	0	0	0
f	Investment management fees	9,160		9,160	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	75,577	68,690	3,290	3,597
12	Advertising and promotion	25,379	10,946	640	13,793
13		36,577	29,230	5,086	2,261
14 15	Information technology	45,149 0	37,566	4,230	3,353
15 16	Royalties	65,653	0 54,805	0 6,933	0
17	Travel	2,455	2,166	24	<u>3,915</u> 265
18	Payments of travel or entertainment expenses	2,433	2,100	24	203
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	13,596	9,519	1,300	2,777
20		0	0	0	0
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization .	80,663 15,883	75,573 12,824	4,294	796
23 24	Other expenses. Itemize expenses not covered	13,883	12,824	708	2,351
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Licenses and fees	7,317	3,210	550	3,557
b	Miscellaneous	5,899	4,246	1,360	293
c d					
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,675,791	1,360,813	106,812	208,166
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)			·	·

Pa	990 (20 rt X				Page 11
		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	652,686	2	640,763
	3	Pledges and grants receivable, net	199,625	3	203,730
	4	Accounts receivable, net	3,300	4	10,799
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	(
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
lët	7	Notes and loans receivable, net	0	7	0
Assets	8		-	8	0
1			0	0 9	0
-	9 10a	Prepaid expenses and deferred charges	8,300	9	6,412
	b	Less: accumulated depreciation 10b 601,865	2,670,991	10c	2,650,862
-	11	Investments-publicly traded securities		11	_/000/00_
- 1-	12	Investments-other securities. See Part IV, line 11	1,204,064	12	1,304,128
	13	Investments-program-related. See Part IV, line 11	.,	13	.,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,738,966	16	4,816,694
	17	Accounts payable and accrued expenses	9,151	17	4,810,82
	18	Grants payable	7,131	18	10,100
	19			19	
	20	Tax-exempt bond liabilities		20	
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D .		20	
	22	Loans and other payables to current and former officers, directors,		21	
	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
, la	23	Secured mortgages and notes payable to unrelated third parties		22	
- 4	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third parties		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0 151	26	10,185
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	9,151	20	10,183
Fund Balances	27	Unrestricted net assets	3,147,664	27	3,150,662
	28	Temporarily restricted net assets	402,454	28	476,150
5 2	29	Permanently restricted net assets	1,179,697	29	1,179,697
		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.	.,,		
Net Assets of	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	4,729,815	33	4,806,509
<u>e</u> ?					7,000,00

Form **990** (2013)

orm 99	90 (2013)				Page	12
Par	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		1,	616,4	88
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	675,7	91
3	Revenue less expenses. Subtract line 2 from line 1	3			-59,3	03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,	729,8	15
5	Net unrealized gains (losses) on investments	5			135,9	97
6	Donated services and use of facilities	6				C
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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		4,	806,5	09
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Ye	es N	10
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2			
za	If "Yes," check a box below to indicate whether the financial statements for the year were com 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?		. 2		•	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on	a			
	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 o	versigl	ht			
	of the audit, review, or compilation of its financial statements and selection of an independent accou			c v	.	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in			
Ju	the Single Audit Act and OMB Circular A-133?		. 3	a	~	/
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		-			
b	In res, did the organization didergo the required addit of addits: If the organization did not drug	ergo th	ie			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

(1 0111		Complete if the organization is a section 501(c)(3) organization or a 4947(a)(1) nonexempt charitable trust.	section	2013
	ment of the Treasury I Revenue Service	 Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www. 	w.irs.gov/form990.	Open to Public Inspection
Name	of the organization		Employer identificati	on number
SEX	JAL ASSAULT CE	NTER	62-1	1043294
Pa	tl Reason	for Public Charity Status (All organizations must complete this pa	art.) See instruct	ions.
The o	organization is no	ot a private foundation because it is: (For lines 1 through 11, check only on	e box.)	
1	🗌 A church, co	nvention of churches, or association of churches described in section 170)(b)(1)(A)(i).	
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4		search organization operated in conjunction with a hospital described in s me, city, and state:	ection 170(b)(1)(A	A)(iii). Enter the
5		ion operated for the benefit of a college or university owned or operate (b)(1)(A)(iv). (Complete Part II.)	d by a governme	ntal unit described in
6	A federal, st	ate, or local government or governmental unit described in section 170(b)	1)(A)(v).	
7		ion that normally receives a substantial part of its support from a goverr section 170(b)(1)(A)(vi). (Complete Part II.)	imental unit or fro	om the general public
8	A communit	/ trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	receipts fror	ion that normally receives: (1) more than 331/3% of its support from cont n activities related to its exempt functions—subject to certain exceptior n gross investment income and unrelated business taxable income (le	ns, and (2) no mo	ore than 331/3% of its

acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) **10** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

	a 🗌 Type I	b 🗌 Type II	c 🗌 Type III–Func	tionally integrated	d 🗌 Type III–Non-func	tionally integrated
e	By checking this	s box, I certify that th	he organization is not	controlled directly or ir	ndirectly by one or more	disqualified persons
	other than found	dation managers and	d other than one or m	ore publicly supported	l organizations described	d in section 509(a)(1)
	or section 509(a)	ı)(2).				

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- **g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) a	ıd	Yes	No
(iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		

	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
h	Provide the following information about the supported organization(s).		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	in col. (i) listed in your the organiza governing document? col. (i) of y		(v) Did you notify the organization in col. (i) of your support?		nization in organization in col. of your (i) organized in the		(vii) Amount of monetary support
		. "	Yes	No	Yes	No	Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

OMB No. 1545-0047

0

0

5,950,763

5,950,763

5,950,763

361,724

0

6.312.487

(f) Total

1,040,810

(e) 2013

1,040,810

25,875

0

1,207,948

(d) 2012

1,207,948

80,407

0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.") . . . 1,188,590 1,207,948 1,356,007 1,157,408 1,040,810 5,950,763

0

0

1,356,007

(b) 2010

1,356,007

64,740

0

1,157,408

(c) 2011

1,157,408

162,879

0

1,188,590

(a) 2009

1,188,590

27,823

- **2** Tax revenues levied for the organization'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
- 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)....
- 6 **Public support.** Subtract line 5 from line 4.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- **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 IV.)
- 11 Total support. Add lines 7 through 10
- 12
 Gross receipts from related activities, etc. (see instructions)
 12

0

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	94.27	%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	95.22	%
16a	331/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 331	/3 % o	r more, check this	
	box and stop here. The organization qualifies as a publicly supported organization		🕨	4
b	331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line	15 is	s 33 ¹ /3% or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization .		🕨	

- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)			ما المناسط المربيط			
14	First five years. If the Form 990 is for the	-					
Sooti	organization, check this box and stop he			· · · · ·		· · · ·	
-	on C. Computation of Public Suppor					45	0/
15	Public support percentage for 2013 (line		•			15	%
$\frac{16}{\text{Souti}}$	Public support percentage from 2012 Scl					16	%
	on D. Computation of Investment In		-	v line 19 colu	mn (fl)	17	0/
17 19	Investment income percentage for 2013 (-			%
18 100	Investment income percentage from 2012 33 ¹ / ₃ % support tests-2013. If the organ					18	% % and line
19a	17 is not more than $33^{1}/_{3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2012. If the organiz	-	-	-		-	
U	line 18 is not more than $33^{1}/_{3}$ %, check this						
20	Private foundation. If the organization di	-	-				
20	i mate ioundation. It the organization u	a not oneon a		, 190, 01 190, 0			

Schedule A (Form 990 or 990-EZ) 2013

Part IV

Part III, line 12. Also complete this part for any additional information. (See instructions). _____ _____ _____ _____ _____ _____

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

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

OMB No. 1545-0047	
2013	
Open to Public Inspection	

Name o	of the organization	Employer identification number
	AL ASSAULT CENTER	62-1043294
Par		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal cor	
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	
	only for charitable purposes and not for the benefit of the donor or donor advisor, o	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-	□ Preservation of land for public use (e.g., recreation or education) □ Preservation	of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	ution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2 a
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	
-	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or to	
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, i	inspection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservati	on easements during the year
		,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	asements during the year
	▶\$	<u> </u>
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its reven	
	balance sheet, and include, if applicable, the text of the footnote to the organization's	•
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition,	
	public service, provide, in Part XIII, the text of the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenues included in Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	> \$

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

Schedu	le D (Form 990) 2013							Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	ther Similar As	sets (conti	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, che	ck any of th	e follov	wing that are a si	gnificant us	se of its
а	Public exhibition		d 🗌 Loar	or exchance	ne prog	rams		
b	Scholarly research		e 🗌 Othe	-				
c	 Preservation for future generations 	s						
4	Provide a description of the organiza XIII.		and explain how	they further	the org	ganization's exem	ipt purpose	in Part
5	During the year, did the organization	colicit or receive	donations of art	historical t		e or other simila	r	
5	assets to be sold to raise funds rather						└	🗌 No
Part				e el gal izat				
I UI C	Complete if the organization		' to Form 990	Part IV line	9 or	reported an am	ount on Ec	rm
	990, Part X, line 21.		10 1 0111 000, 1	are ry, mic	, 0, 01	oportou an am		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Is the organization an agent, trustee	. custodian or oth	er intermediarv f	or contribut	ions or	r other assets no	t	
	included on Form 990, Part X?		-					🗆 No
b	If "Yes," explain the arrangement in P							
-			ge the renething t			Ar	nount	
с	Beginning balance				10	:		
d					10			
e	Distributions during the year				16			
f	Ending balance				11			
2a	Did the organization include an amou						☐ Yes	No
	If "Yes," explain the arrangement in P	•	•				_	
Par								
	Complete if the organization	answered "Yes	" to Form 990, F	Part IV, line	910.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four yea	irs back
1a	Beginning of year balance	1,204,064	1,186,991	1,2	281,462	737,600		729,697
b	Contributions	0	C		0	450,000		0
С	Net investment earnings, gains, and					,		
	losses	171,679	80,407		-46,020	162,879		64,740
d	Grants or scholarships	0	C		0	(0
e	Other expenditures for facilities and							
	programs	71,615	63,334		48,451	69,017	,	57,137
f	Administrative expenses	0	C		0	C		0
g	End of year balance	1,304,128	1,204,064	1.1	86,991	1,281,462		737,300
2	Provide the estimated percentage of t						1	
а	Board designated or quasi-endowme) %					
b	Permanent endowment	90 %						
с	Temporarily restricted endowment	10 %						
	The percentages in lines 2a, 2b, and 2	2c should equal 10	0%.					
3a	Are there endowment funds not in th	e possession of th	e organization th	at are held	and ad	ministered for the	Э	
	organization by:						Ye	s No
	(i) unrelated organizations						3a(i)	~
	(ii) related organizations						3a(ii)	~
b	If "Yes" to 3a(ii), are the related organ	izations listed as r	equired on Schec	lule R? .			3b	
4	Describe in Part XIII the intended uses	s of the organization	on's endowment f	unds.				
Part								
	Complete if the organization	answered "Yes	<u>" to Form 990, I</u>	Part IV, line	e 11a. S	See Form 990, I	Part X, line	10.
	Description of property	(a) Cost or ot		or other basis		Accumulated	(d) Book va	lue
		(investm	ent) ((other)	d	epreciation		
1a	Land		0	552,618			!	552,618
b	Buildings		0	1,959,280		293,892	1,0	665,388
С	Leasehold improvements		0	385,320		80,998	:	304,322
d	Equipment		0	346,904		219,516		127,388
e	Other		0	8,605		7,459		1,146
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colum	n (B), line 10)(c).)	🕨	2,0	650,862

Schedule D (Form 990) 2013

Investments-Other Securities. Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives 1,304,128 End-of-Year Market Value . . . (2) Closely-held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► 1.304.128 Investments-Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 🕨 . . . **Other Liabilities.** Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)

 (6)

 (7)

 (8)

 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

	e D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	r Return.	ì
1	Total revenue, gains, and other support per audited financial statements	1	1,853,357
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,003,007
a	Net unrealized gains on investments	7	
b	Donated services and use of facilities		
с	Recoveries of prior year grants	0	
d	Other (Describe in Part XIII.)	2	
е	Add lines 2a through 2d	2e	236,869
3	Subtract line 2e from line 1	3	1,616,488
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0	
b	Other (Describe in Part XIII.)	0	
_c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,616,488
Part		er Return).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 2	Total expenses and losses per audited financial statements	1	1,776,663
∠ a			
a b	Donated services and use of facilities 2a 37,31 Prior year adjustments 2b	0	
c	Other losses 20 2c	0	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	100,872
3	Subtract line 2e from line 1	3	1,675,791
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	0	
b	Other (Describe in Part XIII.)	0	
С	Add lines 4a and 4b	4c	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	5	1,675,791
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ule D, Part V, Line 4 - SAC may use up to 5% of the Endowment each year to fund general operating expe	information	•
This 5	% is calculated by averaging the year end balances over the past three years.		
Sched	ule D, Part XI, Line 2d - Expenses for annual fundraiser that were not netted against income in audited fin	ancial statei	ments.
Sched	ule D, Part XII, Line 2d - Expenses for annual fundrasier that were not netted from revenues in audited fin	ancial stater	nents.

0011		Suppleme	ntal Informatio	n Regardi	ng Fundra	aising or Gaming	Activities	OMB No. 1545-0047
	DULE G 990 or 990-EZ)	Complete if t	the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					201 1
•	nent of the Treasury		► Attach to Form 990 or Form 990-EZ.					Open to Public
Internal	Revenue Service	Information about the second secon	out Schedule G (Fo	rm 990 or 990	-EZ) and its i	nstructions is at www		Inspection
	of the organization						Employer identif	
SEXL	IAL ASSAULT CE							2-1043294
Par		0-EZ filers are no	•	•		rered res to F	orm 990, Part IV,	line 17.
1						wing activities. Cl	heck all that apply.	
а	Mail solicita	ations		e [] Solicitati	on of non-governr	ment grants	
b	Internet and	d email solicitatior	าร	f] Solicitati	on of government	grants	
С	Phone solic	citations		g 🗆	Special f	undraising events		
d	In-person s							
2a							cers, directors, tru	<u> </u>
				-		•	undraising services	
b		e ten highest paid at least \$5,000 by			draisers) pi	irsuant to agreem	ents under which t	he fundraiser is to be
	(i) Name and addre or entity (fun		(ii) Activity	custody or	draiser have r control of utions?	(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			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		in which the error					or has been activ	fied it is exempt from

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		gross receipts greater th				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			atter Dinner and Silent A	Valk in Their Shoes Walk	0	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	231,680	32,816		264,496
Ве						
	2	Less: Contributions	0	0		0
	3	Gross income (line 1 minus				
		line 2)	231,680	32,816		264,496
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
Direct Expenses						
	6	Rent/facility costs	0	0		0
Den						
Ä	7	Food and beverages	37,599	0		37,599
sct						
Dire	8	Entertainment	1,200	0		1,200
	9	Other direct expenses .	24,763	0		24,763
	10	Direct expense summary. A				63,562
	11	Net income summary. Subt	act line 10 from line 3, co	olumn (d)	🕨	200,934
Pa	rt III	Gaming. Complete if th	e organization answer	ed "Yes" to Form 990	, Part IV, line 19, or	reported more
		than \$15,000 on Form §	990-EZ, line 6a.			

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9		Enter the state(s) in which the or	ganization operates gar	ning activities:		
	а	Is the organization licensed to op	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
10		Were any of the organization's g If "Yes," explain:	aming licenses revoked		ited during the tax year	? . 🗌 Yes 🗌 No

Schedu	le G (Form 990 or 990-EZ) 2013 Page 3						
11 12	Does the organization operate gaming activities with nonmembers? Image: Comparization operate gaming act						
13 a	Indicate the percentage of gaming activity operated in: The organization's facility						
b	An outside facility						
14 14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ►						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 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						
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to						
b	retain the state gaming license?						
Part	spent in the organization's own exempt activities during the tax year ► \$						
Fart	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).						

Schedule G (Form 990 or 990-EZ) 2013



SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	s on	2013			
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www 	v.irs.gov/form990.	Open to Public Inspection			
Name of the organization		Employer identifica	tion number			
SEXUAL ASSAULT CE	NTER	62-	1043294			
	ion B, Line 11b - The Form 990 is completed by the VP of Finance with financial					
	he completed return is reviewed by the VP of Finance and the President. It is fo					
	reasurer for review before it is submitted for filing. All Board members receive a	a copy of the audi	ted financial			
statements and the sub	omitted Form 990 is made available on request.					
Form 990 Part VI Sect	ion B, Line 12c - All Board members are required to sign a Conflict of Interest P	olicy Form and a	e made aware of			
	ted party transactions with the organization as a non-profit. All instances are in					
	or correction if needed.	Q				
	ion B, Line 15 - The Board is responsible for the review and any increase in con					
	ing the fall of each year with a committee of members chosen by the Board Cha					
	he budgeted increase approved with the operating budget by the full board. Per					
	y scale using salary surveys and other statistical data. New salary scales are ap	proved by the HF	and Executive			
Committee about every	/ / years.					
Form 990 Part VI Sect	ion C, Line 19 - Anyone may request in writing to see a copy of the organizatior	n's financial stater	ments or Form 990			
	rected to the web version at Guidestar.org and GivingMatters.org. Any contribu					
applications.						

Reasonable Cause Explanations

Explanation

This return as of today is one week late. Due to an emergency medical situation, there was no staff member present to extend the filing period by filing a request for extension. As VP of Finance, I have filed this return as quickly as was feasible this year. The organization has never been late filing a form 990 and we request that you please view this one time as an extraordinary circumstance and waive any fees for late filing.