

Form

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

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

OMB No. 1545-0047

**2007****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **7/1/2007**, and ending **6/30/2008****B** Check if applicable:☒ Address change☒ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**Sexual Assault Center**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**101 French Landing**

City or town, state or country, and ZIP + 4

**Nashville, TN 37228****D** Employer identification number**62 1043294****E** Telephone number**( 615 ) 259-9055****F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ **sacenter.org****J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,901,605****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Contributions to donor advised funds	<b>1a</b>	<b>2,921,514</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>0</b>		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>214,511</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>357,635</b>		
<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>3,493,660</b> noncash \$ <b>0</b> )			<b>1e</b>	<b>3,493,660</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>280,440</b>
<b>3</b> Membership dues and assessments			<b>3</b>	<b>0</b>
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>12,347</b>
<b>5</b> Dividends and interest from securities			<b>5</b>	<b>40,000</b>
<b>6a</b> Gross rents	<b>6a</b>	<b>0</b>		
<b>b</b> Less: rental expenses	<b>6b</b>	<b>0</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	<b>0</b>
<b>7</b> Other investment income (describe ▶)			<b>7</b>	<b>0</b>
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>0</b>	<b>8a</b>	<b>950,000</b>	
<b>b</b> Less: cost or other basis and sales expenses	<b>0</b>	<b>8b</b>	<b>647,890</b>	
<b>c</b> Gain or (loss) (attach schedule) <b>Stmt 1</b>	<b>0</b>	<b>8c</b>	<b>302,110</b>	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)			<b>8d</b>	<b>302,110</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				<b>See Statement 2</b>
<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1b)	<b>9a</b>	<b>125,158</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>51,019</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	<b>74,139</b>
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>0</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>0</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	<b>0</b>
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>0</b>
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	<b>4,202,696</b>
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>1,293,232</b>
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>104,062</b>
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>185,498</b>
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	<b>0</b>
<b>17</b> Total expenses. Add lines 16 and 44, column (A)			<b>17</b>	<b>1,582,792</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	<b>2,619,904</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>2,270,170</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Stmt 3</b>			<b>20</b>	<b>-68,114</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>4,821,960</b>

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	365,134	274,274	5,931	84,929
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
<b>25c</b>	Compensation and other distributions, 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
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	622,240	576,903	6,156	39,181
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	15,687	12,884	330	2,473
<b>28</b>	Employee benefits not included on lines 25a - 27	111,101	96,962	2,207	11,932
<b>29</b>	Payroll taxes	73,499	63,535	869	9,095
<b>30</b>	Professional fundraising fees	0	0	0	0
<b>31</b>	Accounting fees	10,000	7,300	1,350	1,350
<b>32</b>	Legal fees	0	0	0	0
<b>33</b>	Supplies	47,214	42,191	2,559	2,464
<b>34</b>	Telephone	17,573	16,599	974	0
<b>35</b>	Postage and shipping	15,644	10,892	29	4,723
<b>36</b>	Occupancy	49,527	39,687	9,840	0
<b>37</b>	Equipment rental and maintenance	25,208	22,789	864	1,555
<b>38</b>	Printing and publications	50,840	39,801	191	10,848
<b>39</b>	Travel	16,727	16,475	103	149
<b>40</b>	Conferences, conventions, and meetings	11,003	8,089	1,082	1,832
<b>41</b>	Interest	13,101	0	7,843	5,258
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	24,725	22,253	1,236	1,236 Stmt 4
<b>43</b>	Other expenses not covered above (itemize): <b>See Statement 5</b>	113,569	42,598	62,498	8,473
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,582,792	1,293,232	104,062	185,498

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **Counseling victims of rape and sexual abuse, educ**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a See Statement 6**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . ► **1,293,232**

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	0	45	0
	46 Savings and temporary cash investments . . . . .	340,918	46	583,692
	47a Accounts receivable . . . . .	47a 3,040		
	b Less: allowance for doubtful accounts . . . . .	47b 0	6,130	47c 3,040
	48a Pledges receivable . . . . .	48a 1,241,636		
	b Less: allowance for doubtful accounts . . . . .	48b 0	238,796	48c 1,241,636
	49 Grants receivable . . . . .	63,007	49	67,308
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .	0	50b	0
	51a Other notes and loans receivable (attach schedule) . . . . .	51a 0		
	b Less: allowance for doubtful accounts . . . . .	51b 0	0	51c 0
	52 Inventories for sale or use . . . . .	0	52	0
	53 Prepaid expenses and deferred charges . . . . .	29,847	53	18,878
	54a Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	919,980	54b	844,854 Stmt 7
55a Investments—land, buildings, and equipment: basis . . . . .	55a 0			
b Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c 0	
56 Investments—other (attach schedule) . . . . .	0	56	0	
57a Land, buildings, and equipment: basis . . . . .	57a 2,931,469			
b Less: accumulated depreciation (attach schedule) Stmt 8 . . . . .	57b 29,448	681,381	57c 2,902,021	
58 Other assets, including program-related investments (describe ▶ . . . . .)	0	58	0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	2,280,059	59	5,661,429	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	9,889	60	155,469
	61 Grants payable . . . . .	0	61	0
	62 Deferred revenue . . . . .	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	63	0
	64a Tax-exempt bond liabilities (attach schedule) . . . . .	0	64a	0
	b Mortgages and other notes payable (attach schedule) Stmt 9 . . . . .	0	64b	684,000
	65 Other liabilities (describe ▶ . . . . .)	0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	9,889	66	839,469	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	1,245,046	67	2,498,278
	68 Temporarily restricted . . . . .	295,427	68	1,593,985
	69 Permanently restricted . . . . .	729,697	69	729,697
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .	70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .	71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	2,270,170	73	4,821,960
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	2,280,059	74	5,661,429	

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	4,234,253
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	-68,114	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	48,652	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	0	
<b>4</b>	Other (specify): <u>See Statement 10</u>			
		<b>b4</b>	51,019	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 31,557
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 4,202,696
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	0	
<b>2</b>	Other (specify):			
		<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b> 4,202,696

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,682,463
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		<b>b</b>	
<b>1</b>	Donated services and use of facilities	<b>b1</b> 48,652	<b>c</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b> 0	<b>d</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b> 0	<b>e</b>	
<b>4</b>	Other (specify): <u>See Statement 11</u>	<b>b4</b> 51,019		
	Add lines <b>b1</b> through <b>b4</b>			99,671
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			1,582,792
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b> 0		
<b>2</b>	Other (specify):	<b>d2</b> 0		
	Add lines <b>d1</b> and <b>d2</b>			0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>			1,582,792

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **25**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . .  
If "Yes," attach a conformed copy of the changes.

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ►

81a Enter direct and indirect political expenditures. (See line 81 instructions.) ☐ exempt or ☐ nonexempt **81a** 0

**b** Did the organization file **Form 1120-POL** for this year?

**Part VI Other Information (continued)**

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	48,652		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	26
91a	The books are in care of ▶ Donna E Center Telephone no. ▶ 615-259-9055		
	Located at ▶ 101 French Landing, Nashville, TN ZIP + 4 ▶ 37228		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

**Part VI Other Information (continued)**

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** | \_\_\_\_\_

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a <b>Counseling fees</b>					<b>150,922</b>
b <b>Sales of training and education materials</b>					<b>112,715</b>
c <b>Court Advocacy and records</b>					<b>16,803</b>
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>01</b>	<b>12,347</b>	
<b>96</b> Dividends and interest from securities			<b>01</b>	<b>40,000</b>	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			<b>26</b>	<b>302,110</b>	
<b>101</b> Net income or (loss) from special events			<b>01</b>	<b>74,139</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>428,596</b>	<b>280,440</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>709,036</b>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>▼</b>	<b>See Statement 13</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

**Please Sign Here**

Signature of officer: Donna Center Date: 12/31/08

Type or print name and title: Donna Center, VP of Finance

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Form **990** (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

**Sexual Assault Center**

Employer identification number

**62 1043294****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

**0****Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>Synergy</b> 111 10th Avenue S, Nashville, TN 37206, US	furniture and equipment	89,351
<b>MARK IV Enterprises Inc</b> Cummings Station Suite 411, Nashville, TN 37203, US	construction	53,884

Total number of others receiving over \$50,000 for professional services ▶

**0****Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services ▶

**0**

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property? . . . . . 2a
- b Lending of money or other extension of credit? . . . . . 2b
- c Furnishing of goods, services, or facilities? . . . . . 2c
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . 2d
- e Transfer of any part of its income or assets? . . . . . 2e
- See Form 990, Pt. V

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . 3a

- b Did the organization have a section 403(b) annuity plan for its employees? . . . . . 3b

- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . . 3c

- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . 3d

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . . 4a

- b Did the organization make any taxable distributions under section 4966? . . . . . 4b

- c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 4c

- d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶

- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶

- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III-Functionally Integrated      ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<b>0</b>

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,254,115	1,056,299	948,653	919,278	4,178,345
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	222,541	284,687	195,217	339,692	1,042,137
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	48,934	46,506	37,801	24,657	157,898
<b>19</b> Net income from unrelated business activities not included in line 18.	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	3,713	3,713 Stmt 14
<b>23</b> Total of lines 15 through 22	1,525,590	1,387,492	1,181,671	1,287,340	5,382,093
<b>24</b> Line 23 minus line 17	1,303,049	1,102,805	986,454	947,648	4,339,956
<b>25</b> Enter 1% of line 23	15,256	13,875	11,817	12,873	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 86,799
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,339,956
d Add: Amounts from column (e) for lines: 18 157,898 19 0					26d 161,611
22 3,713 26b 0					26e 4,178,345
e Public support (line 26c minus line 26d total)					26f 96 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is—      The lobbying nontaxable amount is— Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures . . . . .				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers . . . . .		<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		<input checked="" type="checkbox"/>	
c Media advertisements . . . . .		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public . . . . .		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements . . . . .		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes . . . . .		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.) . . . . .			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		✓
(ii) Other assets		✓
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		✓
(ii) Purchases of assets from a noncharitable exempt organization		✓
(iii) Rental of facilities, equipment, or other assets		✓
(iv) Reimbursement arrangements		✓
(v) Loans or loan guarantees		✓
(vi) Performance of services or membership or fundraising solicitations		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

[illegible]



**Statement 1**

Form: 990

Page: 1

Part: I

Question: 8

**Sexual Assault Center****62-1043294****Sales of Assets Other than Inventory**

---

**Noninventory Asset**

<b>Description:</b>	25 Lindsley Avenue Building and land		
<b>Sold To:</b>	Ogden Land Company		
<b>Sales Price:</b>	\$950,000.00	<b>Date Sold:</b>	06/20/2008
<b>Expense of Sale:</b>	\$235,393.00	<b>Date acquired:</b>	03/23/1995
<b>Cost or value when acquired:</b>	\$565,000.00	<b>How acquired:</b>	
<b>Depreciation since acquisition:</b>	\$152,503.00	purchase	
<b>Net Sale:</b>	\$302,110.00		

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Statement 2  
Form: 990  
Page: 1  
Part: I  
Question: 9

Sexual Assault Center  
62-1043294

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Mad Hatter dinner and Silent	\$125,158.00	\$0.00	\$125,158.00	\$51,019.00	\$74,139.00
Total:	\$125,158.00	\$0.00	\$125,158.00	\$51,019.00	\$74,139.00

**Statement 3**

Form: 990

Page: 1

Part: I

Question: 20

**Sexual Assault Center****62-1043294****Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Unrealized loss on Endowment Investment	-\$68,114.00
<b>Total:</b>	<b>-\$68,114.00</b>

**Statement 4**

Form: 990

Page: 2

Part: II

Question: 42

**Sexual Assault Center****62-1043294****Depreciation and Depletion**

<b>Asset</b>	<b>Current Deprec.</b>
Dreamweaver	\$40.00
Dell P4 Comp	\$675.00
Network	\$0.00
Desks	\$131.00
Tape drive	\$0.00
Dell computer	\$201.00
Digital cam	\$60.00
Dell Dim	\$198.00
and security	\$437.00
5 Dell Comp	\$746.00
2 Dell Comp	\$247.00
Clinical Soft	\$1,316.00
Dell computer	\$80.00
Metafile	\$1,287.00
Zoll Difibula	\$380.00
Chairs	\$0.00
A/V Equipment	\$0.00
Bulletin Boards	\$0.00
Dell Servers	\$0.00
Outdoor furn	\$0.00
Office furn	\$0.00
Office chairs	\$0.00
Phone system	\$0.00
Refrigerator	\$0.00
Software	\$0.00
Lindsley Buildi	\$14,136.00
Capital Improve	\$3,392.00
Adobe software	\$14.00
Cubicles	\$210.00
HVAC UNIT	\$478.00
3 Dell Comp	\$406.00
Dell computer	\$235.00
Dell Printer	\$56.00
Dell Worksta	\$0.00
HVAC	\$0.00
Sign	\$0.00
<b>Total</b>	<b>\$24,725.00</b>

**Statement 5**

Form: 990

Page: 2

Part: II

Question: 43

**Sexual Assault Center****62-1043294****Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundrasing</b>
Professional services not legal or insurance	\$91,732.00	\$26,134.00	\$60,341.00	\$5,257.00
Licenses and fees	\$13,629.00	\$12,762.00	\$794.00	\$73.00
	\$8,208.00	\$3,702.00	\$1,363.00	\$3,143.00
<b>Total:</b>	<b>\$113,569.00</b>	<b>\$42,598.00</b>	<b>\$62,498.00</b>	<b>\$8,473.00</b>

**Statement 6**

Form: 990

Page: 3

Part: III

Question:

**Sexual Assault Center****62-1043294****Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Sexual Assault Crisis Intervention Programs: Provided counseling for 723 (6947 client sessions) adult and child victims of rape and sexual abuse and answered over 4,800 calls on nationwide toll free sexual assault Crisis Line. (723 Clients)	\$940,305.00
<b>Grants and Allocations:</b> \$0.00 This amount includes foreign grants: N/A	
Children & Youth Services: Provided safety education programs for public schools, private schools, day cares, churches. Also presented adult prevention and awareness programs to community organizations. Curriculums include training and prevention programs for Elder Abuse, non-english speaking victims and their families, young adult males, and grades k-12. (117000 persons)	\$352,927.00
<b>Grants and Allocations:</b> \$0.00 This amount includes foreign grants: N/A	
<b>Total:</b>	<b>\$1,293,232.00</b>

**Statement 7**

Form: 990

Page: 4

Part: IV

Question: 54

**Sexual Assault Center****62-1043294****Investments - Securities**

<b>Security</b>	<b>Valuation Type</b>	<b>Amount</b>
Individual common stocks	FMV	\$229,806.00
Mutual funds	FMV	\$214,879.00
Money Market funds - pending investment	FMV	\$51,435.00
Government and corporate bonds	FMV	\$348,734.00
<b>Total:</b>		<b>\$844,854.00</b>

**Statement 8**

Form: 990

Page: 4

Part IV

Question: 57

**Sexual Assault Center****62-1043294****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
101 French Landing Land	\$552,618.00	\$0.00	\$552,618.00
101 French Landing Building	\$1,959,280.00	\$0.00	\$1,959,280.00
Artwork	\$5,250.00	\$0.00	\$5,250.00
Furniture and Equipment	\$287,855.00	\$29,448.00	\$258,407.00
Capital Improvements	\$126,466.00	\$0.00	\$126,466.00
<b>Total:</b>	<b>\$2,931,469.00</b>	<b>\$29,448.00</b>	<b>\$2,902,021.00</b>



**Statement 9**

Form: 990

Page: 4

Part IV

Question: 64b

**Sexual Assault Center****62-1043294****Mortgages and Other Notes Payable**

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<b>Type:</b>	Non-Mortgage
<b>Lender's Name:</b>	First Tennessee Bank
<b>Original Amount:</b>	\$1,600,000.00
<b>Balance Due:</b>	\$684,000.00
<b>Date of Note:</b>	04/07/2008
<b>Maturity Date:</b>	03/30/2016
<b>Repayment Terms:</b>	Interest Only 3 years/Revert to mortgage
<b>Interest Rate:</b>	3.75
<b>Security Provided by Borrower:</b>	Building
<b>Purpose of Loan:</b>	Purchase Building until capital fund donations received
<b>Description of Consideration:</b>	None
<b>FMV of Consideration:</b>	\$0.00
<b>Relationship:</b>	None

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<b>Total Due:</b>	<b>\$684,000.00</b>
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**Statement 10**

Form: 990

Page: 5

Part: IV-A

Question: b(4)

**Sexual Assault Center****62-1043294****Revenue Audit Line b(4)**

Description	Amount
Special Event Expenses	\$51,019.00
<b>Total:</b>	<b>\$51,019.00</b>

**Statement 11**

Form: 990

Page: 5

Part: IV-B

Question: b(4)

**Sexual Assault Center**

**62-1043294**

**Expense Audit Line b(4)**

Description	Amount
Special Event Expenses	\$51,019.00
Total:	\$51,019.00

**Statement 12**

Form: 990

Page: 5

Part: V

Question:

**Sexual Assault Center****62-1043294****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Bob McCorkle Title: Chairman Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37210 Country: United States	2	\$0.00	\$0.00	\$0.00
Bob Votteler Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
Cathy McClure Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
Chris Coates Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
Deena Shapiro Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
George Anderson Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
<b>GiGi Grimstad</b> Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
<b>Jana Wood</b> Title: Secretary Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	2	\$0.00	\$0.00	\$0.00
<b>Jay Conner</b> Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
<b>Jim Parrott</b> Title: Treasurer Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
<b>Julie Sandine</b> Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
<b>Karen Starks</b> Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States	1	\$0.00	\$0.00	\$0.00
<b>Kevin Endres</b> Title: Board Member Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
L Hunter Rost Jr	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Laura Sims	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Mary Leland Henry Wehner	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Murray Smartt	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Nancy Vogel Benskin	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Patricia Cole	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				
CSZ: Nashville, TN 37210				
Country: United States				
Roberta Pettis	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 25 Lindsley Avenue				
Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Nashville, TN 37210 Country: United States				
Tim Tohill	40	\$102,052.00	\$10,506.00	\$0.00
Title: President Addr 1: 25 Lindsley Avenue Addr 2: CSZ: Nashville, TN 37210 Country: United States				
Franke Elliott	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States				
Raquel Bueno	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States				
Gina Crunk	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States				
David Graves III	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States				
Martha Farabee	40	\$82,428.00	\$6,375.00	\$0.00
Title: Vice President Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States Compensation Explanation: Vice President of Development and Marketing				
Donna Center	40	\$67,604.00	\$9,359.00	\$0.00
Title: Vice President Addr 1: 101 French Landing				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2: CSZ: Nashville, TN 37228 Country: United States Compensation Explanation: Vice President of Finance				
Rachel Freeman	40	\$53,100.00	\$4,739.00	\$0.00
Title: Vice President Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States Compensation Explanation: Vice President of Clinical Services				
Mary Grissim	40	\$60,000.00	\$5,830.00	\$0.00
Title: Vice President Addr 1: 101 French Landing Addr 2: CSZ: Nashville, TN 37228 Country: United States Compensation Explanation: Vice President of Education Services				
<b>TOTALS</b>		<b>\$365,184.00</b>	<b>\$38,809.00</b>	<b>\$0.00</b>



**Statement 13**

Form: 990

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Part: VIII

Question:

**Sexual Assault Center**

**62-1043294**

**Relationship of Activities**

<b>Line No</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b>
93 a	Client and insurance payments for counseling sessions.
93 b	Sales of curriculum materials and training fees.
93 c	Reimbursement of court record and court advocacy costs.

Statement 14  
Form: Schedule A  
Page: 4  
Part: IV-A  
Question: 22

Sexual Assault Center  
62-1043294

Other Income				
Description	2006	2005	2004	2003
Court fees, 401k forfeitures, rebates				\$3,713.00
Total:				\$3,713.00

**Schedule B - Part I**  
**Contributors**

**Sexual Assault Center**

**62-1043294**

**Organization Type:**

**Filers of:**

Form 990 or 990-EZ

- ☒ 501(c)( 3 ) Organization  
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
☐ 527 Political Organization

Form 990PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: only section 501(c)(7), (8), (10) organizations can check boxes for both the General Rule and a Special Rule -- see instructions.)

**General Rule--**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules--**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

**\$0.00**

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Schedule B - Part I**  
**Contributors**

**Sexual Assault Center**

**62-1043294**

Name and Address		Contribution	Type	
1	Melkus Family Foundation	\$250,000.00	Individual	Yes
	1106 Lake Vista		Payroll	No
	Palm Desert, CA 92260		Noncash	No
United States				
2	Ingram Charitable Fund	\$250,000.00	Individual	Yes
	120 Hillwood Dr		Payroll	No
	Nashville, TN 37205		Noncash	No
United States				
3	Howard McLure	\$100,000.00	Individual	Yes
	211 Commerce Street		Payroll	No
	Nashville, TN 37201		Noncash	No
United States				
4	Memorial Foundation	\$100,000.00	Individual	Yes
	25 Lindsley		Payroll	No
	Nashville, TN 37210		Noncash	No
United States				
5	Cal Turner Foundation	\$100,000.00	Individual	Yes
	101 Mission Ridget		Payroll	No
	Goodlettsville, TN 37072		Noncash	No
United States				
6	Joe Davis Foundation	\$300,000.00	Individual	Yes
	4343 Sneed Rd		Payroll	No
	Nashville, TN 37215		Noncash	No
United States				