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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2003 c	alendar	year, or tax year be	eginning	07/01/03		and	endin	g 06/3	0/04	
В	Check if	applicable		C Name of organization								loyer identification number
	Addres	s change	use IRS label or	Rape and Sexu							62	1043294
	Name o	- 1	print or type.	Number and street (d	or PO box	if mail is not o	delivered to	street	addres	s) Room/suite	E Tele	phone number
_	Initial re		See	25 Lindsley Av	enue						(61	5 ₎ 259-9055
_	Final re		Specific I	City or town, state or		ind ZIP + 4					F Accou	nting method: Cash Accrual
	Amend	ed return	tions.	Nashville, TN	37210							Other (specify)
		uon pending	• Sec	tion 501(c)(3) organiz	rations and	d 4947(a)(1) r	nonexempt	charit	table			ole to section 527 organizations
	•••	. ,		its must attach a com	pleted Sch	edule A (Forn	n 990 or 99	90-EZ)	1		•	urn for affiliates? Yes V No
G	Web si	ite: ▶ ras	ac.org									nber of affiliates ▶
J	Organi	zation type	e (check o	nly one) > 2 501(c))(3)∢(nsert no)	4947(a)(1)	or \square	527	H(c) Are all af (If "No,"		cluded? Yes No ist See instructions)
K	Check	here ▶ 🗌] if the o	rganization's gross rec	eipts are n	ormally not m	ore than \$	25,000	The	H(d) Is this a s	eparate re	turn filed by an
	organiz	ation need	not file a r	eturn with the IRS, but	if the organ	sization receive	ed a Form 9	990 Pac	kage			I by a group ruling? Yes 🕡 No
	in the n	naii, it snoui	id file a rei	turn without financial da	ta Some S	tates require a	a complete	return.				Number ►
L	Gross	receipts.	Add lines	66, 8b, 9b, and 10	b to line 1	2 ▶ 1,271,0	034					f the organization is not required (Form 990, 990-EZ, or 990-PF)
Р	art I	Rever	nue, Ex	penses, and Ch	anges ir	Net Ass	ets or F	und E	3alan	ices (See p	age 18	of the instructions.)
	1	Contrib	utions, g	gifts, grants, and s	sımılar an	nounts rece	eived.			222		
	a		•	ipport				1a		299,7		
	Ь	Indirect	public s	support				1b		225,6		
	C	Governi	ment co	ntributions (grants	s)			_1c		372,6	48 ////	
	d	Total (ad	dd lines	1a through 1c) (cas	sh \$	898,098	noncas	h \$ _		0)	1d	
	2	Program	n service	revenue including	governme	ent fees and	d contract	ts (fror	n Pari	t VII, line 93)	_2	190,530
	3	Member	rship du	es and assessme	nts						. _3_	0
	4	Interest	on savi	ngs and temporar	y cash in	vestments					. 4	1,948
	5	Dividend	ds and i	nterest from secur	rities .						0 ////	22,709
	6a	Gross re	ents .					6a				
	b	Less [,] re	ental exp	enses			(6b			0 ////	0
	С	Net rent	tal incon	ne or (loss) (subtra	act line 6	b from line	6a)				<u>6c</u>	
ā	7	Other in	ivestme	nt income (describ	e ►	(0) 0	:				7	0
2004 Revenue	8a	Gross a	imount f	rom sales of asse	ts other	(A) Secu	irities		(B) Other	(///	
Re	1	than inv	entory					8a			-\{///	
2	b			er basis and sales ex				8b				
2	C			ttach schedule) .				8c			0 ////	۸ .
රා	d	•	-) (combine line 8c,							8d	
0	9	Special e	events and	d activities (attach sc		-		ımıng,	check	here		See Statement 1
ب	a							0- 1		154,0	36	
DEC				ported on line 1a)				9a		43,9		
_	1		•	penses other than		•		9b	0-1	43,8	9c	110,072
CANNED	1			loss) from special				n line 10a	ча)		7777	
>	1 -			nventory, less retu	irns and	allowances	•	10a			-\///	
\geq	b			oods sold			l Jal (o. btro		105.6	rom line 10s)	100	1
₹	1			oss) from sales of inv from Part VII, line) CEIIHE	-100 "	ioni iine ioa)	11	3,713
۷	11 12			add lines 1d, 2, 3,							12	1,227,070
ر								T _O	1		13	1,020,760
S)	13			es (from line 44, co			9 2004	FRS-O			14	112,750
Expenses	14			nd general (from li m line 44, column		numm (C)) .		S			15	177,977
άx	15 16			m iine 44, columii filiates (attach sch	edule)	OGDE	Al II	35 }	1.		16	
ш	17	Total ex	kpenses	(add lines 16 and	1 44-60k	imn (A)	IV, U] :		17	1,311,487
9	18			cit) for the year (su			line 12)	T	-		_18	-84,417
sset	19			and balances at be					 Jmp (/	A))	_19	2,092,346
Net Assets	20	Other of	hanges	in net assets or fu	ind balar	ces (attach	explana	tion)		Stmf		65,595
Š	21	Net asse	ets or fu	nd balances at end	of year (combine line	es 18, 19	and a	20)	<u></u> .	21	2,073,524

					, ,	ructions)
	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
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$0	22	0			
23	Specific assistance to individuals (schedule)	23	0			
24	Benefits paid to or for members (schedule)	24	85,370	34,148	34,148	17,07
25	Compensation of officers, directors, etc	26	765,029	632,385	34,862	
26	Other salaries and wages	27	13,284	8,807	1,877	
27 28	Pension plan contributions	28	87,470	70,163	6,299	
29	Payroll taxes	29	69,466	54,447	5,637	9,38
30	Professional fundraising fees	30	0			<u> </u>
31	Accounting fees	31	11,950	6,793	3,756	1,40
32	Legal fees	32	0			
33	Supplies	33	27,582	24,505	1,229	1,84
34	Telephone	34	24,229	22,123	1,193	91
35	Postage and shipping	35	9,754	2,130	56	7,56
36	Occupancy	36	43,087	39,150	2,131	1,80
37	Equipment rental and maintenance	37	26,683	23,102	2,143	1,43
38	Printing and publications	38	29,678	17,993	417	11,26
39	Travel	39	5,284 18,791	4,420 12,985	716 3,305	14 2,50
40	Conferences, conventions, and meetings	40	10,791	12,963	3,303	2,30
41	Interest	41	28,910	18,820	6,794	3,29
12	Depreciation, depletion, etc. (schedule) Stmt 3	42 43a	64,920	48,789	8,187	7,94
13_	Other expenses not covered above (itemize): a See Statement 4	43b		,	0,107	
b		43c		·		
c d		43d				
e		43e				
14	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	1,311,487	1,020,760	112,750	177,97
Are a	t Costs. Check ► ☐ If you are following SOP ny joint costs from a combined educational campaign	00 L.				
f "Ye iii) th Par What	es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ till Statement of Program Service Acc this the organization's primary exempt purpose? Iganizations must describe their exempt purpose a	omplis Spo	; and (iv) the shments (See pecialized service	e amount allocated e amount allocated rage 24 of the in s to victims of se d concise manner.	to Program service: to Fundraising \$ istructions.) xual assault. State the number	Program Service Expenses (Required for 501(c)(3) at (4) orgs, and 4947(a)(1)
f "Ye iii) the Par What All or of clip	es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ till Statement of Program Service Acc this the organization's primary exempt purpose?	omplis Spo	; and (iv) the shments (See pecialized service ments in a clear annts that are not m	e amount allocated e amount allocated rage 24 of the in s to victims of se d concise manner. leasurable. (Section	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) at (4) orgs, and 4947(a)(1)
f "Ye iii) th Par What All or of cli	es," enter (i) the aggregate amount of these joint cost ne amount allocated to Management and general \$ till Statement of Program Service Accut is the organization's primary exempt purpose? ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss achizations and 4947(a)(1) nonexempt charitable trusts.	omplis Spo	; and (iv) the shments (See pecialized service ments in a clear annts that are not m	e amount allocated e amount allocated rage 24 of the in s to victims of se d concise manner. leasurable. (Section	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Servic Expenses (Required for 501(c)(3) a (4) orgs, and 4947(a)(1 trusts, but optonal for
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f "Yeilii) the Par What or of cliin or gan a	es," enter (i) the aggregate amount of these joint cost ne amount allocated to Management and general \$ till Statement of Program Service Accusts the organization's primary exempt purpose? ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts See Statement 5	omplis Spichieven in in it is a spichieven i	; and (iv) the shments (See pecialized service ments in a clear annus that are not make that are not make and allocations	e amount allocated e amount allocated age 24 of the instovictims of sed concise manner. The assurable. (Section of grants and allocated)	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Servic Expenses (Required for 501(c)(3) a (4) orgs, and 4947(a)(1 trusts, but optonal for
f "Ye (iii) the Par What All or of clip organ a	es," enter (i) the aggregate amount of these joint cost ne amount allocated to Management and general \$ till Statement of Program Service Accusts the organization's primary exempt purpose? ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts See Statement 5	omplis Spichieven in in it is a spichieven i	; (ii) the ; and (iv) the shments (See pecialized service ments in a clear and that are not ments that are not ments that are not ments and allocations	e amount allocated e amount allocated hage 24 of the in s to victims of se d concise manner. heasurable. (Section int of grants and allo	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) ar (4) orgs, and 4947(a)(1) trusts, but optonal for
f "Yeilii) the Par What or of cliin or gan a	es," enter (i) the aggregate amount of these joint cost ne amount allocated to Management and general \$ till Statement of Program Service Accusts the organization's primary exempt purpose? ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts See Statement 5	omplis Spichieven in in it is a spichieven i	; (ii) the ; and (iv) the shments (See pecialized service ments in a clear and that are not ments that are not ments that are not ments and allocations	e amount allocated e amount allocated hage 24 of the in s to victims of se d concise manner. heasurable. (Section int of grants and allo	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) at (4) orgs, and 4947(a)(1 trusts, but optonal for
f "Yeili) the Par What or character as a control of cline as a con	es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ III Statement of Program Service Accumus the organization's primary exempt purpose? The ganizations must describe their exempt purpose a tents served, publications issued, etc. Discuss achnizations and 4947(a)(1) nonexempt charitable trusts See Statement 5 (()	omplis Spechieven eleveme must a Grants Grants	; (ii) the ; and (iv) the shments (See pecialized service ments in a clear and that are not ments that are not ments that are not ments and allocations	e amount allocated e amount allocated hage 24 of the in s to victims of se d concise manner. heasurable. (Section int of grants and allo	to Program service: to Fundraising \$ istructions.) xual assault. State the number 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) ar (4) orgs, and 4947(a)) trusts, but optonal for

Part IV Balance Sheets (See page 24 of the instructions.)

	Note:	Where required, attached schedules and amounts	within t	he description	(0)	[(D)
		column should be for end-of-year amounts only.	**	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			316,074	45	248,689
	46	Savings and temporary cash investments .			14,973	46	
			1 1	45.070			
	ľ	Accounts receivable	47a	15,673	10,799		15,673
	b	Less. allowance for doubtful accounts	47b		10,733	47c	15,673
				239,297			
	I	Pledges receivable	48a	0	268,218		239,297
	1	Less: allowance for doubtful accounts .	48b		35,181	48c	
	49	Grants receivable			33,101	49	42,922
	50	Receivables from officers, directors, truste		50			
		(attach schedule)			·	/////	
Ŋ	51a	Other notes and loans receivable (attach	51a				
Assets	۱ ۾	schedule)	51b		0	51c	1 0
As	52	Inventories for sale or use				52	·
	53	Prepaid expenses and deferred charges			13,906	53	9,811
	54			☐ Cost ☑ FMV	715,672	54	798,824
	55a	Investments—land, buildings, and					
	""	equipment: basis	55a	0			
	ь	Less: accumulated depreciation (attach		_			
		schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)	,			56	
	57a	Land, buildings, and equipment: basis	57a	1,026,307			
	b	Less: accumulated depreciation (attach	1 }	285,300	739,931		741,007
		schedule).Stmt 7	57b		733,331	57c	741,007
	58	Other assets (describe ►				58	
	59	Total assets (add lines 45 through 58) (musi	t oqual	line 74)	2,114,754	59	2,096,223
_					22,408	60	22,699
	60	Accounts payable and accrued expenses .		i i		61	
	61 62	Grants payable				62	
Ş	63	Loans from officers, directors, trustees, and	· · ·	mployoos (attach	· · · · · · · · · · · · · · · · · · ·		
Liabilities	03	schedule)				63	1
Ę	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ë		Mortgages and other notes payable (attach		1		64b	
	65	Other liabilities (describe ►				65	<u> </u>
ł					00.400	1	20.000
	66	Total liabilities (add lines 60 through 65) .			22,408	66	22,699
	Orga	nizations that follow SFAS 117, check here	► 🗹 ar	nd complete lines			
Ş	_	67 through 69 and lines 73 and 74.			1,044,513		1,087,558
5	67	Unrestricted		-	309,636	67	247,769
ala	68	Temporarily restricted			738,197	68 69	738,197
Ä	69	Permanently restricted			100,101	/////	, 55, 157
ב	Orga	nizations that do not follow SFAS 117, check	here >	→ 🗀 and			
딘	70	complete lines 70 through 74.	•			70	1
S	70 71	Capital stock, trust principal, or current fund		upment fund		71	
Set	71	Paid-in or capital surplus, or land, building, a Retained earnings, endowment, accumulated	-	•		72	<u> </u>
Net Assets or Fund Balances	72	•					
펄	73	Total net assets or fund balances (add line 70 through 72;	ร ง / นาโ	ough by OK lines	ĺ		
Z		column (A) must equal line 19; column (B) m	nust ea	ual line 21)	2,092,346	73	2,073,524
	74	Total liabilities and net assets / fund balance			2,114,754	74	2,096,223
_							

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.

Pa	rt IV-A	Financia	liation of Revent I Statements wit See page 26 of t	h Revenue	e per	Part	F	Reconciliation of inancial Stater Return	of Expense nents with	s pe Exp	r Audited enses per
а	Total reve	enue, gains,	and other support			а	Total exp	enses and lo	sses per		
_			statements >	THE THIRD THE	,393,640 ////////////////////////////////////			nancial statemen		a	1,412,462
b	line 12, F	Form 990:	n line a but not on			b		ncluded on line , Form 990:	a but not		
(1)	Net unrea	alized gains ments	<u>\$ 65,595</u>			(1)	Donated and use of	_	57,011		
•	and use	services of facilities	\$ 57,011			(2)	reported or	line 20,			
(3)		es of prior				(3)	Form 990 . Losses rep				
(4)	Other (sp					(4)	line 20, Fo	rm 990 . \$	· · · · · · · · · · · · · · · · · · ·		
	Stmt 8		\$ 43,964			\''					
	Add amor	unts on line:	s (1) through (4) ►	b	166,570	-	Stmt 9	<u>\$</u>	43,964		400.075
_	Lino a m	inus lina h		c 1,	227,070		Add amour Line a mir	nts on lines (1) th	rough (4)►	b	100,975 1,311,487
c d	Amounts	included o but not oi	n line 12,			c d	Amounts i	ncluded on line but not on line	17,		
(1)		t expenses				(1)	_		μ.		
(-,	not includ	ded on line				``'	not include	d on line			
(2)		990	\$			(0)	6b, Form 99				
(2)	Other (sp	ecity):				(2)	Other (spe	-			
			\$ 0					•			
			es (1) and (2) >	d	0			nts on lines (1)	and (2) >	d	0
е	Total reve	enue per lii	ne 12, Form 990	.	227 070	e	Total expe	nses per line 17,	Form 990		4 244 407
Dar			ers, Directors,	10	227,070	Empl		s line d)		e	1,311,487
r ei		the instructi			iliu Key	Linhi	Oyees (List	each one even	ii not comp	EI 15a	.eu, see page 20
		(A) Name	e and address	· · ·	(B) Title a	nd avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p deferred compens	lans &	(E) Expense account and other allowances
See	Statemer	nt 10				-					
			··· ··· ··								
• • • • • •					-						
		<u>-</u>								_	
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					·				. ———		
	,										
										ļ	
					L				<u> </u>		
	organizatio	on and all rel	or, trustee, or key er ated organizations, o edule—see page 2	of which mor	e than \$10),000 w	mpensation o as provided	of more than \$100 by the related org),000 from yo anizations?	ur ▶ [Yes 🗹 No

				age 5
'ar	t VI Other Information (See page 27 of the instructions.)		Yes	No
5	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity	76		✓
7	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.	77 		
ìa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<i>,,,,,,</i> ,,	J
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
)	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement	79		1
	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?	80a		1
U	If "Yes," enter the name of the organization ▶			
9				
	Did the organization file Form 1120-POL for this year?	<i>8</i> 1ь	,,,,,,,,	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	0.2		
	or at substantially less than fair rental value?	82a	1	
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.)			
a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	,,,,,,,	ahm
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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			
ď	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
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	,,,,,,,,	,,,,,,,,
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a			
b	Gross receipts, included on line 12, for public use of club facilities			
	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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	88		√
a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under. section 4911 \blacktriangleright 0; section 4955 \blacktriangleright 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			_

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)

and enter the amount of tax-exempt interest received or accrued during the tax year 92

91 The books are in care of ▶ Donna E. Center

Located at ▶ 25 Lindsley Avenue, Nashville, TN

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ □

Part	VII Analysis of Income-Producing	Activities (See	page 31 of th	ne instructions.)	
Note	e: Enter gross amounts unless otherwise	Unrelated	l business incom	e Excluded by sec	tion 512, 513, or 514	(E)
indic	ated	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue:	Business co	le Amount	Exclusion code	Amount	ıncome
а	Individual and Group Counseling					176,850
b	Educational prevention services					13,680
С						
d						
е						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agenci	es				
94	Membership dues and assessments	.				
95	Interest on savings and temporary cash investmen	nts		14	1,948	
96	Dividends and interest from securities	. ,		14	22,709	
97	Net rental income or (loss) from real estate:					
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal proper					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventor					
101	Net income or (loss) from special events .					110,072
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a Miscellaneous revenue		_,			3,713
Ь						· · · · · · · · · · · · · · · · · · ·
С						
d						
е						
104	Subtotal (add columns (B), (D), and (E)) .	. <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<i>///</i> ///	0 /////////////////////////////////////	24,657	304,315
105	Total (add line 104, columns (B), (D), and (E				· - -	328,972
	Line 105 plus line 1d, Part I, should equal ti			/0	20 -611 -	
Part						
Line		ne is reported in c	olumn (E) of Part	VII contributed in	portantly to the a	ccomplishment
	See Statement 11	thei thair by provi	ung runus for sur	cii purposes).		
	- dee otatement 17			 -		
						
		 			···········	
Dost	IV Information Describe Toyoble Cub	oidiariae and C	iorogordod En	tition (Con page	22 of the instru	ctions \
Part	IX Information Regarding Taxable Sub (A)	(B)		ices (See page	(D)	
	Name, address, and EIN of corporation,	Percentage of	Nature o	f activities	Total income	(E) End-of-year
	partnership, or disregarded entity	ownership interes	<u> </u>			assets
			+			
		<u> </u>	·			
			이			
Dort	V Information Degarding Transfers Ass	9	6	ontracts (See n	age 33 of the ins	tructions)
Part		9 ociated with Pe	sonal Benefit C			
(a)	Did the organization, during the year, receive any funds,	% ociated with Perdirectly or indirectly	rsonal Benefit C	n a personal benefit	contract?	☐ Yes 🗹 No
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pi	ociated with Pe directly or indirectly remiums, directly	rsonal Benefit C , to pay premiums o or indirectly, or	n a personal benefit	contract?	
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form	ociated with Pe directly or indirectly emiums, directly 4720 (see instru	rsonal Benefit C , to pay premiums of or indirectly, or ctions).	on a personal benefit n a personal ber	contract? nefit contract?	☐ Yes ☑ No ☐ Yes ☑ No
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pile: If "Yes" to (b), file Form 8870 and Form	ociated with Per directly or indirectly remiums, directly 4720 (see instru-	rsonal Benefit C to pay premiums of or indirectly, or ctions).	on a personal benefit n a personal ber	contract? nefit contract?	Yes No Yes No
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I deplare that I have exa and belief at is true, corrects and complete. Declare	ociated with Per directly or indirectly remiums, directly 4720 (see instru-	rsonal Benefit C to pay premiums of or indirectly, or ctions).	on a personal benefit on a personal ber g schedules and stat ased on all information	contract?	Yes No Yes No
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I deplare that I have exa and belief at is true, corrects and complete. Declare	ociated with Per directly or indirectly remiums, directly 4720 (see instru-	rsonal Benefit C to pay premiums of or indirectly, or ctions).	on a personal benefit on a personal ber g schedules and stat ased on all information	contract? nefit contract? ements, and to the bon of which preparer 1/8/2004	Yes No Yes No
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I deplare that I have exa and belief at is true, corrects and complete. Declare	ociated with Per directly or indirectly remiums, directly 4720 (see instru-	rsonal Benefit C to pay premiums of or indirectly, or ctions).	on a personal benefit on a personal ber g schedules and stat ased on all information	contract? nefit contract? ements, and to the bon of which preparer 1/8/2004	Yes No Yes No
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I deplare that I have exa and belief at is true, corrects and complete. Declare	ociated with Per directly or indirectly remiums, directly 4720 (see instru-	rsonal Benefit C to pay premiums of or indirectly, or ctions).	on a personal benefit on a personal ber g schedules and stat ased on all information	contract? nefit contract? ements, and to the bon of which preparer 1/8/2004	Yes No Yes No

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number

Rape and Sexual Abuse Center 62:1043294 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more (c) Compensation employee benefit plans & deferred compensation account and other allowances than \$50,000 Martha Farabee Marketing/Developmen 4,379 71.571 0 25 Lindsley Ave, Nashville, TN 37210, US **Donna Center** Director of Finance 57,515 4,907 n 25 Lindsley Avenue, Nashville, TN 37210, US Charla McCall **Clinical Director** 53,004 3,886 25 Lindsley Avenue, Nashville, TN 37210, US Total number of other employees paid over \$50,000 Part II 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 None Total number of others receiving over \$50,000 for professional services .

Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No	
1	or in Part Orga	ing the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid neutred in connection with the lobbying activities \$\sum_{\text{NI-A}}\$ (Must equal amounts on line 38 or VI-A, or line i of Part VI-B.) anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description or lobbying activities.	1 . 1		√	
2	Duri sub: with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority iter, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions)				
а	Sale	e, exchange, or leasing of property?	2a		1	
b		ding of money or other extension of credit?	2b		1	
C		nishing of goods, services, or facilities?	2c	/	-	
d	-	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1	-	1	
e 20		nsfer of any part of its income or assets?			Ť	
3a		determine that recipients qualify to receive payments.)			1	
ь		you have a section 403(b) annuity plan for your employees?			1	
4	Dıd	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?			✓	
Pai	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	5.)			
The	organ	nization 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 ho and state ▶	spitai s	name	, city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Se (Also complete the Support Schedule in Part IV-A.)	ction 17)(b)(1)	(A)(IV)	
11a		An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	the ger	eral p	ublic	
11b 12	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 supdescribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)	ports or otion 50	ganıza 9(a)(2)	ations (See	
	_	Provide the following information about the supported organizations. (See page 5 of the instruction	s.)			
	-					

from above

ale	e: You may use the worksheet in the instructions andar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	_
<u></u>	Gifts, grants, and contributions received. (Do	(2) 2002	(5) 2001	(0) 2000	(d) 1555_	(e) Total	-
	not include unusual grants. See line 28)	1,273,056	1,185,082	1,741,636	1,249,28	5,449,062	?
;	Membership fees received		0	0		0 0)
' 	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.	169,159	152,614	196,889	248,76	6 767,428	3
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	49,648	30,920	10,690	13,46	1 104,719	-
9	Net income from unrelated business activities not included in line 18					0	-
0	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	-
1	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	- •
2	Other income. Attach a schedule. Do not					_	
	include gain or (loss) from sale of capital assets	16,047	2,600	15,367	98	1 -,	
<u> </u>	Total of lines 15 through 22	1,507,910	1,371,216	1,964,582			_
_	Line 23 minus line 17	1,338,751	1,218,602	1,767,693	1,263,73		
<u>_</u>	Enter 1% of line 23	15,079	13,712	19,646	15,12		2
;	Organizations described on lines 10 or 11:	a Enter 2% of	amount in columi	n (e), line 24	> 26a	111,776	; ~
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiza amount shown in line 26a. Do not file this list wit	ation) whose tota	I gifts for 1998 th	rough 2001 exce	eded the	733,816	
С	Total support for section 509(a)(1) test: Enter lin				▶ 260		
d	Add: Amounts from column (e) for lines: 18 _		19	0			
_	22 _		26b 733,8	316	▶ 260		
е	Public support (line 26c minus line 26d total)				▶ 266	4,715,246	;
f	Public support percentage (line 26e (numerat				▶ 26	84 %	6
,	Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the	amounts includ he name of, and sum of such am	ed in lines 15, 10 total amounts rec nounts for each y	6, and 17 that w eived in each yea ear:	ır from, each "dı	squalified person.	"
b	(2002)	ed from each per- rear, that was mor through 11, as w the larger amount	son (other than "di re than the larger ell as individuals.) described in (1) o	squalified persons of (1) the amount Do not file this list or (2), enter the so	s"), prepare a list on line 25 for the st with your retu um of these diffe	t for your records to e year or (2) \$5,000 irn. After computing erences (the exces	o). g s
С	Add Amounts from column (e) for lines: 15 _		16		1	1	
	17 20 _						-
d							-
е	Public support (line 27c total minus line 27d total				▶ 27€		7
f	Total support for section 509(a)(2) test: Enter an						1
g h	Public support percentage (line 27e (numerat Investment income percentage (line 18, colur	or) divided by li nn (e) (numerat	ne 27f (denomin or) divided by lin	ator)) le 27f (denomina	> 270 ator)). > 271		_
8	Unusual Grants: For an organization described prepare a list for your records to show, for eac description of the nature of the grant. Do not file	h year, the name	e of the contribut	tor, the date and	amount of the	grant, and a brie	f

_	tt V Private School Questionnaire (See page 7 of the instructions.)		F	Page 4
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	_		
29	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?	29	Yes	No
30	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?	30		
31	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?	31		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
a	Copies of all material used by the organization or on its behalf to solicit contributions?			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		-
h	Other extracurricular activities? ,	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	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	35		

Pa	IT VI-A Lobbying Expenditures by El (To be completed ONLY by an	ecting Public eligible organi	Charities (See ization that file	e page 9 of the d Form 5768)	instructions.)	
Che	ck ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck ▶ b 🔲 if	you checked "a" a	nd "limited control"	provisions apply
	Limits on Lobbyi	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public			36		
37	Total lobbying expenditures to influence a legis			· · ·	-	
38	Total lobbying expenditures (add lines 36 and 3	•		· · · 		
39	Other exempt purpose expenditures			l l		
40	·Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amour					
		bbying nontaxab	•			
	Not over \$500,000	f the amount on l	line 40	1		
	Over \$500,000 but not over \$1,000,000 \$100,00	00 plus 15% of the	e excess over \$50	00,000		
	Over \$1,000,000 but not over \$1,500,000 .\$175,00	00,000 } 41				
	Over \$1,500,000 but not over \$17,000,000 . \$225,00					
	Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·				
42	Grassroots nontaxable amount (enter 25% of li	1				
43	Subtract line 42 from line 36. Enter -0- if line 4					
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38			
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 47	[,] 20.		
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to o gh 50 on page 11	complete all of the of the instruction	e five columns be ns.) ar Averaging Pe	·
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
			, ,	, , ,	, , ,	
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
		2003	2002	2001	2000	Total
45	fiscal year beginning in) ► Lobbying nontaxable amount	2003	2002	2001	2000	Total
45 46			2002	2001	2000	Total
46	Lobbying nontaxable amount		2002	2001	2000	Total
	Lobbying nontaxable amount		2002	2001	2000	Total
46	Lobbying nontaxable amount		2002	2001	2000	Total
46 47	Lobbying nontaxable amount		2002	2001	2000	Total
46 47	Lobbying nontaxable amount		2002	2001	2000	Total
46 47 48	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures		2002	2001	2000	Total
46 47 48	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures			2001	2000	Total
46 47 48 49 50	Lobbying nontaxable amount	eting Public C	harities			
46 47 48 49 50	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	eting Public C	harities			
46 47 48 49 50 Pa	Lobbying nontaxable amount	eting Public Citions that did i	harities not complete fate or local legis	Part VI-A) (See lation, including a	page 11 of the	
46 47 48 49 50 Pa	Lobbying nontaxable amount	eting Public Citions that did i	harities not complete fate or local legis	Part VI-A) (See lation, including a	page 11 of the	e instructions.)
46 47 48 49 50 Pa	Lobbying nontaxable amount	eting Public Clations that did to tence national, structure or referend	harities not complete frame or local legis	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative model of the volunteers	eting Public Clations that did to tence national, structure or referend	harities not complete frame or local legis	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Duri attee	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative modulated to the property of the compensation of the compensation of the property of the compensation of the	eting Public Citions that did interest or referend	harities not complete frame or local legis	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Duri attei a b c	Lobbying nontaxable amount	eting Public Citions that did rence national, structure or referend	harities not complete frame or local legis	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Durn atte a b c d	Lobbying nontaxable amount	etting Public Clations that did to the control of t	harities not complete frame or local legis	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Duri attee a b c d e f	Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures	ents	harities not complete frate or local legis tum, through the	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Duri atter a b c c d e f g	Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures	eting Public Clations that did intended in the control of the cont	harities not complete for the state or local legistum, through the seported on lines the complete for the state or local legistum, through the seported on lines the complete for the state of the state	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)
46 47 48 49 50 Pa Duri attee a b c d e f	Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures	eting Public Citions that did intence national, structure or referend	harities not complete for the state or local legistum, through the seported on lines the complete for the state or local legistum, through the seported on lines the complete for the state of the state	Part VI-A) (See lation, including a use of	page 11 of the	e instructions.)

Schodula	A (Form	ggn or	990-F7	3003

Pa	rt VI	Information Exempt Or	n Regarding Tra ganizations (Se	ansfers To and Transaction one page 12 of the instruction	ons and Relationships With Nor ons.)	ncharita	ble	
51	Did 501	the reporting orga	nization directly or	indirectly engage in any of the	e following with any other organization ion 527, relating to political organization	describe	d in s	ection
а				to a noncharitable exempt org	- · · · · · · · · · · · · · · · · · · ·	01131	Yes	No
_			· · · · · · ·	, ,		51a(i)		1
		Other assets			a(ii)	T-	1	
ь		er transactions:		• • • • • • • • •				
_			es of assets with a	noncharitable exempt organiza	ation	b(i)		1
				itable exempt organization .		b(ii)		1
	(iii)			ner assets		b(iii)		1
	٠,					b(iv)	<u> </u>	1
				· · · · · · · · · · · · · · · · · · ·		b(v)	T	1
				ship or fundraising solicitations		b(vi)		1
С				sts, other assets, or paid emplo		c		1
đ	If th	e answer to any of t ds, other assets, or	the above is "Yes," of services given by the	complete the following schedule. The reporting organization. If the or	Column (b) should always show the fair ganization received less than fair market ds, other assets, or services received.	market va t value in a	lue of ny	the
	a)	(b)		(c)	(d)			
Line		Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and	sharing arr	angem	ents
							<u>-</u>	
			- 					
			<u></u>					
								
	des	cribed in section 50		other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes	. [2	No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relations	ship		
_								
	-							
~								

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Form: 990 Page: 1 Part: I Question: 9 Rape and Sexual Abuse Center

62-1043294

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Mad Hatter Fundraiser	\$154,036.00	\$0.00	\$154,036 00	\$43,964 00	\$110,072 00
Total:	\$154,036.00	\$0.00	\$154,036.00	\$43,964.00	\$110,072.00

Statement 2 Form: 990 Page: 1 Part: I

Question: 20

Rape and Sexual Abuse Center

62-1043294

Other changes in Net Assets or Fund Balances

Explanation	Amount
Unrealized gains (losses) on investments	\$65,595.00
Total:	\$65,595.00

Furniture & Fixtures Asset Listing	Purchase		Depr	Accum Depr	Book
5 yr straight line/ 3 yr straight line	Date	Cost	FY04	06/30/04	Value
CAMCORDER -Equipment Closet COMBO 13" TV/VCR		1,200 00	0 00	1200 00	0 00
REFRIGERATOR - Kitchen @ 56 Lindsley		596 00 505 00	0 00	596 00 505 00	0 00
STEEL MAILSLOTS		1,000 00	0 00 0 00	505 00 1000 00	0 00
FAX MACHINE		895 00	0 00	895 00	0 00
GIFTMAKER SOFTWARE		975 00	0 00	975 00	0 00
GIFTMAKER SOFTWARE UPGRADE		2200 00	0 00	2200 00	0 00
MIP SOFTWARE		3,235 00	0 00	3235 00	0 00
SHRINK SOFTWARE 30-BLUE CHAIRS		960 00	0 00	960 00	0 00
COMPUTER-ACC MONITOR, EIC SYSTEM		3,000 00 1,746 83	0 00 0 00	3000 00 1746 83	0 00
HVAC UNIT- BUILDING - 6/28/98		4,708 00	0 00	4708 00	0 00
HP LASER JET PRINTER - 12/12/96		2,137 00	0 00	2137 00	0 00
MERIDAN PHONE SYSTEM - 8/8/96		10,371 57	0 00	10371 57	0.00
EXECUTIVE DESK - Exec Dir - June 97		524 00	0 00	524 00	0 00
Furniture Office USA - See MIP List - June 98		17,156 35	0 00	17156 35	0 00
Computers & Wiring - See MIP List - June 98 HVAC - 9/30/97		49,862 37 0 00	0 00	49862.36	0 00
Computer - 10/20/97		2,099 00	0 00 0 00	0 00 2099 00	0 00 0 00
Computer - 3/10/98		571 00	0 00	571 00	0 00
Art - 3/7/98		3,500	0	3,500	0
Chairs Recovered - 5/31/98		3,700	0	3,700	Ō
98/99 Purchases of Furniture		13,011	0	13,011	0
98/99 Purchases Per MIP Schecule		29,591	2,959	29,591	0
Framing of Threalkill Prints	10/1/1999	783	157	744	39
Cubicles for Upstairs Area	11/1/1999	4,224	845	3,942	282
Shrink Software - Windows	1/1/2000	2,349	470	2,114	235
Dell Computer - Naomi Carroll/Network Admin	3/1/2000	859	172	744	115
Dell Computer - Leetah Stach/Client Data Manager	3/1/2000	859	172	744	115
16 Port Station Module for Phone System	4/1/2000	2,360	472	2,006	354
Computer Network Upgrade (PCI/NCI Cards & Switch) Operator Phone Set - Phone System - Roni Gassaway		5,023 600	1,005 120	4,269 500	753
Dell Computer - Angie Underhill/Clarksville Office	5/1/2000	919	184	766	100 153
Dell Computer - Roni Gassaway/Exec Asst	5/1/2000	919	184	766	153
Second File Server - Network Upgrade	5/1/2000	6,636	1,327	5,530	1,106
Desk & Chair - Roni Gassaway/Exec Asst	5/1/2000	614	123	512	102
MIP NPS Software - Windows Upgrade	6/1/2000	3,705	741	3,026	679
Client Measure Scoring Software	6/1/2000	1,045	209	853	192
Dell Computer - Chriscynthia Ferrell/Education Specia	l 6/1/2000	1,089	218	889	200
Dell Computer - Charla McCall/Clinical Director	6/1/2000	734	147	599	135
LCD Projector	6/7/2001	2,995	599	1,847	1,148
Digital camera and accessories	6/8/2001	0	338	0	0
Dell Laptop and accessories	6/12/2001	1,538	308	949	590
Dell Laptop and accessones	6/12/2001 2/28/2002	1,581 205	316 23	975 68	606 136
Adobe software for Web page creation Dreamweaver Software for Web page creation	4/11/2002	267	23	67	200
4 Dell P4 Computers	6/7/2002	3,373	94	216	3,157
Network server and firewall installation	6/20/2003	6,694	2,231	2,231	4,463
Cubicles for Education	12/18/2002	1,050	105	210	840
Desks for Clarksville office	10/22/2003	654	87	87	567
Back-up tape drive	11/4/2003	599	133	133	466
Dell computer for Clinical assistant	3/9/2004	1,004	67	67	937
HVAC UNIT- BUILDING -	4/15/2004	2,391	80	80	2,311
Digital camera and accessories	5/11/2004	515	9	9	506
Dell Dimension 2400	6/16/2004	989			989
		210,115	13,914	188,487	21,628
Land		226,867			226867
Building	•	223,001			
25 Lindsley Ave		565,492	14,136	95,955	469,537
27.5 years					
Roof	12/4/2003	14,000	255	255	13,745
5 years	0/4/0000	9 900	605	605	0.605
New exterior paint	8/1/2003	3,300 6,533	605 0	605 0	2,695 6,533
Carpet Tot	als -	23,833	860	860	22,973
Tota	als ,	1,026,308	28,909	285,302	741,006

Form: 990 Page: 2 Part: II Question: 43 Rape and Sexual Abuse Center 62-1043294

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Bad Debt	\$6,711.00	\$6,711.00	\$0.00	\$0.00
Agency Insurance	\$15,608.00	\$13,858.00	\$908.00	\$842.00
Publications, dues, license, fees	\$6,949.00	\$1,947.00	\$2,868.00	\$2,134.00
Professional fees and contract	\$32,951.00	\$25,246.00	\$3,542.00	\$4,163 00
Miscellaneous Expense	\$2,701.00	\$1,027.00	\$869.00	\$805.00
Total:	\$64,920.00	\$48,789.00	\$8,187.00	\$7,944.00

Statement 5 Form: 990 Page: 2 Part: III Question:

Rape and Sexual Abuse Center

62-1043294

Program Services

Achlevement		Pgm. Svc. Exp
	d counseling to over 700 survivors of sexual abuse 95% of the clients e at all. The Center also provides a toll free Crisis Line for victims and	\$822,541.00
Grants and Allocations:	\$0.00	
	YS presentations were made that reached 3,500 people and over 25,000 e @ Last program in the classroom.	\$198,219.00
Grants and Allocations:	\$0.00	

Total:

\$1,020,760.00

Form. 990 Page: 3 Part: IV Question: 54 Rape and Sexual Abuse Center

62-1043294

Investments - Securities

Security	Valuation Type	Amount
Money Market funds	FMV	\$18,194.00
Govt and Corp Bonds	FMV	\$62,062.00
Mutual Funds	FMV	\$718,568.00
Total:		\$798,824.00

Statement 7 Form: 990

Page: 3 Part: IV Question: 57 Rape and Sexual Abuse Center 62-1043294

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Land	\$226,867.00	\$0 00	\$226,867.00
Building	\$589,325.00	\$96,815.00	\$492,510.00
Furniture and Equipment	\$210,115.00	\$188,485.00	\$21,630.00
Total:	\$1,026,307.00	\$285,300.00	\$741,007.00

Form: 990 Page. 4 Part: IV-A Question: b(4) Rape and Sexual Abuse Center

62-1043294

Revenue Audit Line b(4)

Description	Amount
Special Events Income	\$43,964.00
Total:	\$43,964.00

Form: 990 Page: 4 Part: IV-B Question: b(4) Rape and Sexual Abuse Center 62-1043294

Expense Audit Line b(4)

Description	Amount
Special Event Expenses	\$43,964.00
Total:	\$43,964.00

Rape and Sexual Abuse Center 62-1043294

Statement 10 Form: 990 Page: 4 Part: V Question:

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Karen Dunn Noel Cochran xx	Board Member	1	\$0.00	\$0.00	\$0.00
Brentwood , TN 37027 United States					
Patricia Cole xx	Board Member	1	\$0.00	\$0.00	\$0.00
Nashville, TN 37204 United States					
Sam Coleman xx Nashville, TN 37215 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Jay Conner xx Brentwood, TN 37024 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Vern Denney xx Nashville, TN 37204 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Kevin Endres xx Nashville, TN 37203 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Elaine Ganick xx Brentwood, TN 37027 United States	Board Member	1	\$0.00	\$0.00	\$0.00
John Gawaluck xx	Board Member	1	\$0.00	\$0.00	\$0.00
Nashville, TN 37219 United States					
Tom Hall xx Hermitage, TN 37076 United States	Board Member	1	\$0.00	\$0.00	\$0 00
Jana Joustra xx Nashville, TN 37203 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Charles Krivcher xx Nashville, TN 37237 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Linda Manning, Ph. D. xx Nashville, TN 37235-1513	Board Member	1	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
United States					
Lynn Melkus xx Nashville, TN 37215	Board Member	1	\$0.00	\$0.00	\$0.00
United States					
Murray Smartt xx	Board Member	5	\$0.00	\$0.00	\$0.00
Nashville, TN 37203 United States					
Laura Chadwick xx	Board Member	1	\$0.00	\$0.00	\$0.00
~^ Nashville, TN 37205 United States					
Sam Coleman xx	Board Member	1	\$0.00	\$0.00	\$0.00
Nashville, TN 37215 Jnited States					
Kenneth Kraft xx	Board Member	1	\$0.00	\$0.00	\$0.00
va Nashville, TN 37212 United States					
Sandra Lipman ∝	Board Member	1	\$0.00	\$0.00	\$0.00
 Nashville, TN 37215 United States					
Walter Morgan III, MD ∞x Nashville, TN 37232 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Pam Read-Lewis	Board Member	1	\$0.00	\$0.00	\$0.00
ox Nashville, TN 37214 Jnited States					
Vee Vee Scott	Board Member	1	\$0.00	\$0.00	\$0.00
xx Nashville, TN 37215 United States					
Jay Turner	Board Member	1	\$0.00	\$0.00	\$0.00
xx Nashville, TN 37205 United States					
Tim Tohill	Exec Director/CEO	40	\$85,371.00	\$5,266.51	\$0.00
xx Goodlettsville, TN 37072 United States					
Kirk Ryder	President	1	\$0.00	\$0.00	\$0.00
xx Nashville, TN 37214 United States					
Gary Crigger xx Nashville, TN 37215	Vice President	1	\$0 00	\$0.00	\$0.00
United States	_		•••	•••	•••
Emily Noel	Secretary	1	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
xx Nashville, TN 37205 United States					
Sara Lankford xx Nashville, TN 37202 United States	Treasurer	1	\$0.00	\$0.00	\$0.00
Pam Taylor xx Nashville, TN 37219 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Cristina Oakeley-Allen xx Nashville, TN 37211 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Kendrick Armistead xx Nashville, TN 37215 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Terry Brantley xx Nashville, TN 37203 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Laura Chadwick xx Nashville, TN 37205 United States	Board Member	1	\$0.00	\$0.00	\$0.00

Statement 11 Form: 990 Page: 6 Part: VIII

Question:

Rape and Sexual Abuse Center 62-1043294

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes		
93 a	Counseling services for victims and their families who have been affected by rape or sexual abuse.		
93 b	Training and program services related to educated children and adults on prevention of rape and molestation as well as other personal safety issues.		
101	Annual fundraising event used to create awareness and income for operations and program services.		
103 a	Revenues from rebates, 401k forfeitures, court reimbursments and other uncategorized income.		

Form. Schedule A

Page: 3 Part. IV-A Question: 22 Rape and Sexual Abuse Center 62-1043294

Other Income

Description	2002	2001	2000	1999
Miscellaneous	\$16,047.00	\$2,600.00	\$15,367.00	\$987.00
Total:	\$16,047.00	\$2,600.00	\$15,367.00	\$987.00