OMB No 1545-0047

Return of Organization Exempt From Income Tax

2014

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

For the 2014 calendar year, or tax year beginning Oct 2014, and ending , 2015 D Employer Identification number C Name of organization Check if applicable Rape Crisis Center, Address change 23-7377193 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return (202) 232-0789 5321 First Place, NE City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return DC 20011 G Gross receipts \$ 1,631,867 H(a) Is this a group return for subordinates? XINO F Name and address of principal officer Yes Application pending H(b) Are all subordinates included? Indira Henard 5321 First Place, NE Washington DC 20011 If No, attach a list (see instructions) Tax-exempt status 501(c) ((insert no) Website: ► www.dcrcc.org H(c) Group exemption number Form of organization X Corporation L Year of formation 1972 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Re imaging a world without rape-powering a culture of consent -The DC Rape Crisis Center - DCRCC is dedicated to creating a world free of sexual violence through conscience and action. Our call to Governance action obliges us to facilitate systemic change by equipping diverse stakeholders to respond to survivors of sexual assault with compassion, dignity and respect regardless of race, class, gender identity or express, sexual orientation, immigration status, ability, age or religious affiliation. If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)...... Number of independent voting members of the governing body (Part VI, line 1b) . . 4 8 Total number of individuals employed in calendar year 20 13 (Party, Inc. 2a) 5 20 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T. in 34 0<u>.</u> **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 226,219 1,575,558. Program service revenue (Part VIII, line 2g) 58,417 54,041. "Investment income (Part VIII, column (A), lines 3, 4, and ל"ל") 10 13. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 8,768 2,255. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 293,404 1,631,867. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 925,985. 841,392 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 622,260. 541,285 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,382,677 1,548,245. Revenue less expenses Subtract line 18 from line 12 -89,273.83,622. **End of Year Beginning of Current Year** 2,562,605 2,564,962. 21 591,070. 509,963. 22 Net assets or fund balances. Subtract line 21 from line 20 971,535 2,054,999 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12/22/17 Signature of officer Sign Here Indira Henard Executive Director Type or print name and title Print/Type preparer's name Date 12/22/17 P00105648 Fisher Paid Marith L. Preparer Kronzek, Fisher Use Only Firm's EIN 52-1864182 607 2nd Street, NE Firm's address 20002-4909 Phone no (202) 547-2727 Washington May the IRS discuss this return with the preparer shown above? (see instructions) Yes

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14

Form 990 (2014)

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Form	1990 (2014) Rape Crisis Center, Inc.	23-7377193	Page 2
Par	tillis Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission		
	Re imaging a world without rape-powering a culture of consent -		
	The DC Rape Crisis Center - DCRCC is dedicated to creating a world free of sexual violence through co	onscience and action.	Our call to
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	_
	Form 990 or 990-EZ?	∐ Y€	es 🛛 No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	3 ⁹ ∐ Ye	es X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cand revenue, if any, for each program service reported	as measured by expe others, the total expens	nses ses,
4 a	(Code) (Expenses \$39,916. including grants of \$0.) (Revenue \$	11,351.)
	Training & Technical Assistance - DCRCC is committed to using the	e	
	infrastructure of Training & Technical Assistance to operational	ıze our	
	values of accessibility, equity, consent, creativity, intersecti	onality,	.
	and critical inquiry.		
	~		
	.		
			
			
			
	~		
	~		
4 b		Revenue \$	42,690.)
	Counseling & Advocacy Program provides support to empower surviv		
	sexual violence. Our therapy is based on empowering the survivo		
	control over their lives, helping the client to have choices, un		
	that education is power, respecting their right to self determin	<u>atıon_with</u>	-
	the understanding that all forms of oppression are connected.		
			 -
			-
	~		-
			
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			.
			. _
			
		-	
	<u></u>		
	Cit-		
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		\
BAA	Total program service expenses ► 1,242,654.	Fr	orm 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			,
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		F	000 /	20441

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Form 990 (2014) Rape Crisis Center, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • •		$\perp \perp$		
			Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	- '		
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20					
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	"		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х		
ŧ	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b				
4 a 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)?						
k	o If 'Yes,' enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X		
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х		
k	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	x		
k	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			\		
	Form 8282?	7 c		X		
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	_				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			×		
^	organization have excess business holdings at any time during the year?	8		 ^-		
9 -	Sponsoring organizations maintaining donor advised funds.	امما		v		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>		
	Section 501(c)(7) organizations. Enter					
	a Initiation fees and capital contributions included on Part VIII, line 12			1		
	Section 501(c)(12) organizations. Enter			ł		
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	12a	-			
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	.20		 		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	t is the organization licensed to issue qualified health plans in more than one state?	13 a		-		
٠	Note. See the instructions for additional information the organization must report on Schedule O					
ŀ	Enter the amount of reserves the organization is required to maintain by the states in					
	which the organization is licensed to issue qualified health plans					
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		х		
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b				
BAA			990 (2014)		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 h **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a 10 a Did the organization have local chapters, branches, or affiliates? Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 Х 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15 a Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a b If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records (202) 618-5082 5321 First Place, NE Washington the organization

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Form 990 (2014)	Rape	Crisis	Center.	Inc.

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Part VII	Compen	sation of Officers	s, Directors	, Trustees,	Key Employ	yees, Highest	Compensat	ed Employe	es, and
	[*] Independ	dent Contractors					•		· _

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
				(C)					, <u>-</u>		
(A) Name and Title	(B) Average hours per	than	one both	box, an o	unless fficer truste		n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Officer Instrutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Jane Palmer	0.50										
President		Х		Х			L	0.	0.	0.	
(2) Lanice Williams	0.50										
Vice President		Х		Х				0.	0.	0.	
(3) Jim Barratt	0.50										
Secretary		Х		Х				0.	0.	0.	
_(4)_Cristal_Brun	0.50				ĺ						
Treasurer		X		Х				0.	0.	0.	
_(5) Bernadine Watson	0.50										
At-Large		Х						0.	0.	0.	
(6) Jennifer Kent	0.50										
At-Large		Х						0.	0.	0.	
_(7)_Chrisi West	<u>0.50</u>										
At-Large		Х	<u> </u>					0.	0.	0.	
_(8) Kassie Edwards	0.50						j				
At-Large		X						0.	0.	0.	
(9) Sherelle Hessell-Gordon	40.00										
Executive Director				Х				107,893.	0.	15,743.	
<u>(10)</u>											
(11)											
(12)											
(13)											
(14)		_						<u> </u>			
22/											

Form 990 (2014) Rape Crisis Center, Inc			_						23-737719			age 8
Part VII: Section A. Officers, Directors, Tre	ustees, (B)	Key	En	nple ()		es,	an	d Highest Con	npensated Emp	loyee	S (con	tinued)
(A) Name and title	Average hours per week	box			person is both an a director/trustee) Reportable compensation from		Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		lhor	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	ipensati rom the anizatio d relate anizatio	n d
<u>(15)</u>												
<u>(16)</u>												_
(17)												_
(18)						_						
<u>(19)</u>												
(20)				-								
(21)												
(22)		†										
(23)												
(24)												
(25)												
1 b Sub-total.							>	107,893.	0.		15,	743.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)		<u></u>					>	107,893.	0.			743.
2 Total number of individuals (including but not limited from the organization ► 1	to those	listed	abo	ve)	who	rece	ive	d more than \$100,0	000 of reportable cor	npensa	tion	
3 Did the organization list any former officer, director									nployee		Yes	
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep	ortable co	ompe	nsati	ion a	and	other	. coi	mpensation from		. 3		X
the organization and related organizations greater to such individual				• •			•			4	-	X
for services rendered to the organization? If 'Yes,' c Section B. Independent Contractors									· · · _ · · _	. 5		Х
Complete this table for your five highest compensate compensation from the organization. Report compe	ed indepe nsation fo	nden r the	t cor	ntrac nda	tors yea	that ar end	rec	eived more than \$1 with or within the	100,000 of organization's tax ye	ar		
(A) Name and business address (B) Description of services C										(C) Compensation		
				-								
Total number of independent contractors (including	but not lin	nited	to th	ose	liste	d ab	ove) who received mor	re than			
\$100,000 of compensation from the organization	>	TEEAC						·		Form	990 ((2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Gifts, Grants Amounts 1 a Federated campaigns 714 **b** Membership dues 1 b 1 c c Fundraising events d Related organizations 1 d and Other Similar 1 e e Government grants (contributions) . . 249.517 Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 307 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Business Code 11,351 2a Contract income 900099 11,351 0 0 b Income from VSC Co-Locators 900099 42,690 42,690 f All other program service revenue . 77799022 54,041 Investment income (including dividends, interest and 3 Income from investment of tax-exempt bond proceeds . . . Royalties....... (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) . d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including..\$ of contributions reported on line 1c) See Part IV, line 18. b Less direct expenses 9 a Gross income from gaming activities See Part IV, line 19. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 Miscellaneous revenue e Total. Add lines 11a-11d

13

0

56,296

Total revenue. See instructions

1,631,867

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			English The Control of the Control o	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			and the second of the second o	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	132,753.	119,478.	13,275.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	672,238.	644,166.	28,072.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	53,954.	51,776.	2,178.	0.
10	Payroll taxes	67,040.	66,286.	754.	0.
11	Fees for services (non-employees)	, , , , , , ,			
а	Management				
b	Legal				
С	Accounting	19,850.	19,850.	0.	0.
	Lobbying	27,000			
	Professional fundraising services See Part IV, line 17 .		, W. C.	. Fg. 6	
	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	293,960.	162,923.	130,294.	743.
	Advertising and promotion	74 400	26 172	20 110	120
13	Office expenses		36,173.	38,119.	130.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	12,565.	0.	12,565.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,533.	19,369.	0.	4,164.
20	Interest	17,017.	0.	17,017.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,999.	71,692.	1,307.	0.
23	Insurance	30,208.	0.	30,208.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				,
а	Staff development	7,433.	2,875.	4,558.	.0.
	<u> VSC Operating expenses </u>	47,728.	47,728.	0.	0.
	Subsciptions	9,180.	0.	0.	9,180.
	Miscellaneous	13.365.	338.	11,201,	1,826.
	All other expenses				
	Total functional expenses Add lines 1 through 24e	1,548,245.	1,242,654.	289,548.	16,043.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)	TEEA0110 05/	<u> </u>	<u> </u>	Form 990 (2014)

1 Cash = non-interest-bearing Reginning of year End of year			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 1,947, 2 1,909.		·		(A) Beginning of year		
3 Pledges and grants receivable, net 287,740. 3 258,420. 4 Accounts receivable, net 287,740. 3 258,420. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 5 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 5 7 Rotes and content of Service of the disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) volluntary employees beneficiary organizations 60 section 501(c)(1	Cash – non-interest-bearing	8,073.	1	30,244.
3 Pledges and grants receivable, net 287, 740, 3 258, 420, 4 4 64, 738.		2		1,947.	2	1,909.
A Accounts receivable, net .	l	3	Pledges and grants receivable, net	287,740.	3	
1		4	Accounts receivable, net		4	
1		5	trustees key employees, and highest compensated employees. Complete			
7 Notes and loans receivable, net 7 8		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees'	A committee of the comm		
Inventories for sale or use Recomplete	S	7	· · · · · · · · · · · · · · · · · · ·			
10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2,916,517 2,238,909 10 c 2,172,000 11 Investments – publicly traded securities 10 a 744,517 2,238,909 10 c 2,172,000 11 Investments – publicly traded securities 11 1,367 12 Investments – publicly traded securities 12 13 Investments – program-related See Part IV, line 11 13 14 Intangible assets 14 15 16 16 16 16 16 16 16	set	-	Inventories for sale or use		-	
10 a Land, buildings, and equipment cost or other basis	As	9		282		16 284
b Less accumulated depreciation		•	Land, buildings, and equipment cost or other basis	202.		10,204.
11 Investments - publicly traded securities 11 1,367. 12 Investments - other securities See Part IV, line 11 12 13 14 14 15 15 15 16 15 16 16 16		h	273207017	2 220 000	10.0	2 172 000
12 Investments — other securities See Part IV, line 11 13 Investments — program-related See Part IV, line 11 13 Intangible assets 14 14 15 16 16 16 16 16 16 16	ļ		, , , , , , , , , , , , , , , , , , ,	2,230,909.	_	
13 Investments - program-related See Part IV, line 11 14 Intanguble assets 14 Intanguble assets 14 Intanguble assets 15 Other assets See Part IV, line 11 0 15 15 17 Accounts payable and accrued expenses 94,780 17 117,082 18 Grants payable 18 19 19 19 19 19 19 19					_	1,367.
14 Intangible assets 14 15 Other assets See Part IV, line 11 0 15 Other assets See Part IV, line 11 0 15 Other assets Add lines 1 through 15 (must equal line 34) 2,562,605, 16 2,564,962. 17 Accounts payable and accrued expenses 94,780, 17 117,082. 18 Grants payable 18 19 18 19 19 19 19 19	l	. –				
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured mortgages and notes payable to unrelated third parties 23 Cacured mortgages and notes payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 35 Organizations that follow SFAS 117 (ASC 958), check here □				· — · · · · · · · · · · · · · · · · · ·		
16 Total assets. Add lines 1 through 15 (must equal line 34) 2,562,605, 16 2,564,962. 17 Accounts payable and accrued expenses. 94,780, 17 117,082. 18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 401,055, 24 392,881. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on included on lines 17-24) Complete Part X of Schedule D 95,235, 25 0. 26 Total liabilities. Add lines 17 through 25. 591,070, 26 509,963. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 1,817,292, 27 1,906,403. 29 Permanently restricted net assets 154,243, 28 148,596. 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 20 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 70tal net assets or fund balances 1,971,535, 33 2,054,999						
17 Accounts payable and accrued expenses 94,780 17 117,082 18 Grants payable 18 19 18 19 Deferred revenue 20 19 21 21 Escrow or custodial account liability 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 23 24 25 25 24 392,881 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 95,235 25 0. 26 Total liabilities Add lines 17 through 25 591,070 26 509,963 27 Unrestricted net assets 1,817,292 27 1,906,403 28 Temporarily restricted net assets 154,243 28 148,596 29 Permanently restricted net assets 29 0 20 17 17 17 17 17 17 17 1	Ì					
18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 392,881 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and lines 17 through 25 591,070 26 509,963 27 1,906,403 28 Total liabilities and lines 31 and 34 27 Unrestricted net assets 1,817,292 27 1,906,403 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 30 Capital stock or trust principal, or current funds 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,971,535 33 2,054,999 33 Total net assets or fund balances 1,971,535 33 2,054,999 30 30 30 30 30 30 30	\dashv		Accounts payable and account expanses			
Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Tescrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 20 Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 95, 235 25 0. 25 Total liabilities. Add lines 17 through 25. 591, 070 26 509, 963. Organizations that follow SFAS 117 (ASC 958), check here \(\sigma \) 31 2 3 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,817,292 27 1,906, 403. Temporarily restricted net assets 1,54,243 28 148,596. 29 Permanently restricted net assets 1,54,243 28 148,596. Organizations that do not follow SFAS 117 (ASC 958), check here \(\sigma \) and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,971,535 33 2,054,999	l			94,780.	_	117,082.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 22 23 24 24 25 25 26 26 26 26 26 27 27 28 28 28 29 27 28 28 29 29 29 29 29 29					_	
21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 23 Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and included on lines 17-24) Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 21 Loans and other payables to current funds and directors, trustees, key employees, and disqualified persons. 22 Complete Part II of Schedule D. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. 26 Total liabilities (including federal income tax, payables to related third parties. 29 Sp, 235. 25 O. 591,070. 26 509,963. 1,817,292. 27 1,906,403. 154,243. 28 148,596. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.	į					
23 Secured mortgages and notes payable to unrelated third parties	S					
23 Secured mortgages and notes payable to unrelated third parties	:≋[·	3		
23 Secured mortgages and notes payable to unrelated third parties	jabil	22	key employees, highest compensated employees, and disqualified persons.		22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25	-	23	Secured mortgages and notes payable to unrelated third parties		23	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	401,055.	24	392,881.
Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D \dots	95,235.	25	0.
lines 27 through 29, and lines 33 and 34. Unrestricted net assets]	26		591,070.	26	509,963.
Temporarily restricted net assets	ses		lines 27 through 29, and lines 33 and 34.		_	
Temporarily restricted net assets	Ě	27		1,817,292.	27	1,906,403.
Permanently restricted net assets	32	28		154,243.	28	148,596.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	퓧	29			29	
30 Capital stock or trust principal, or current funds	r Fun			33333		i
Paid-in or capital surplus, or land, building, or equipment fund	8	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds 32	3	31			31	
33 Total net assets or fund balances	AS				32	
34 Total liabilities and net assets/fund balances	e		y .	1,971,535.	_	2,054,999
	Z					

UII	11 990 (2014) Rape Crisis Center, Inc.	-13111	93	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. □
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	631,8	367.
2	Total expenses (must equal Part IX, column (A), line 25)	2		548,2	
3	Revenue less expenses Subtract line 2 from line 1	3		83,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	971,5	
5	Net unrealized gains (losses) on investments	5			158.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,0	<u> </u>	<u> 99.</u>
Pa	rt XII∸ Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_		,
	in Schedule O		- 1	1 1	
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 2	·	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	ļ			
	segarate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?		21) x	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both		-		
	X Separate basis Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditors of the financial statements and collection of an independent assumestant?	lit,	١,,		J
	review, or compilation of its financial statements and selection of an independent accountant?	•	. 20	-	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
			3 8	X	
ı	$_{ m 0}$ If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a		Ì		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>			L
2 ^ ^			For	n 990 (20141

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Rape	Crisis Center, Inc	: .					23-737719	3		
Part	Reason for Public Ch	arity Status (All o	ganizations	must co	omplete	e this p	art.) See instruction	ns.		
The or	ganization is not a private founda	ation because it is (For	lines 1 through	11, checl	k only or	ne box)				
1	A church, convention of chur	ches, or association of	churches descr	ibed in se	ction 17	'0(b)(1)(A)(i).			
2	A school described in sectio	n 170(b)(1)(A)(ii). (Atta	ch Schedule E)						
3	A hospital or a cooperative h	_								
4	A medical research organiza	tion operated in conjunc	tion with a hos	pital desc	ribed in s	section	170(b)(1)(A)(iii) Enter t	he hospital's		
	name, city, and state									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, state, or local gove	•			•		•			
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its supp	ort from a	governr	nental ui	nit or from the general pi	ublic described		
8	A community trust described	in section 170(b)(1)(A)	(vi). (Complete	Part II)						
9 [An organization that normally from activities related to its einvestment income and unrel June 30, 1975 See section	xempt functions – subje ated business taxable ii	ect to certain ex ncome (less se	ceptions,	and (2)	no more	than 33-1/3% of its supp	port from gross		
10	An organization organized ar	nd operated exclusively	to test for publi	c safety S	See sect	ion 509	(a)(4).			
11 [An organization organized ar or more publicly supported or lines 11a through 11d that de	ganizations described i	n section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).			
a	Type I. A supporting organization(s) the power to complete Part IV, Sections	regularly appoint or elec								
ь [Type II. A supporting organiz management of the supporting must complete Part IV. Sec	ation supervised or con								
c [Type III functionally integral organization(s) (see instruction	ited. A supporting organ	nization operate	ed in conn	ection w	ith, and	functionally integrated w	rith, its supported		
d [Type III non-functionally integrated The o	tegrated. A supporting or rganization generally m	organization op ust satisfy a dis	erated in stribution i	connecti	on with	its supported organization attentiveness require	en(s) that is not ement (see		
e [Check this box if the organiza	ation received a written	determination f	rom the IF	RS that is	з а Туре	I, Type II, Type III funct	onally		
f I	Enter the number of supported o	•	. • -							
q I	Provide the following information	about the supported or	ganization(s).					L		
	(I) Name of supported organization	(II) EIN	(iii) Type of org (described on li above or IRC s (see instruct	nes 1-9 section	(IV) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
						<u> </u>				
<u>A)</u>										
B)										
C)										
					-					
D)			 _							
E)										
otal					,	, . , .				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	∙ (f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,302,014.	1,251,877.	1,178,728.	1,286,817.	1,575,558.	6,594,994.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,302,014.	1,251,877.	1,178,728.	1,286,817.	1,575,558.	6,594,994.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						124 207	
	, , ,		100		, ,,,		134,307.	
- -	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>				6 <u>,4</u> 60,687.	
Sec	tion B. Total Support							
Cale: Degir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	1,302,014.	1,251,877.	1,178,728.	1,286,817.	1,575,558.	6,594,994.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7.	3.	2.	256.	13.	281.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0.	50,647.	4,622.	8,768.	2,255.	66,292.	
11	Total support. Add lines 7 through 10						6,661,567.	
12	Gross receipts from related activiti	es, etc (see instruc				12	242,304.	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization for the	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
	tion C. Computation of Pul							
	Public support percentage for 2014						96.98 %	
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	96.19 %	
16 a	16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	33-1/3% support test — 2013. If the and stop here. The organization of	qualifies as a public	cly supported orga	nization			▶ [_]	
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	ets the 'facts-and-	-circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how		
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	eets the 'facts-and- circumstances' tes	-circumstances' tes t The organization	st, check this box a qualifies as a pub	nd stop here. Exp licly supported org	olain in Part VI how anization	the	
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns · · . ▶ 📋	

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

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

Sec	tion A. Public Support			-			
	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
•	any 'unusual grants ')			·			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						:
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from line 6.)				\$ -,		
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						<u> </u>
	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pu						·
15	Public support percentage for 201					15	8
16	Public support percentage from 20				<u> </u>	16	8
Sec	tion D. Computation of Inv						
17	Investment income percentage for					17	- %
18	Investment income percentage fro					. 18	8
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	his box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported o	organization	▶ 📋
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızatıon qualıfie	s as a publicly supp	oorted organization	on ▶ []
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see ii	nstructions	•

Part IV. Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	4b	_	
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		·~~
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	-
6	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8		8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	-	-
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		-
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	0a		_
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	юь		-

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

1 	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Vover	mber 20, 1970 See instr	uctions. All
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		A selle selection in the second of the	
	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount		ŧ	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2	.44	<u> </u>
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	XX.	
4	Enter greater of line 2 or line 3	4		<u> </u>
5_	Income tax imposed in prior year	5	(»\$)	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions)	d Typ	e III supporting organizat	ion
BAA			Schedule A (Fe	orm 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	tions (continued)	
<u>Sec</u>	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,		
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			,
3	Excess distributions carryover, if any, to 2014.		in the	
a		- % ```@*@	****	
b				
с	The second secon			
d	The second secon	W mailton,	the state of the s	
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	787 SWAC.		-
h	Applied to 2014 distributable amount		****	
i	Carryover from 2009 not applied (see instructions)	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Remainder Subtract lines 3g, 3h, and 3i from 3f		*	
4	Distributions for 2014 from Section D,		\$ % ^ *	
	line 7. \$. 35.		
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	Halling to the state of the sta	2 2-dimension man	
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		, , , , , , , , , , , , , , , , , , ,	
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		*	
8	Breakdown of line 7		٠,	
а		4 6 A		
b			* *	
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10 Other Income Part II, Line 10 Description: Other income 2010: 0. 2011: 50647. 2012: 4622. 2013: 8768. 2014: 2255.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2014

m990. Open to Public Inspection
Employer identification number

	Rape Crisis Center, Inc.	23-7377193
Par	Organizations Maintaining Donor Advised Funds or Other Si Complete if the organization answered 'Yes' to Form 990, Part IV	milar Funds or Accounts. , line 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
_		1 - 1
5	Did the organization inform all donors and donor advisors in writing that the assets held are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grait for charitable purposes and not for the benefit of the donor or donor advisor, or for any impermissible private benefit?	other purpose conferring
Par		
rai	<u>t II</u> Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	, mio 7.
•		eservation of a historically important land area
		eservation of a restorically important fand area
		servation of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut last day of the tax year.	ion in the form of a conservation easement on the
	The court of the control of the cont	Held at the End of the Tax Year
=	Total number of conservation easements	
	Total acreage restricted by conservation easements	
		—— ———————————————————————————————————
	Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te tax year ►	rminated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements and section 170(h)(4)(B)(ii)?	s of section 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports conservation easements in its reven include, if applicable, the text of the footnote to the organization's financial statements conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Trea Complete if the organization answered 'Yes' to Form 990, Part IV	sures, or Other Similar Assets. , line 8.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its art, historical treasures, or other similar assets held for public exhibition, education, or in Part XIII, the text of the footnote to its financial statements that describes these items	esearch in furtherance of public service, provide,
t	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenistorical treasures, or other similar assets held for public exhibition, education, or reseful following amounts relating to these items:	arch in furtherance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

Part III Organizations Mainta	ining Collection	ons of Art, Hist	orical Treasures, o	Other Similar Ass	sets (c	ontinu	red)
 Using the organization's acquisition items (check all that apply). 	n, accession, and c	other records, check	any of the following that	are a significant use of it	s collect	ion	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					_
c Preservation for future generat	ions						
Provide a description of the organize Part XIII	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII						
5 During the year, did the organization to be sold to raise funds rather than	to be maintained	as part of the organ	ization's collection?		Yes		No
Part IV≝ Escrow and Custodia line 9, or reported an a	Arrangement mount on Form	ts. Complete if t 990, Part X, lin	he organization ansv e 21.	vered 'Yes' to Form	990, F	Part IV	,
1 a Is the organization an agent, truste on Form 990, Part X?				ets not included	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and comp	plete the following ta	able				
					Amount		
c Beginning balance				· 1c			
d Additions during the year				. 1d			
e Distributions during the year				. 1e			
f Ending balance				1f			
2 a Did the organization include an ame	ount on Form 990,	Part X, line 21, for 6	escrow or custodial accou	nt liability?	Yes	<u> </u>	No
b If 'Yes,' explain the arrangement in	Part XIII Check he	ere if the explanation	n has been provided in Pa	art XIII		· · L	
Part V Endowment Funds. C	omplote if the c	reanization and	worod 'Vos' to Form	000 Part IV June 14	<u> </u>		
Fait V * Endowment Funds. O	(a) Current year			(d) Three years back		0.45.40.05	
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(u) Three years back	(e) r	our years	Dack
- · · · · · · · · · · · · · · · · · · ·							
b Contributions				-	 		
c Net investment earnings, gains, and losses							
d Grants or scholarships					ļ		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance					<u> </u>		
2 Provide the estimated percentage of	of the current year	end balance (line 1g	g, column (a)) held as				
a Board designated or quasi-endown	nent ►						
b Permanent endowment ►	િ						
c Temporarily restricted endowment	>	%					
The percentages in lines 2a, 2b, an	d 2c should equal	100%					
3 a Are there endowment funds not in t	he possession of t	he organizatıon that	are held and administere	d for the	Г	Yes	No
organization by					20/3	162	140
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		<u> </u>
b If 'Yes' to 3a(ii), are the related orga					. 3b		L
4 Describe in Part XIII the intended u		ation's endowment for	unds.				
Part∗VI∰ Land, Buildings, and I			000 D 1 D 1 P 44	0 5 000 5		40	
Complete if the organiz	ation answered	Yes' to Form 9	990, Part IV, line 11a	. See Form 990, Pa			
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) [Book va	lue ———-
1 a Land			360,000.	*		<u>360,</u>	000.
b Buildings			2,367,924.	564,784.	1	<u>, 803</u> ,	140.
c Leasehold improvements							
d Equipment			188,593.	179,733.		8,	860.
e Other	<u> </u>						
Total Add lines 1a through 1e (Column	(d) must equal For	m 990. Part X. colui	mn (B), line 10c)		2	. 172	000

	of security or category (including name of security)		(c) Method of valuation Cost or end-of-year mark	ket value
) Financial der	vatives			
	equity interests			
Other				
_				
	rust equal Form 990, Part X, column (B) line 12)			
W VIII Inv	estments - Program Related.			
Cor	nplete if the organization answer		art IV, line 11c. See Form 990, Part X, I	
(a)	Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year m	narket val
l)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)	-			
tal (Column (b) m	ust equal Form 990, Part X, column (B) line 13). er Assets. nplete if the organization answere		art IV, line 11d. See Form 990, Part X, I	ıne 15.
0) al <i>(Column (b) m</i> art IX Oth Cor	er Assets. nplete if the organization answer		art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
at (Column (b) mart IX Oth	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
0) lal (Column (b) m art IX Oth Cor 1) 2)	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ine 15. Book valu
0) al (Column (b) m art IX Oth Cor 1) 2) 3)	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
1) 2) 33 44) 5)	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
0) al (Column (b) m art IX Oth Cor 1) 2) 3) 4) 5)	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
0) al (Column (b) m art IX Oth Cor 1) 2) 3) 4) 5) 6)	er Assets. nplete if the organization answer	ed 'Yes' to Form 990, F	art IV, line 11d. See Form 990, Part X, I	ıne 15. Book valu
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Part X Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	turn.	
1 Total revenue, gains, and other support per audited financial statements	1	1,631,709.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	-158.
3 Subtract line 2e from line 1	3	1,631,867.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		1,031,007.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
	5	1,631,867.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return	
Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Formula Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25	Return	1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII).	Return	1.
Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	1,548,245.
Part-XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	Return 1	1.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	Return 1	1,548,245.
Part-XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return 1	1,548,245.
Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return 1	1,548,245.
Part-XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b	1 2 e 3	1,548,245.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

The organization is exempt from income taxes under Internal Revenue Code 501(c)(3) and applicable DC statutes. No provision for income taxes is required at September 30, 2015, as the Organization had no net unrelated business income.

The Organization follows FASB ASC 740 Income Taxes the authoritative guidance relating to accounting for uncertainty in income taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and de-recognition of tax positions taken or expected to be taken in a tax return. The Organization performed an evaluation of uncertain tax positions for the year ended September 30, 2015, and determined that there were no matters that would require recognition in

Schedule **D** (Form 990) 2014

Part Supplemental Information (continued)

the financial statements or which may have any effect on its tax-exempt status. As of September 30, 2015, the statute of limitations for the fiscal years September 2012 through September 2014 remains open with federal and DC authorities

Pt X, Line 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization		Employer identification number
Rape Crisis Center	r, Inc.	23-7377193
	The Form 990 is reviewed by the Board President	& Vice President before
Pt VI, Line 11b	the return is filed.	
Pt VI, Line 12c	The policy is reviewed and signed annually.	
	The Board generally uses salary survey informati	on and/or comparable
Pt VI, Line 15a	salary information from like nonprofit organizat	lions in the area.
Pt VI, Line 19	The organization makes the documents available v	ipon request.