Form **990** Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made publicy

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

Open to Public Inspection

21	4-1-	אווופ	e 2016 Calendar year, or tax year beginning OCT 1, 2016 and	ending S	EP 30, 201/	
<u>\$</u>	at O	neck if oplicable	C Name of organization		D Employer identific	cation number
	12	Addres	D.C. RAPE CRISIS CENTER		ļ	
300	₩	Name	1		23-7	377193
	詥	ichang Initial Irelurn		Room/suite	E Telephone number	
4	1	Final	5321 פּדטפּיית סדאפיית אופ	1100111/3dille		)232-0789
DATE APR	'n	fetuin Adjuin		<u> </u>	G Gross receipts \$	919,644.
A	ŀ€	Amend	ded washington DC 20011		H(a) Is this a group re	
	<b>;</b> =	Jreturn Applic		· · · · · · · · · · · · · · · · · · ·	for subordinates	
<u>S</u> (	<u> </u>	ution pendir	SAME AS C ABOVE	0	H(b) Are all subordinates in	· — -—
5		27.070	empt status	or (52)		list (see instructions)
ğ			te: NWW.DCRCC.ORG	•	H(c) Group exemption	
رىت ا			organization X Corporation Trust Association Other	ı Year	<del> </del>	State of legal domicile DC
		rt I	Summary	1	<u> </u>	
			Briefly describe the organization's mission or most significant activities SEE	PART I	II, LINE 1.	
5	Activities & Governance	•	<u></u>			
	E	2	Check this box I if the organization discontinued its operations or dispositions.	sed of more	than 25% of its net as	sets
	Š		Number of voting members of the governing body (Part VI, line 1a)	3	6	
	σ̈́		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
	SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	5
	ž	6	Total number of volunteers (estimate if necessary)		6	5
	茛	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	`	b	Net unrelated business taxable income from Form 990-T, line 34	(\ /F-F\	7b	0.
			RECE	IVEU	Prior Year	Current Year
	<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		ගි 879,538 <b>.</b>	803,702.
	en	9	Program service revenue (Part VIII, line 2g)  APR 1  Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7 2019	31,082.	0.
	Revenue		, , , , , , , , , , , , , , , , , , , ,		0.	165.
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 te)	NUT	3,065.	115,777.
-		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12	.,,	913,685.	919,644.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			Benefits paid to or for members (Part IX, column (A), line 4)		736,790.	<u> </u>
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		730,790.	<u> </u>
	Sen		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 35)	40.	* ', 'E'	
	Ä		Total fundraising expenses (Part IX, column (D), line 25) 5, 2  Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	<del></del>	423,628.	453,589.
Ñ			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,160,418.	1,026,148.
S	ĺ		Revenue less expenses Subtract line 18 from line 12		-246,733.	-106,504.
Z	SS	-13	Heverlae 1655 expenses oubtract line to from line 12	Be	ginning of Current Year	End of Year
NE S	anc	20	Total assets (Part X, line 16)		2,159,605.	2,047,469.
Ü	200		Total liabilities (Part X, line 26)		444,000.	531,057.
ئےے			Net assets or fund balances Subtract line 21 from line 20		1,715,605.	1,516,412.
$\vdash$	Pa	rt II	Signature Block			
			ilties of perjury, I declary that I have examined this return, including accompanying schedule			r knowledge and belief, it is
	ue,	correc	st, and complete. Declaration of preparer (other than office) is based on all information of w	hich preparer	has any knowledge	W/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2019			I was			11204
<u> </u>	Sign		Signature of officer		Date O	,
ŀ	lere	,	INDIRA M. HENARD, EXECUTIVE DIRECTOR Type or print name and title		•	
<i>O-</i>					Date Check	PIN
			Print/Type preparer's name COALAY (O) Preparer's spnature		2 20 10 1	11 11 11 11 197
_	aid		DAVID F. GRAUNG CHA DAVID C	<u>/                                    </u>		52-1392008
_	rep:		Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	24-1324008
٠ ر	se (	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		Phone no. (30	01) 951-9090
\	Acre	the IF	RS discuss this return with the preparer shown above? (see instructions)	<del></del>	T FILOUR HO. ( 3)	X Yes No
-			1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions	one		Form <b>990</b> (2016)

4d	Other program se	ervices (Describe	in Schedule O)
	(5		

Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ► 754,263

Form 990 (2016) D.C. RAPE CRISIS CENTER
Part IV Checklist of Required Schedules

			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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_		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	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	11h		x_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		х
А	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	10		
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del>- ^``</del> -
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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_		Х
			000	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 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		Х
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	X	
		Form	990	(2016)

<ul> <li>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</li> <li>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O</li> <li>4a 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)?</li> <li>b If "Yes," enter the name of the foreign country</li> <li>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</li> <li>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> </ul>	50 1c 2b 3a 3b	X	No
b Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a 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)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1c 2b 3a	X	
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	70		<del></del>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	'
	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	<b>↓</b>		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ <u> </u>	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	┼
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
sponsoring organization have excess business holdings at any time during the year?	8	-	
<ul> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>N/A</li> </ul>	9a		
·	9a 9b		$\vdash$
	90		<del>                                     </del>
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12  N/A 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders N/A 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them )		l	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the			
organization is licensed to issue qualified health plans	4		
c Enter the amount of reserves on hand	-	<u> </u>	<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	!	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to mic da, db, dr vob below, describe the drashination of processes, or drawing or more constraints							
<u>_</u> :	Check if Schedule O contains a response or note to any line in this Part VI			X				
<u>Sec</u>	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	4						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6	.]						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	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	l	Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
	Did the organization have members or stockholders?	6	-	X				
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	<del>-</del>						
/a	·			х				
	more members of the governing body?	7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'		3,7				
	persons other than the governing body?	7b	<u> </u>	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<u> </u>						
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	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	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	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?	10b						
11a		11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		$\Box$				
12a	· · · · · · · · · · · · · · · · · · ·							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	$\vdash$				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ۱						
	in Schedule O how this was done	12c	X	├─				
13	Did the organization have a written whistleblower policy?	13	X	<del></del>				
14	Did the organization have a written document retention and destruction policy?	14	X	ļ				
15	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?			لـــــا				
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	ļ	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			]				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		_ X_				
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?	16b						
Sec	tion C. Disclosure	, ,00	ı					
	List the states with which a copy of this Form 990 is required to be filed ► NONE							
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are states with the copy of this Forms 1023 (or 1024 if applicable).	availah	مام					
18		avallab	ne.					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records -		_					
	<u>INDIRA M. HENARD - (202)232-0789</u>							
	5321 FIRST PLACE, NE, WASHINGTON, DC 20011							
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Form	990	(2016)				

632006 11-11-16

#### Form 990 (2016)

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

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

D.C.

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

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

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

Check this box if neither the organization	n nor any related	ated organization compensa						nsated any current officer, director, or trustee					
(A)	(B)	(B) (C)						(D)	(E)	(F)			
Name and Title	Average	(do				i than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of			
	week (list any	-	00. 0.			I		from the	from related organizations	other compensation			
	hours for	direct				-		organization	(W·2/1099-MISC)	from the			
	related	ee or	Stee			nsate		(W-2/1099-MISC)	(** 27 :000 111100)	organization			
	organizations	Individual trustee or director	Institutional trustee		oyee	ошре		,		and related			
	below	ngnal	tutton	بة	Key employee	lest co	je je			organizations			
	line)	ğ	重	Officer	Key	Highest compensated employee	퉏						
(1) LANCE WILLIAMS	0.50												
PRESIDENT		Х		X	_	ļ	L.	0.	0.	0.			
(2) CHRISI WEST	0.50												
SECRETARY		X		X				0.	0.	0.			
(3) DORA SZALAI	0.50	1											
BOARD MEMBER		X						0.	0.	0.			
(4) HALEY GRIFFIN	0.50												
BOARD MEMBER		X				ļ		0.	0.	0.			
(5) JENNIFER KENT	0.50							_	_	_			
BOARD MEMBER (UNTIL 5/2016)		X				<u> </u>		0.	0.	0.			
(6) JOHN OHRNBERGER	0.50					ļ		_	_	_			
BOARD MEMBER		X	_	_			_	0.	0.	0.			
(7) KASSIE EDWARDS	0.50			Ì			İ						
BOARD MEMBER	12.22	Х		<u> </u>	ļ	ļ		0.	0.	0.			
(8) INDIRA M. HENARD	40.00							50 404		2 224			
EXECUTIVE DIRECTOR	10.00			Х				63,481.	0.	3,931.			
(9) HARRY RIVERS, JR.	40.00							5 B C C C		6 405			
DIRECTOR OF FINANCE				Х				57,666.	0.	6,427.			
		ł											
		-	<del> </del>		<b> </b> -								
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	990 (2016) D.C. RAPE	CRISIS	3 (	CEI	<u>ITV</u>	ER_				23-73	<u> 377</u>	<u> 193</u>	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		frorga orga	pensa om th anizat d relat inizati	e ion ed
			_		_		_	_						
													·	
													•	
		-					-							
	Sub-total  Total from continuation sheets to Part VII	I Section A	<b></b>				J	<b>&gt;</b>	121,147.		0.	1	0,3	58. 0.
	Total (add lines 1b and 1c)							<u> </u>	121,147.		0.	1	0,3	
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed al	oove	e) wh	o r	eceived more than \$100	0,000 of reportabl	е			(
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the su	m of reportab								the organization		4		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		
	rendered to the organization? If "Yes," comp	plete Schedul	e J f	or si	uch	pers	on		·			5		X
	tion B. Independent Contractors  Complete this table for your five highest coi	mnonsated in	dono	nde	nt c	ontr	acto	re t	that received more than	\$100,000 of com	nans	ation f	rom	
1 —	the organization Report compensation for t								n the organization's tax					
_	(A) Name and business	address	ŊĊ	<u>INC</u>	3				(B) Description of s	services	С	(C compe		n
		_												
2	Total number of independent contractors (in		ot lii	mite	d to		se lis	stec	d above) who received n	nore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue business exempt function revenue revenue ons, Gifts, Grants Similar Amounts 2,862. 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 629,852 Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 170,988 similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ 803,702 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 165 165. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents 78.681. 0. b Less rental expenses 78,681. c Rental income or (loss) 78,681 78,681. 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 (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 37,096 37,096. 900099 11 a MISCELLANEOUS d All other revenue 37,096 Called Contract For Southern c Total. Add lines ITa IId

Total revenue See instructions

# Form 990 (2016) D.C. RAPE CRI Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a response trinclude amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				, , , , , , , , ,
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	166 706	125 545	21 161	
	trustees, and key employees	166,706.	135,545.	31,161.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)  Other salaries and wages	335,467.	281,116.	54,351.	
	Pension plan accruals and contributions (include		201,110.	34,331.	
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	27,486.	22,400.	5,086.	
	Payroll taxes	42,900.	35,595.	7,305.	
	Fees for services (non-employees)	42,500.	33,333.	7,303.	
	Management				
	Legal				****
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0 )	187,288.	110,788.	76,500.	_
	Advertising and promotion				
	Office expenses	42,988.	12,186.	30,802.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	85.	34.	51.	
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,218.	6,951.		267
20	Interest	16,114.		16,114.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,688.	85,569.	2,119.	
	Insurance	12,584.		12,584.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
	LIGHTHOUSE OPER. EXP.	64,079.	64,079.		
	EQUIPMENT LEASE/REPAIR	17,069.	22,0.50	17,069.	
	MISCELLANEOUS	13,574.		13,503.	71
	DUES AND SUBSCRIPTIONS	4,902.		==,,,,,,,	4,902
	All other expenses	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 1
	Total functional expenses Add lines 1 through 24e	1,026,148.	754,263.	266,645.	5,240
	Joint costs Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)	İ			

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X		,	
•					(A) Beginning of year		(B) End of year
	1	Cash non interest-bearing			21,316.	1	
	2	Savings and temporary cash investments			•	2	
	3	Pledges and grants receivable, net			10,744.	3	20,554
	4	Accounts receivable, net			2,979.	4	5,395
	5	Loans and other receivables from current and fo	rmer c	officers directors	2/3/3	<u> </u>	0,000
		trustees, key employees, and highest compensa			it	,	in the field and
		Part II of Schedule L	ateu ei	inployees Complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	
	42	Loans and other receivables from other disquali	fixed too	as one the distance trades	11 2 Mars 12 14/2	<del></del>	of the contract of the
	6	•	•	•		1	1
		section 4950(f)(1)) persons described in section			and the state of t	- ',""	ر د داد د کار د داد د د د د د د د د د د د د د د د د
		employers and sponsoring organizations of sect					
Assets		employees' beneficiary organizations (see instr)	liete Part II of Sch L		6		
Ass	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			25 644	8	E 400
	9	Prepaid expenses and deferred charges	1	1	25,644.	9	5,488
	10a	Land, buildings, and equipment cost or other		0 016 510	Spanning and a second		
		basis. Complete Part VI of Schedule D	10a	2,916,518.			* * * * * * * * * * * * * * * * * * *
	b	Less accumulated depreciation	10b	906,220.	2,093,317.		2,010,298
	11	Investments - publicly traded securities	5,605.	11	5,734		
	12	Investments - other securities See Part IV, line 1			12		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15	0.047.460	
	16	Total assets. Add lines 1 through 15 (must equi	34)	2,159,605.		2,047,469	
	17	Accounts payable and accrued expenses		61,655.	17	158,194	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
<u>=</u>		key employees, highest compensated employee	s, and	disqualified persons	y uni agua un a gran a ca a ca ca guan ca		ஆப்பட்டள் பருப்பூர், நூற்கூர் நூற்
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ited th	ird parties	382,3 <u>45</u> .	23	372,863
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	) Complete Part X of		}	
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			444,000.	26	531,057
		Organizations that follow SFAS 117 (ASC 958	), chec	rk here 🕨 💹 and	STATES AND A STATE OF STREET		
es		complete lines 27 through 29, and lines 33 an	d 34.				
ũ	27	Unrestricted net assets			1,715,605.	27	1,507,031
3ala	28	Temporarily restricted net assets				28	9,381
Net Assets or Fund Balances	29	Permanently restricted net assets		<u>.</u>		29	
Fü		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🗔	,		
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss	31	Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund		31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,715,605.	33	1,516,412
	34	Total liabilities and net assets/fund balances			2,159,605.	34	2,047,469
							Form <b>990</b> (201

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

632012 11-11-16

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **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

2016

Open to Public Inspection

Name of the organization

Employer identification number

			RAPE CRIS						<del> 3-7377193  </del>				
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ns part ) S	ee instruction	s	_				
The	organ	ization is not a private found	dation because it is (	For lines 1 through 12, o	heck only	one box)		1					
1		A church, convention of ch						AY	,				
2		A school described in sect						1 ) X					
3		A hospital or a cooperative		•			u)	レモ					
4	一	A medical research organiz					•	)(iiı). Enter	the hospital's name.				
·		city, and state		,				<b>///-</b>					
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental u	ınıt descrit	ned in				
Ŭ		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local go		nental unit described in	section 1	70(h)(1)(A)	(v)						
7	$\overline{\mathbf{x}}$	•	-				• •	he general	nublic described in				
•	-44												
0		section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
0	=	An agricultural research org				ed in conii	inction with a	land.grant	college				
9	لــــا	or university or a non-land-											
		•	grant college or agric	ulture (see instructions)	Enter the	name, cit	y, and state o	i trie colleg	le or				
10		An organization that norma	illy receives (1) more	than 33 1/20/ of its sur	nort from	contributi	one mombor	hin food in	and arose receipts from				
10		activities related to its exen											
		income and unrelated busin	•						•				
		See section 509(a)(2). (Co		(less section 511 tax) ii	JIII DUSIIIE	sses acqu	illed by the of	yanızatıon	arter June 30, 1973				
11		An organization organized	•	ively to test for nublic sa	fety See	caction 5(	10(2)(4)						
12	Ħ	An organization organized						arny out the	nurnoses of one or				
12		more publicly supported or											
		lines 12a through 12d that							Drieck the box in				
а		Type I. A supporting orga	• •					_	, alvina				
а		the supported organization	•	•	•								
		organization You must o		· · · · ·	Tilajoilty	or tric dire		,03 01 110 3	apporting				
b		Type II. A supporting org	•		tion with it	ts sunnort	ed organizatio	n(s) hy ha	ivina				
D	_	control or management of					-		_				
		organization(s) You mus			arrie perse	ons mac co	ontroi oi mane	ige the sup	ported				
_		Type III functionally inte			in connec	tion with :	and functiona	lly integrati	ed with				
Ŭ	\	its supported organizatio	•					ny magazi	<b>J</b>				
d		Type III non-functionally	. , .	•	•	•	•	rted organi	zation(s)				
_		that is not functionally int						_					
		requirement (see instruct	-	= -	-			a a., a					
е	_	Check this box if the orga		•				II. Type III					
Ū		functionally integrated, or					) [ , . ) [ -	, . ,					
f	Ente	r the number of supported of	-	····, ···· <b>3</b> ····· ···, ···	3 - 3								
a		ride the following information	•	ed organization(s)									
	(1	) Name of supported	(II) EIN	(iii) Type of organization	in your govern	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
							-						
_													
				_									
		• •											
<u> Ota</u>	ıl												

#### Part JI | 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 )

<u> </u>	tails to qualify under the tests	s noted below, pied		,			<del></del>
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				070 530	002 702	
_	include any "unusual grants ")	1,178,728.	1,286,817.	1,575,558.	879,538.	803,702.	5,724,343.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	·						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	<del></del>		-			<del>-</del> -
4	Total. Add lines 1 through 3	1 170 700	1 206 017	1 575 550	879,538.	803,702.	F 724 242
	The portion of total contributions	1,178,728.	1,286,817.	1,575,558.	619,330.	003,102.	5,724,343.
5	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)				tı , ' ,		84,006.
6	Public support. Subtract line 5 from line 4	, ,		,			5,640,337.
	ction B. Total Support	<u> </u>			<del></del>		3,030,337,
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1,178,728.	1,286,817.	1,575,558.	879,538.	803,702.	5,724,343.
8	Gross income from interest,		, ,		•	-	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	60,522.	37,470.	42,703.	25,163.	78,846.	244,704.
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)	4,622.	8,768.	2,255.	3,065.	37,096.	<u>55,806.</u>
11	Total support. Add lines 7 through 10						6,024,853.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	43,618.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u></u>	organization, check this box and storetion C. Computation of Publ						<u> </u>
	•		<u>_</u>				02 62 **
	Public support percentage for 2016 (I	, ,,		olumn (f))		14	93.62 %
	Public support percentage from 2015	·				15	96.49 %
16a	33 1/3% support test - 2016. If the c	_		line 13, and line	14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-	40 . 40 . 4	1 15 00 1 (00)		►[X]
b	33 1/3% support test - 2015. If the conditions the street research to the conditions are street as a second test of the conditions are street as a second test o				line 15 is 33 1/3%	or more, check tr	IIS DOX
4-	and stop here. The organization qual		• •		10 160 165 -	and line 14 := 100/	<b>▶</b> □
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	•	t vi now the organ	iization 🛌 🥅
1-	meets the "facts-and-circumstances"	-	-	• • •		70 and has 15 :-	10% or
O	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the organization meets the "facts and-circ				•		·
10	Private foundation. If the organization		-		-		
10	rrivate roundation, if the organizatio	in did not check a t	JUN UIT IIITE TO, TO	i, 100, 174, 01 17L	Y CLIECK HIIS DOX S	ing see instruction	s <u> </u>

Schedule A (Form 990 or 990-EZ) 2016

### Part.IV Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			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			1
-	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		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below	3a	==	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	34	<b></b>	. 1
D		`		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	25		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			لـــــا
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	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		ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			li
	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			Ì
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
5	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	35		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
iUd	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	100		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a		

632024 09-21-16

10b

determine whether the organization had excess business holdings )

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

Part VI See instructions

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4c

a l

Excess distributions carryover to 2017. Add lines 3j

### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

wam	D.C. RAPE CRISIS C	ENTER			Emplo	23-7377	
Pa			or Other Similar Fund	ds or A	ccount		
	organization answered "Yes" on Form 990, Part IV, Iir						
		(a) D	onor advised funds	(	b) Funds	and other accou	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor adv	rised fun	ds		
	are the organization's property, subject to the organization's	exclusive leç	al control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in wr	iting that grant funds can t	e used o	only		
	for charitable purposes and not for the benefit of the donor of	or donor advis	sor, or for any other purpos	se confer	rıng		
	impermissible private benefit?		·			Yes	No_
Pa	rt II Conservation Easements. Complete if the org	ganization an	swered "Yes" on Form 990	, Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all	that apply)				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a hi	storically	ımportar	nt land area	
	Protection of natural habitat		Preservation of a ce	ertified hi	storic stri	ucture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	ition contribution in the for	m of a co	nservatio	on easement on	the last
	day of the tax year				He	eld at the End of th	ie Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic str		• •		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic stru	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	Heased, exting	guished, or terminated by t	ne organ	ization di	uring the tax	
	year	annant in lac	not and N				
4	Number of states where property subject to conservation ea		<del></del> :	_ .f			
5	Does the organization have a written policy regarding the pe- violations, and enforcement of the conservation easements		ning, inspection, nandling c	,,		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		violations, and enforcing co	nservati	nn easem		
Ū	b	, manaming or i	noidheile, and emercing es				,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ons, and enforcing conser	vation ea	sements	during the year	
•	<b>▶</b> \$	g	<b>, .</b>			, , , , , , , , , , , , , , , , , , ,	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 13	70(h)(4)(E	3)(ı)		
	and section 170(h)(4)(B)(ii)?					Yes	☐ No
9	In Part XIII, describe how the organization reports conservati	ion easement	s in its revenue and expen	se stater	nent, and	i balance sheet,	and
	include, if applicable, the text of the footnote to the organiza	ition's financia	al statements that describe	s the org	anızatıor	n's accounting fo	or
	conservation easements						
Pa	rt III Organizations Maintaining Collections o			Other :	Similar	Assets.	
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public ex	hibition, educ	ation, or research in furthe	rance of	public se	rvice, provide, ir	Part XIII,
	the text of the footnote to its financial statements that descr			•	•		
b	If the organization elected, as permitted under SFAS 116 (AS	· •	•				
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance of p	oublic sei	vice, pro	vide the followin	g amounts
	relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1				<b>S</b> _	<del></del>	
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre			dai gain,	provide		
	the following amounts required to be reported under SFAS 1	ть (ASC 958	relating to these items		•		
a	Revenue included on Form 990, Part VIII, line 1				► \$ _ ► \$		<del> </del>
	Assets included in Form 990, Part X	o for Form 0	00			hedule D /Form	000) 2016

		PE CRISIS	CENT	ER			23-	-737 <u>71</u> 9	93 P	age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	<u>r Similar A</u>	ssets(con	tinued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)									
а	Public exhibition	•	a 🖳 i	Loan or exc	hange progra	ams				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and expla	in how th	ey further t	he organızatı	on's exer	npt purpose ir	Part XIII		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran	<b>gements.</b> Compl	ete if the	organizatio	n answered	"Yes" on	Form 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	is or other as	sets not	ıncluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabili	ty?	Yes		_ No
	if "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	the organization a	nswered	"Yes" on Fo	rm 990, Parl	t IV, line 1	0	<del> </del>		
		(a) Current year	(b) P	rıor year	(c) Two year	rs back (	d) Three years I	back (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					ŀ				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administe	ered for th	ie organization	)		<del></del>
	by								Yes	No
	(i) unrelated organizations							3a(ı)		
	(II) related organizations							<u> 3a(ıı</u>	<b> </b>	
b	If "Yes" on line 3a(ii), are the related organiza	Ÿ						_3b	<u> </u>	L
4	Describe in Part XIII the intended uses of the		owment f	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				ī			1		
	Description of property	(a) Cost or o		• •	or other		cumulated	(d) Bo	ok valu	e
		basis (investi	ment)		(other)	аер	reciation		- 0 0	
	Land				0,000.		01 506		<u>50,0</u>	
b	Buildings	-		2,36	7,924.		21,796.	1,64	16,1	<u> </u>
С	Leasehold improvements			- 10	0 504		04 404		4 1	70
d	Equipment			Т8	8,594.	1	84,424.		<u>4,1</u>	<u>70.</u>
<u>e</u>	Other							1 2 0	<u> </u>	00

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	D.C.	RAPE	CRISIS	CENTE
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Schedule D (Form 990) 2016 D.C. RAPE C	RISIS CENTER		<u>23-</u>	-7377193 Pag	ge 🤅
Part.VII Investments - Other Securities.		•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990,	Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end-	of year market value	
(1) Financial derivatives					
(2) Closely-held equity interests		-			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	· — · — ·				
(G)				_ <del>_</del>	
(H)					
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990,	Part X, line 13		
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value	
(1)					
(2)				-	
(3)					
(4)					
(5)		1- <u>-</u>			
(6)					
(7)					
(8)					
(9)					
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		•			
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990,	Part X, line 15		
(a) [	Description			(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>&gt;</b>	`	
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Forr	m 990, Part X, line 25		
1. (a) Description of liability		(b) Book value		· · ·	
(1) Federal income taxes			1		
(2)			1	·	
(3)			]		
(4)			1		
(5)			74411174 , 1 1	ARA (VIV. TS) (ARA)	٠.,
(6)		-	1		
(7)		· · · · · · · · · · · · · · · · · · ·	1		
(8)					
(9)		*	•		"

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

ightharpoons

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

#### **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.

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number 23-7377193

Name of the organization D.C. RAPE CRISIS CENTER

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

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.

FORM 990, PART VI, SECTION A, LINE 4:

DURING 2017, THE ORGANIZATION REVISED ITS BY-LAWS TO INCLUDE A REVISION

THAT STATES A TIE BETWEEN THE SIX BOARD MEMBERS WILL BE DECIDED BY A VOTE

FROM THE EXECUTIVE DIRECTOR.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FINAL RETURN WAS SENT TO THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER COMPLETES THE CONFLICT OF

INTEREST DISCLOSURE STATEMENT ON ELECTION OR APPOINTMENT, AND AT LEAST

ANNUALLY THEREAFTER. IN ADDITION, DIRECTORS AND OFFICERS HAVE AN ONGOING

DUTY TO DISCLOSE TO THE BOARD OF DIRECTORS AND TO ANY APPLICABLE COMMITTEE

OF THE BOARD THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF DCRCC IN

WHICH SUCH DIRECTOR OR OFFICER HAS ANY ACTUAL OR POTENTIAL CONFLICT OF

INTEREST. SUCH DIRECTOR OR OFFICER SHALL, UPON REQUEST, RESPOND TO

QUESTIONS REGARDING THE MATTER AT ISSUE. LIKEWISE, EMPLOYEES AND VOLUNTEERS

HAVE AN ONGOING DUTY TO DISCLOSE TO THE EXECUTIVE DIRECTOR THE MATERIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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Employer identification number

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23-7377193

FACTS OF ANY PROPOSED TRANSACTION IN WHICH SUCH PERSONS HAVE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AND SHALL RESPOND TO QUESTIONS REGARDING THE MATTER.

WITH RESPECT TO DIRECTOR AND OFFICER CONFLICTS OF INTEREST, DIRECTORS SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION BY THE BOARD, OR APPLICABLE COMMITTEE THEREOF, OF THE MATTER UNDER QUESTION AND SHALL RETIRE FROM THE ROOM DURING THE DELIBERATION AND VOTE. THE MINUTES OF THE BOARD OR COMMITTEE MEETING SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE DELIBERATION AND VOTE. WITH RESPECT TO EMPLOYEE AND VOLUNTEER CONFLICTS OF INTEREST, SUCH PERSONS SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION BY DCRCC REGARDING THE MATTER UNDER CONSIDERATION. THE EXECUTIVE DIRECTOR OF DCRCC SHALL TAKE SUCH ADDITIONAL ACTION AS MAY BE REQUIRED TO ENSURE THAT THE CONFLICT OF INTEREST IS RESOLVED, AND SHALL MAINTAIN A RECORD OF THE EXISTENCE AND RESOLUTION OF THE CONFLICT.

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

THE BOARD GENERALLY USES SALARY SURVEY INFORMATION AND/OR COMPARABLE SALARY INFORMATION FROM LIKE NONPROFIT ORGANIZATIONS IN THE AREA. THE BOARD'S REVIEW IS DOCUMENTED IN BOARD MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE NOVEMBER 2016.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization	Page Employer identification numbe
D.C. RAPE CRISIS CENTER	23-7377193
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	110,788
MANAGEMENT AND GENERAL EXPENSES	1,500
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	112,288
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	75,000
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	75,000
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	187,288
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