

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2019**

(Rev. January 2020)

Under 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 public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 07-01, 2019, and ending 06-30, 2020

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization ZACHARIAS SEXUAL ABUSE CENTER  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1275 OLD GRAND AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code  
GURNEE, IL 60031

**D** Employer identification number  
36-3314976

**E** Telephone number  
(847) 244-1187

**F** Name and address of principal officer MICHAEL FARRELL  
 Same as C above

**G** Gross receipts \$ 1,661,509

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527 03

**J** Website WWW.ZCENTER.ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1984 **M** State of legal domicile IL

**H(c)** Group exemption number

**Part I Summary**

|                             |  |  |  |                                  |
|-----------------------------|--|--|--|----------------------------------|
| Activities & Governance     | 1  | Briefly describe the organization's mission or most significant activities   | <u>THE MISSION OF THE ORGANIZATION IS TO PROVIDE A PLACE WHERE SURVIVORS OF SEXUAL ASSAULT AND ABUSE CAN HEAL, AND TO MOBILIZE THE COMMUNITY TOWARD ACTION TO END SEXUAL VIOLENCE.</u> |                                  |
|                             | 2  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |  |                                  |
|                             | 3  | Number of voting members of the governing body (Part VI, line 1a)  | <u>3</u>   | <u>17</u>                        |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b)  | <u>4</u>   | <u>17</u>                        |
|                             | 5  | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <u>5</u>   | <u>38</u>                        |
|                             | 6  | Total number of volunteers (estimate if necessary)   | <u>6</u>   | <u>95</u>                        |
|                             | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12   | <u>7a</u>  | <u>0</u>                         |
| b                           | Net unrelated business taxable income from Form 990-T, line 39             | <u>7b</u>  | <u>0</u>   |                                  |
| Revenue                     | 8  | Contributions and grants (Part VIII, line 1h)  | Prior Year<br><u>1,818,352</u>   | Current Year<br><u>1,441,670</u> |
|                             | 9  | Program service revenue (Part VIII, line 2g)   |  | <u>0</u>                         |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <u>141,969</u>   | <u>76,964</u>                    |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <u>196,006</u>   | <u>90,306</u>                    |
|                             | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <u>2,156,327</u>   | <u>1,608,940</u>                 |
| Expenses                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |  | <u>0</u>                         |
|                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4)  |  | <u>0</u>                         |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <u>1,418,770</u>   | <u>1,529,261</u>                 |
|                             | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)  |  | <u>0</u>                         |
|                             | b  | Total fundraising expenses (Part IX, column (D), line 25)  | <u>145,701</u>   |                                  |
| 17                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)               | <u>466,051</u>   | <u>483,059</u>   |                                  |
| 18                          | Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | <u>1,884,821</u>   | <u>2,012,320</u>   |                                  |
| 19                          | Revenue less expenses - Subtract line 18 from line 12                      | <u>271,506</u>   | <u>(403,380)</u>   |                                  |
| Net Assets or Fund Balances | 20   | Total assets (Part X, line 16)   | Beginning of Current Year<br><u>7,135,047</u>  | End of Year<br><u>6,951,215</u>  |
|                             | 21   | Total liabilities (Part X, line 26)  | <u>424,241</u>   | <u>605,142</u>                   |
|                             | 22   | Net assets or fund balances - Subtract line 21 from line 20  | <u>6,710,806</u>   | <u>6,346,073</u>                 |

**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.

**Sign Here**  
 Signature of officer: Michael Farrell Date: 12/31/20  
MICHAEL FARRELL, BOARD PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: James Henry CPA Preparer's signature: [Signature] Date: 12-28-2020  
 Check  if self-employed  if PTIN: P00156617  
 Firm's name: EVVOY KAMSCHULTE JACOBS & CO LLP Firm's EIN: \_\_\_\_\_  
 Firm's address: 2122 YEOMAN STREET Phone no: 847-662-8300  
Waukegan IL 60087

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
THE MISSION OF THE ORGANIZATION IS TO PROVIDE A PLACE WHERE SURVIVORS OF SEXUAL ASSAULT AND ABUSE CAN HEAL, AND TO MOBILIZE THE COMMUNITY TOWARD ACTION TO END SEXUAL VIOLENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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? [ ] Yes [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, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 735,554 including grants of \$ ) (Revenue \$ )
SEXUAL ASSAULT COUNSELING PROGRAM - PLEASE SEE SCHEDULE O FOR DESCRIPTION

4b (Code ) (Expenses \$ 427,376 including grants of \$ ) (Revenue \$ )
SEXUAL ASSAULT ADVOCACY PROGRAM - PLEASE SEE SCHEDULE O FOR DESCRIPTION

4c (Code ) (Expenses \$ 260,938 including grants of \$ ) (Revenue \$ )
SEXUAL ABUSE PREVENTION AND PROFESSIONAL TRAINING PROGRAM - PLEASE SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe on Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,423,868

GOJABO

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational transactions.

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. [ ]

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and organizational compliance.

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed Illinois
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. Own website, Another's website, Upon request, Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
SCOTT CATLETT (847)244-1187, 4275 OLD GRAND AVENUE, GURNEE, IL 60031

**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

**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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MICHAEL FARRELL<br>BOARD PRESIDENT   | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) CONNIE LAVIN<br>BOARD VICE PRESIDENT | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) MIKE COLETTA<br>BOARD MEMBER         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) LINSEY COHEN<br>BOARD MEMBER         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) BRAD JENKS<br>BOARD MEMBER           | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) LISHA WOODS<br>BOARD MEMBER          | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) ELIZABETH LANE<br>BOARD MEMBER       | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) TRISH COOK<br>BOARD MEMBER           | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JONATHAN LAVEN<br>BOARD MEMBER       | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) JIM SCHLESINGER<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) SCOTT CATLETT<br>BOARD TREASURER    | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (12) NATALIE HADLEY<br>BOARD MEMBER      | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) ZRINKA ALLEN<br>BOARD MEMBER        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) AMY BARTUSCH<br>BOARD MEMBER        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) MARGARET CLAUSON<br>BOARD SECRETARY                       | 3.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (16) ERIC EPPERSON<br>BOARD MEMBER                             | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) BENN GREENSPAN<br>BOARD MEMBER                            | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) TORRIE FLINK<br>EXECUTIVE DIRECTOR                        | 40.00  |   |                       |         | X            |                              |        | 151,528  | 0   | 0   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| (20)   |  |   |                       |         |              |                              |        |  |   |   |
| (21)   |  |   |                       |         |              |                              |        |  |   |   |
| (22)   |  |   |                       |         |              |                              |        |  |   |   |
| (23)   |  |   |                       |         |              |                              |        |  |   |   |
| (24)   |  |   |                       |         |              |                              |        |  |   |   |
| (25)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 151,528  | 0   | 0   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   |  |     |    |
|---|--|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | Yes | No |
| 3 |  |     | X  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes | No |
| 4 |  | X   |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | Yes | No |
| 5 |  |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII Statement of Revenue**

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

|   |   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns   |                      |  |                                      |   |  |
|   | 1b  | Membership dues   |                      |  |                                      |   |  |
|   | 1c  | Fundraising events  | 237,116              |  |                                      |   |  |
|   | 1d  | Related organizations   |                      |  |                                      |   |  |
|   | 1e  | Government grants (contributions)   | 453,270              |  |                                      |   |  |
|   | 1f  | All other contributions, gifts, grants,<br>and similar amounts not included above | 751,284              |  |                                      |   |  |
|   | 1g  | Noncash contributions included in<br>lines 1a-1f                                  | \$                   |  |                                      |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f   |                      | 1,441,670                                    |                                      |   |  |
| Program Service<br>Revenue                                | 2a  | Business Code   |                      |  |                                      |   |  |
|   | b   |   |                      |  |                                      |   |  |
|   | c   |   |                      |  |                                      |   |  |
|   | d   |   |                      |  |                                      |   |  |
|   | e   |   |                      |  |                                      |   |  |
|   | f   | All other program service revenue   |                      |  |                                      |   |  |
|   | g   | <b>Total.</b> Add lines 2a-2f   |                      |  |                                      |   |  |
| Other Revenue   | 3   | Investment income (including dividends, interest, and<br>other similar amounts)   |                      | 76,964                                       |                                      | 76,964  |  |
|   | 4   | Income from investment of tax-exempt bond proceeds                                |                      |  |                                      |   |  |
|   | 5   | Royalties   |                      |  |                                      |   |  |
|   | 6a  | Gross rents   | (i) Real             |  |                                      |   |  |
|   |   |   | (ii) Personal        |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | 6b  | Less rental expenses  |                      |  |                                      |   |  |
|   | 6c  | Rental income or (loss)   |                      |  |                                      |   |  |
|   | d   | Net rental income or (loss)   |                      |  |                                      |   |  |
|   | 7a  | Gross amount from<br>sales of assets<br>other than inventory                      | (i) Securities       |  |                                      |   |  |
|   |   |   | (ii) Other           |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | 7b  | Less cost or other basis<br>and sales expenses                                    |                      |  |                                      |   |  |
|   | 7c  | Gain or (loss)  |                      |  |                                      |   |  |
| d   | Net gain or (loss)  |   |                      |  |                                      |   |  |
| 8a  | Gross income from fundraising<br>events (not including \$ <u>237,116</u><br>of contributions reported on line<br>1c) See Part IV, line 18 | 142,875   |                      |  |                                      |   |  |
| 8b  | Less direct expenses  | 52,569  |                      |  |                                      |   |  |
|   | Net income or (loss) from fundraising events  |   | 90,306               |  | 90,306                               |   |  |
| 9a  | Gross income from gaming<br>activities, See Part IV, line 19  |   |                      |  |                                      |   |  |
| 9b  | Less direct expenses  |   |                      |  |                                      |   |  |
|   | Net income or (loss) from gaming activities   |   |                      |  |                                      |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances  |   |                      |  |                                      |   |  |
| 10b   | Less cost of goods sold   |   |                      |  |                                      |   |  |
|   | Net income or (loss) from sales of inventory  |   |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue                                  | 11a   | Business Code   |                      |  |                                      |   |  |
|   | b   |   |                      |  |                                      |   |  |
|   | c   |   |                      |  |                                      |   |  |
|   | d   | All other revenue   |                      |  |                                      |   |  |
|   | e   | <b>Total.</b> Add lines 11a-11d   |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions  |   | 1,608,940            | 0  | 0                                    | 167,270   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 151,528               | 109,555                         | 31,518                                 | 10,455                      |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | 1,049,914             | 759,088                         | 218,382                                | 72,444                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 39,021                | 28,213                          | 8,116                                  | 2,692                       |
| <b>9</b> Other employee benefits . . . . .   | 179,386               | 129,985                         | 37,090                                 | 12,311                      |
| <b>10</b> Payroll taxes . . . . .  | 109,412               | 79,105                          | 22,758                                 | 7,549                       |
| <b>11</b> Fees for services (nonemployees)   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .   |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .  | 67,376                |                                 | 67,376                                 |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 74,189                | 54,088                          | 15,641                                 | 4,460                       |
| <b>12</b> Advertising and promotion . . . . .  | 26,689                | 16,785                          | 1,449                                  | 8,455                       |
| <b>13</b> Office expenses . . . . .  | 24,123                | 19,447                          | 3,906                                  | 770                         |
| <b>14</b> Information technology . . . . .   | 19,315                | 14,895                          | 2,838                                  | 1,582                       |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 101,697               | 83,799                          | 9,661                                  | 8,237                       |
| <b>17</b> Travel . . . . .   | 9,101                 | 6,853                           | 901                                    | 1,347                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 117,214               | 93,188                          | 14,935                                 | 9,091                       |
| <b>23</b> Insurance . . . . .  | 28,432                | 20,556                          | 5,914                                  | 1,962                       |
| <b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                       |                                 |  |                             |
| <b>a</b> POSTAGE & SHIPPING  | 2,691                 | 1,945                           | 560                                    | 186                         |
| <b>b</b> MEALS & ACKNOWLEDGEMENTS  | 6,444                 | 4,659                           | 1,340                                  | 445                         |
| <b>c</b> DUES & SUBSCRIPTIONS  | 2,195                 | 856                             | 342                                    | 997                         |
| <b>d</b> PRINTING  | 3,593                 | 851                             | 24                                     | 2,718                       |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .   | 2,012,320             | 1,423,868                       | 442,751                                | 145,701                     |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)   |           | (B)         |           |           |
|------------------------------------|---|---|-----------|-------------|-----------|-----------|
|                                    |   | Beginning of year   |           | End of year |           |           |
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   | 100       | 1           | 100       |           |
|                                    | 2   | Savings and temporary cash investments  | 1,088,165 | 2           | 951,643   |           |
|                                    | 3   | Pledges and grants receivable, net  | 201,146   | 3           | 163,935   |           |
|                                    | 4   | Accounts receivable, net  |           | 4           |           |           |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |           | 5           |           |           |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |           | 6           |           |           |
|                                    | 7   | Notes and loans receivable, net   |           | 7           |           |           |
|                                    | 8   | Inventories for sale or use   |           | 8           |           |           |
|                                    | 9   | Prepaid expenses and deferred charges   | 12,000    | 9           |           |           |
|                                    | 10a   | Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D  | 10a       | 4,210,468   |           |           |
|                                    | b   | Less accumulated depreciation   | 10b       | 1,730,624   | 10c       | 2,479,844 |
|                                    | 11  | Investments - publicly traded securities  | 3,332,458 | 11          | 3,355,693 |           |
|                                    | 12  | Investments - other securities. See Part IV, line 11  |           | 12          |           |           |
|                                    | 13  | Investments - program-related. See Part IV, line 11   |           | 13          |           |           |
|                                    | 14  | Intangible assets   |           | 14          |           |           |
|                                    | 15  | Other assets. See Part IV, line 11  |           | 15          |           |           |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 7,135,047   | 16        | 6,951,215   |           |           |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 80,008    | 17          | 118,866   |           |
|                                    | 18  | Grants payable  |           | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |           | 22          |           |           |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  | 344,233   | 23          | 313,704   |           |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |           | 24          | 172,572   |           |
| 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 |   | 25        |             |           |           |
| 26                                 | <b>Total liabilities.</b> Add lines 17 through 25   | 424,241   | 26        | 605,142     |           |           |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                           |   |           |             |           |           |
|                                    | 27  | Net assets without donor restrictions   | 6,369,838 | 27          | 6,015,855 |           |
|                                    | 28  | Net assets with donor restrictions  | 340,968   | 28          | 330,218   |           |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                    |   |           |             |           |           |
|                                    | 29  | Capital stock or trust principal, or current funds  |           | 29          |           |           |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |           | 30          |           |           |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds  |           | 31          |           |           |
| 32                                 | <b>Total net assets or fund balances</b>  | 6,710,806   | 32        | 6,346,073   |           |           |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 7,135,047   | 33        | 6,951,215   |           |           |

**Part 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  | 1,608,940 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,012,320 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | (403,380) |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                     | 4  | 6,710,806 |
| 5  | Net unrealized gains (losses) on investments  | 5  | 38,647    |
| 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 on Schedule O)  | 9  | 0         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 6,346,073 |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O   | X   |    |
| 3a | 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?   |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

**ZACHARIAS SEXUAL ABUSE CENTER**

**36-3314976**

**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

07

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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 government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .  | 1,827,577 | 1,862,602 | 1,725,891 | 1,818,352 | 1,441,775 | 8,676,197 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 1,827,577 | 1,862,602 | 1,725,891 | 1,818,352 | 1,441,775 | 8,676,197 |
| <b>5</b> 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) . . . . . |           |           |           |           |           | 1,789,889 |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 6,886,308 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .  | 1,827,577 | 1,862,602 | 1,725,891 | 1,818,352 | 1,441,775 | 8,676,197 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 97,526    | 46,927    | 82,883    | 141,969   | 76,964    | 446,269   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |           |           |           |           |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .                                | 105,294   | 152,295   | 182,946   | 196,006   | 90,201    | 726,742   |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |           |           |           |           |           | 9,849,208 |

**12** Gross receipts from related activities, etc (see instructions) . . . . . **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 69.92 %

**15** Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . **15** 69.18 %

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)                                   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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? <i>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.</i> | Yes | No |
| <b>b</b> 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? <i>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.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1.  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section 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                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> 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 0.35  | 6              |                             |
| 7                                | Recoveries of prior-year distributions   | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |

| Section C - Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |
| 2                                | Enter 85% of line 1  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |
| 4                                | Enter greater of line 2 or line 3  | 4 |              |
| 5                                | Income tax imposed in prior year   | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions) |   |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 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 <b>Total annual distributions.</b> Add lines 1 through 6   |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014 . . . . .   |                             |  |   |
| b From 2015 . . . . .   |                             |  |   |
| c From 2016 . . . . .   |                             |  |   |
| d From 2017 . . . . .   |                             |  |   |
| e From 2018 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions |                             |  |   |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020</b> Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a Excess from 2015 . . . .  |                             |  |   |
| b Excess from 2016 . . . .  |                             |  |   |
| c Excess from 2017 . . . .  |                             |  |   |
| d Excess from 2018 . . . .  |                             |  |   |
| e Excess from 2019 . . . .  |                             |  |   |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

ZACHARIAS SEXUAL ABUSE CENTER

36-3314976

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, Acreage restricted, Number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures under FASB ASC 958.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 205,700          | 205,700        | 205,700            | 205,700              | 205,700             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 2,375            |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 2,375            |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 205,700          | 205,700        | 205,700            | 205,700              | 205,700             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 393,557                         |                              | 393,557        |
| b Buildings  |                                      | 3,096,221                       | 1,157,430                    | 1,938,791      |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 720,690                         | 573,194                      | 147,496        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) |                                      |                                 |                              | 2,479,844      |

**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<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Column (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 valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Column (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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) |                |

**Part X** Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) |                |

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





**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

**ZACHARIAS SEXUAL ABUSE CENTER**

**36-3314976**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

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

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

|                 |   | (a) Event #1   | (b) Event #2                       | (c) Other events           | (d) Total events              |         |
|-----------------|---|--|------------------------------------|----------------------------|-------------------------------|---------|
|                 |   | <u>GALA DINNER</u><br>(event type)                                     | <u>5K RUN/WALK</u><br>(event type) | <u>1</u><br>(total number) | (add col (a) through col (c)) |         |
| Revenue         | 1   | Gross receipts . . . . .   | 319,005                            | 45,591                     | 15,395                        | 379,991 |
|                 | 2   | Less Contributions . . . . .   | 198,955                            | 22,766                     | 15,395                        | 237,116 |
|                 | 3   | Gross income (line 1 minus line 2) . . . . .                           | 120,050                            | 22,825                     |                               | 142,875 |
| Direct Expenses | 4   | Cash prizes . . . . .  |                                    |                            |                               |         |
|                 | 5   | Noncash prizes . . . . .   |                                    |                            |                               |         |
|                 | 6   | Rent/facility costs . . . . .  | 7,400                              |                            | 3,500                         | 10,900  |
|                 | 7   | Food and beverages . . . . .   | 25,866                             |                            |                               | 25,866  |
|                 | 8   | Entertainment . . . . .  | 650                                |                            |                               | 650     |
|                 | 9   | Other direct expenses . . . . .  | 11,609                             | 3,544                      |                               | 15,153  |
|                 | 10  | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                                    |                            |                               | 52,569  |
| 11              | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |                                    |                            | 90,306                        |         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |  |
|-----------------|---|---|---|---|---|--|
|                 |   |   |   |   |   |  |
| Revenue         | 1 | Gross revenue . . . . .   |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .   |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .  |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .   |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .   |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2019**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

ZACHARIAS SEXUAL ABUSE CENTER

36-3314976

**Part I Questions Regarding Compensation**

|   |   | Yes  | No   |  |  |   |   |  |  |  |  |
|---|---|--|--|--|--|---|---|--|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |  |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |  |  |  |  |   |   |  |  |  |  |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>  | <b>1b</b>   |  |  |  |  |   |   |  |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>  | <b>2</b>  |  |  |  |  |   |   |  |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                                     | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |  |  |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                               |  |  |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |   |   |  |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>   |   |  |  |  |  |   |   |  |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>   |  |  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>   | <b>4b</b>   |  |  |  |  |   |   |  |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>  | <b>4c</b>   |  |  |  |  |   |   |  |  |  |  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>  |   |  |  |  |  |   |   |  |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>   |   |  |  |  |  |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>5a</b>   |  | X  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III</p>  | <b>5b</b>   |  | X  |  |  |   |   |  |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>   |   |  |  |  |  |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>6a</b>   |  | X  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III</p>  | <b>6b</b>   |  | X  |  |  |   |   |  |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>   | <b>7</b>  |  | X  |  |  |   |   |  |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>   | <b>8</b>  |  | X  |  |  |   |   |  |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>  |  |  |  |  |   |   |  |  |  |  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title   | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| TORRIE FLINK         | 151,528  | 0                                   | 0                                   | 0  | 0                       | 151,528                         | 0   |
| 1 EXECUTIVE DIRECTOR | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                    |  |                                     |                                     |  |                         |                                 |   |
| 3                    |  |                                     |                                     |  |                         |                                 |   |
| 4                    |  |                                     |                                     |  |                         |                                 |   |
| 5                    |  |                                     |                                     |  |                         |                                 |   |
| 6                    |  |                                     |                                     |  |                         |                                 |   |
| 7                    |  |                                     |                                     |  |                         |                                 |   |
| 8                    |  |                                     |                                     |  |                         |                                 |   |
| 9                    |  |                                     |                                     |  |                         |                                 |   |
| 10                   |  |                                     |                                     |  |                         |                                 |   |
| 11                   |  |                                     |                                     |  |                         |                                 |   |
| 12                   |  |                                     |                                     |  |                         |                                 |   |
| 13                   |  |                                     |                                     |  |                         |                                 |   |
| 14                   |  |                                     |                                     |  |                         |                                 |   |
| 15                   |  |                                     |                                     |  |                         |                                 |   |
| 16                   |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

ZACHARIAS SEXUAL ABUSE CENTER

36-3314976

**01. Form 990 governing body review (Part VI, line 11)**

THE FORM 990 IS SENT TO ALL MEMBERS OF THE BOARD FOR REVIEW PRIOR TO BEING FILED.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

ALL DIRECTORS ARE REQUIRED TO SIGN THE CONFLICT OF INTERESTS POLICY FORM ANNUALLY.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

THE DETERMINATION OF COMPENSATION FOR THE CEO IS DONE ANNUALLY BY THE BOARD PRESIDENT AND  
PRESENTED TO, AND APPROVED BY, THE EXECUTIVE COMMITTEE.

**04. Other officer or key employee compensation (Part VI, line 15b)**

KEY EMPLOYEES' SALARIES ARE DETERMINED ANNUALLY BY THE EXECUTIVE DIRECTOR AS AUTHORIZED BY  
THE BOARD OF DIRECTORS.

**05. Governing documents, etc, available to public (Part VI, line 19)**

GOVERNING DOCUMENTS, CONFLICT OF INTERESTS POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE  
UPON REQUEST.

**06. Part III, response or note to any other line in Part III**

PLEASE SEE SCHEDULE O ATTACHMENT FOR PROGRAM SERVICE DESCRIPTIONS AND ACCOMPLISHMENTS

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Zacharias Sexual Abuse Center

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

36-3314976

**01. Program accomplishments (Part III, lines 4a, 4b, 4c)**

The \$1,692,802 raised by Zacharias Sexual Abuse Center (ZCenter) in FY2020 supported 14,301 individuals with sexual assault counseling, advocacy, support line and prevention education

Through ZCenter's counseling and advocacy programs, survivors of sexual abuse and assault are assisted at all stages of their healing journey. ZCenter offers direct client services, which include counseling, advocacy and information and referral services at no cost to survivors and their supportive loved ones. All of our services are available in English, Spanish and other languages as needed. We do not accept insurance or payment for any direct client services. ZCenter's clients range from pre-school age to people in their nineties from all communities throughout Northeastern Illinois. Counseling is offered in two safe, comforting and healing locations.

Information about Zacharias Sexual Abuse Center programs and services can be found at [www.zcenter.org](http://www.zcenter.org)

**4a Medical Advocacy.** 199 survivors of sexual assault (including cases of rape and child sexual abuse) were assisted by a trained sexual assault victim advocate who provided support and ensured that survivors were well-informed of their rights throughout the medical process in the emergency room or via telehealth after an assault. Survivors were provided a packet with information on medical procedures, legal rights pertaining to evidence collection and crisis counseling services.

-Support Line Advocacy: 428 survivors were supported through our 24-hour confidential support line.

-Court Advocacy: 27 survivors received support from our highly trained court advocates who attended local judicial proceedings with or on behalf of survivors to help navigate the legal process. Court advocates also provided assistance with legal case management, reporting to law enforcement, referrals to file for crime victim compensation, and supporting victims during "order of protection" and "civil no contact order" hearings.

**4b ZCenter staff and volunteer therapists provided 3,826 hours of individual, family and group counseling for 566 survivors and significant others (366 adults and 200 children)**

-ZCenter uses client-centered and trauma-informed therapy, which include art, play and sand tray therapy and other modalities. Studies show that when survivors are taught effective coping strategies and healthy ways to express themselves, they are less likely to turn to risky behaviors or unhealthy choices, such as substance abuse or self-harm.

**Client Story A:** An adult male client sought services in the beginning of January 2020 after disclosing to his family that he was abused for multiple years as a child. The abuse was linked to a passion of his, acting. He wanted to be an actor his entire life and the person who was supposed to coach him in order to boost him up, instead violated his trust. This client experienced many years of triggering events during his

|   |  |
|---|--|
| Name of the organization<br>Zacharias Sexual Abuse Center | Employer identification number<br>36-3314976 |
|---|--|

acting career which he suffered with in silence. Through therapeutic intervention at ZCenter, he is able to identify his triggers, work through his anger and primary emotions around the abuse, and ultimately has begun to see he is no longer the product of his abuse, rather a survivor who has begun to flourish and continues to do so

Client Story B A Latina youth came to ZCenter at the urging of her mother. As she worked through the painful memories and struggled to regain trust in others that her family member took from her, her mother saw the difficulties of working through trauma. Seeing this, her mother began working through the guilt associated with not being able to save her child from this suffering. Together, mother and daughter worked independently with their respective ZCenter counselors to move through the darkness with those trained to bear witness to their difficult journey. Although they will never be who they once were, now they are stronger and more unified in their work to move forward.

4c ZCenter offers professional trainings and prevention education trainings to first responders, medical staff, faith-based leaders, court personnel and others who work with survivors of sexual abuse. Additionally, they work with corporations and groups to educate about the reality of sexual violence and how to become part of the solution. ZCenter offers research-based, age-appropriate workshops that aid children ages Pre-K-College in identifying and preventing bullying behavior, as well as to understand the rights they have to their bodies from an early age and ways they can seek help if abuse occurs. We also work with parents and school administration to ensure their understanding of sexual abuse and what they can do as safe and trusted adults for children in their lives. These programs identify warning signs of abuse and instruct on correct ways to respond if a minor discloses that they have been abused. Empowered students are more likely to seek help if they know they will be supported, validated and believed.

-ZCenter staff networked with 1,800 members of law enforcement, medical professionals and other service providers

-6,741 students (Pre-K-post-secondary), parents and teachers participated in ZCenter's prevention education programs.

-891 members of the community were provided with information about sexual assault awareness and prevention.

-165 teachers and education staff in schools received training to be prepared to educate and assist students in compliance with State Law

-359 professionals in law enforcement, the medical profession, religious organizations, social services, and day care centers received training on how best to serve survivors of sexual assault.

-2,257 community members received information about sexual assault and abuse, and appropriate referrals were made to partner agencies as needed. 36 community members completed ZCenter's 40-hour volunteer training enabling them to assist with school prevention programs, court/medical advocacy, and 24-hour support line calls for the agency.

-103 active volunteers provided 209 hours of Direct Service Medical Advocacy, 1,925 hours of on-call Medical Advocacy, 51 hours of Support Line Advocacy, 8,105 hours of on-call Support Line Advocacy, 12 hours of Court Advocacy and 91 hours of Prevention Education.