#### 990

**Return of Organization Exempt From Income Tax** 

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Information about Form 990 and its instructions is at www.irs.gov/form990.

A I	or the	2015 calend	ar year, or tax year begir	ıning	, 2015, a	and ending		,20
В	Check if a	applicable:	C Name of organization The	Sexual Trauma and .	Abuse Care Cente	r Inc	D E	mployer identification no.
X /	\ddress c	change	Doing business as	toppins are given belove in the fil			48	-0870562
<u> </u>	lame cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street addr	ess)	Room/suite	E T	elephone number
ı	nitial retu	ırn	708 W 9th St S	uite 105			(78	85)843-8985
∐ f	inal retu	rn/terminated	City or town, state or province	, country, and ZIP or foreign postal coo	le.			321,979
닏 /	Amended	return	Lawrence, KS 6	6044			G G	ross receipts\$
L /	Applicatio	n pending	F Name and address of principa	l officer		H(a) Is this a gro subordinate	up return for s?	Yes X No
1 1	fax-exem	npt status: 🛚 🗓	501(c)(3) 501(c) (	) <b>◀</b> (insert no.) ☐ 4947(a)(	) or <u></u> 527	H(b) Are all subc	rdinates inc	luded? Yes No
J \	Nebsite:	▶ N/A				H(c) Group exer		
1	20. 20. 27.3	77.20 7.3	and the second of the second o	ociation Other >	L Year of format	ion: 1978 M State	of legal dom	icile: KS
Pa	rt l	Summar	The Street Control of the Control of Street Control of the Control				13542	
	1			ion or most significant activitie		of The Sexual 1		
φį			The second of th	lture of consent w	the first the state of the stat	CACAPARA	anyone	affected
Govеrnance		by sexua.	l trauma and abus	se in Douglas, Fran	klin, and Jeffer	son Counties.		
ò	2	Check this bo	ox ▶ 🔲 if the organization	n discontinued its operations o	r disposed of more than	25% of its net assets.		
<u>ග</u>	3	机装卸货 经国际的人 化二烷二		erning body (Part VI, line 1a)			3	11
S.	4	Number of in	idependent voting membei	s of the governing body (Parl	VI, line 1b)		4	11
Activities	5			n calendar year 2015 (Part V,	اياد يا داد (line 2a	v)	5	12
Act	6	30.30克克克尔克克特的 10.00克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克	r of volunteers (estimate if	UA (1977) とうこうかん 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(	6	71
	(1) (4) (2)	요즘 중 경기를 들어 있는데 되었다.		Part VIII, column (C), line 12		· • • • • • • • • • • • • • • • • • • •	7a	0
	b	Net unrelate	d business taxable income	from Form 990-T, line 34		<u> </u>	7b	
				L. V		Prior Year		Current Year
	8		and grants (Part VIII, line			264	,534	301,681
Ž	9		vice revenue (Part VIII, lin					
Revenue	10	ちょき ほんれいけんかん ほうきんしょ	rcome (Part VIII, column (	Bild and Bild and the Control of the	· · · · · · · · · · · · · · · · · · ·		559	108
PZ.	11			nes 5, 6d, <b>8c, 9c,</b> 10c, <b>and</b> 11e	第二人员经验的 医电影医院 医克尔氏管 经收益证据	\$15. 3 d a servicio de la composição de la	,917	20,190
	12	and the latest the second	The second of the second of the second of the second of	(must equal Part VIII) column	(A), fine (2)	365 (A. A. A. G.	,010	321,979
	13 14		imilar amounts pald (Part I to or for members (Part I					
	15	一种电话不断自动 机氯化二烷 化有效抗	1. (1) (1) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	e benefits (Part IX, column (A	\ lines 5_10\	911	,990	272,034
es	Call 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		fundraising fees (Part IX)				, , , , ,	0
Expenses		The state of the s	sing expenses (Part IX, co	RAVIA NEW MERCHANIST STREET	3,041		31 S S S S S S S S S S S S S S S S S S S	Version of the second
쭚	17	医克勒氏征 医格勒氏 医结节性病	ses (Part IX, column (A), li	Quinty (1985). 425-4449-527-55		57	, 083	62,366
	18		10 mm	equal Part IX, column (A), lin	e.25)	A Company of the State of the S	,073	334,400
	19	attable och til solving		18 from line 12			, 937	(12,421)
5 8			V. A. A.			Beginning of Current	15 7577 (ST 44550)	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			146	, 906	147,135
ASS	21	Total liabilitie	es (Part X, line 26)			. 4	,105	16,755
25	22	Net assets o	r fund balances. Subtract	line 21 from line 20		142	,801	130,380
Pa			re Block					
Under	penalties	s of perjury, I declar	are that I have examined this retur	n, including accompanying schedules cer) is based on all information of which	and statements, and to the best or preparer has any knowledge.	of my knowledge and belief, it is		
		\$ 1 1 10 10 10 10 10 10 10 10 10 10 10 10						
Sig	98. NO.	Mary 25 J. D. Salt.	e of officer				Date	
Her	e	1 00	ssy Heikkila, Exe	cutive Director				
		<b>     </b>	print name and title					
		Print/Type pre		Preparer's signature	Date	Check L	ir PTIN	
Pai	A CONTRACTOR OF		pher Kohart		09-29-20	TOTAL CONTROL OF HISTORY AND A SECURITION OF	d   P	01087663
10.151174	parer	The State of the S	and the first term of the firs	Accounting PA	<u>natura di Salawan Mangatan Ka</u> Kanadan bangan Kababatan Kababatan	Firm's EIN :►		
USE	Only	V Firm's addres		tucky Suite 301		Phone no.		2002
N.A.	ille in i		A CONTRACTOR OF THE PROPERTY O	≘ KS 66044 nown above? (see instructions			35-856	-2882 .⊠ Yes □ No
widy	me its	อ.นเธนนธร แปร	return with the preparer si	NOW I ADDIVE LESSE HISHUCHORS	医复数形态 化电压 化精液性 医动物性病 化二氯甲基丁	"我们知识实际的,我就是这种,我们是不是不是的。"	<ul> <li>19 10 10 10 10 10 10 10 10 10 10 10 10 10</li></ul>	KA TOO BELLANDER

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Form 990 (2015) The Sexual Trauma and Abuse Care Center Inc 48-0870562 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Parl III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes scomplete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for excrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or \$\text{\$\text{\$}}\$ 9 Did the organization, directly or through a related organization hold assets in temporarily restricted endawments; permanent endowments, or quasi-endowments? If "Yes," complete Schedule 12.4 If the organization's answer to any of the following questions is "Yes," then complete Schedule of Parts M VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Did the organization report an amount for other flabilities in Pari X tine 259 if "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for singertain fax positions under FIN/48 (ASC 740)? If "Yes," complete Schedule D, Part X 1 If Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a X Was the organization included in consolidated independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III

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5) The Sexual Trauma and Abuse Care Center Inc
Checklist of Required Schedules (continued) Part IV

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2102		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4.4	Х
00				-21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-5\ <sup>2</sup> A
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	, N =		7.
. U	to defease any tax-exempt bonds?	24c	1.0	
; -d		24d	· ·	
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Z4U		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			,
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ?			
3.54	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		4,8796	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	12.5		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	44.1 B	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1.00	41.5
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		W 18	
	entity or family member of any of these persons? If "Yes;" complete Schedule L, Pan III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	200 A		
77	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			2145
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	*04505000	х
100	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	2012	44,150	2.
b		201-		Х
	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
أتدي	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in mon-cash contributions? If "Yes," complete Schedule M	29	10.00	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
 	conservation contributions? If "Yes" complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell/exchange, dispose of or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Parl II	32	10.00	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	11.75		
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
. Ť.	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37.
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
97	"我是我没有看到我们的是我的,我没有什么,我们们的,我们就会想要想要的人,我们的一个人,我们的一个人,我们们的一个人,我们的一个人,我们们的一个人,不是一个人的	30	100	A.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			, y
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	97		X
•	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3,7	1.00
<u> </u>	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> X</u>	1 303300

Page 5

Form 990 (2015)

The Sexual Trauma and Abuse Care Center Inc

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

), is to consider the constant of the constant	Check it achieving or contains a response of note to any little in this carry			70.20 		
	Factories and Associated in Proceedings (Annual Control of Control		•	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Yes	No
1a L	Enter the number reported in Box 3 of Form 1096, Enter to if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b		, 100	2.02.1	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	[ 10 ]			9,465/0	37%
C				1c	1000000000	2000
2-	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				9.5	200.000
2a		2a	12		Ť.	100 1918
	Statements, filed for the calendar year ending with or within the year covered by this return	Za		2b	Χ	4. 数据证法
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			20	Δ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a		Х
3a L	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		<b>4</b>
b 4-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  At any time during the calendar year, did the organization have an interest in, or a signature or other autho	-ilv		0.0	3 Avi (6)	
4a		医乳皮脂 医切除性胸膜切除性				1,000
	over, a financial account in a foreign country (such as a bank account, securities account, or other financia			4a		Х
	account)?			40		
b	If "Yes," enter the name of the foreign country.	into .				(A)
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)	ii)io			i promiti	4 3
E	(FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	a.	200	5a	23.77.11852	Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
þ	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		128
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the	China de la companya della companya	. *			10000000000000000000000000000000000000
	organization solicit any contributions that were not tax deductible as charitable contributions?	100	0.000	6a		χ̈́
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of		1000	- Ou	100	4
	gifls were not tax deductible?	4		6b		
7	Organizations that may receive deductible contributions under section 170(c)		3.5		9/4/16	
а	Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for good	Š.				
	and services provided to the payor?			7a	Constitution of the	Х
b	If "Yes," did the organization notify the donor of the value of the goods of services provided?	Maria (Ca		7b	144	(Arthur
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		(2			
	required to file Form 8282?		5 1 6 5 1 1 5	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the tyear	7d	10 0 0 0 0 0 0 <b>0</b>		¥ red	
е	Did the organization receive any funds, directly or indirectly, to pay prefittings on a personal benefit contra	ct?		7e		X
Ŧ	Did the organization, during the year pay premiums, disectly or indirectly on a personal benefit contract?	,	12 C 2 C 2 C 3 C 5	7 <b>f</b>	Als in	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as requ	ired?	7g		X
h	If the organization received a contribution of cars, boats, emplanes, ocother vehicles, did the organization file a Form 10			7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings abany time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds:					
а	Did the sponsoring organization make any laxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a dismoullon to a donor, donor advisor, or related person?			9b	100	*## (F)
0	Section 501(c)(7) organizations. Enlars					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				180
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations., Enter					
a	Gross income from members or shareholders	11a 🖟				
b	Gross income from other sources (Do not net amounts due or paid to other sources				100	. 3
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	)41?		12a		98.25
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<b>.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?	6 4 tabe 8	in a selection of the second	13a		0000 C
	Note. See the instructions for additional information the organization must report on Schedule O.	)				
b	Enter the amount of reserves the organization is required to maintain by the states in which.	r Taran	Constitution and			30.03
	the organization is licensed to issue qualified health plans	13b				100
C	Enter the amount of reserves on hand	13c	1			3.7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	a de ciri	et nation of	14a	1000	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Spring High Spring	WHOLE WILLIAM STATES	14b		<b>建物(148)</b>

Chose if Schoole O contains a response or note in my leve in this Part VI  Section A. Governing Body and Management  1s. Frame the earther of voting members of the governing body at the end of the tax year if there are material differences in voting rights concern members of the governing body of the responsibility of the governing body defining the body and there are material differences in voting rights concern members of the governing body of the program body defining the body and there is a shall considered the program of the governing body defining to body defining the body and the consideration members included in fine 1s, above, who are independent  2 bid any officer, director, fusible, or few protypes have a family relationship or a business relationship with any other officer, director, or the very protypes.  3 bid the cognization indepals control over interagement duties carabinately performed by or under the direct supervision officers, directors, or transless, or key membroush as provision of the cognization become wave during the year of a significant director of the organization specified of the program of the governing documents since the prot Form 800 wes filed?  4 bid the cognization become wave during the year of a significant director of the organizations assets?  5 bid the cognization become wave during the year of a significant director of the organizations assets?  5 c) the cognization become wave during the year of a significant director of the organizations assets of the properties of the cognization of the cognization of the organization relationship to the organization of the organization because of the organization relationship to the unions and a debaded in a single of the organization making and the organization in maling additionship to the unions and a debaded in the organization of t	Pa	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	No"		
Section from number of vorleng members of the governing body at the end of the tax year   If there are material differences in volleng rights among resolvence of the governing body. Of the governing body delegated body and there are material differences in volleng rights among resolvence of the governing body. Of the governing body delegated body and the compiletes explain in Schaetda O.	Sec				<u>X</u>
the there are natherland differences in volting rights among mortness of the governing body, or if the governing body disease the board adductify to an executive committee or shrinking or shrinking the properties of the propert				Yes	No
the there are natherland differences in volting rights among mortness of the governing body, or if the governing body disease the board adductify to an executive committee or shrinking or shrinking the properties of the propert	1a	Enter the number of voting members of the governing body at the end of the tax year		N. Ortonia	
File governing body delegated bood authority to an executive committee or similar committee, option in Schedule 0.  b Enter the number of volicy members included in line 1s, above, who are independent  Did any officer, director, trustee, or key employee?  Did any officer, director, trustee, or key employee is a family relationship or a business relationship with any other officer, director, trustee, or key employee?  Did the organization officer, director, or trustees, or key employee is an amangement company or other passon?  Did the organization have any significant changes to its governing documents area the prior Form 900 was filed?  4		display that a section is to be a first and a section of the secti			
b Enter the number of voting members included in time 1s, above, who are independent  2 Did any officer, director, fusices, or key employees?  3 Did the organization delegate control cover management duties customarily porformed by or under the direct  3 Did the organization delegate control cover management duties customarily porformed by or under the direct  4 Did the organization indexes where the period of the per					
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliales, and branches to ensure their operations are consistent with the organizations exempt purposes?  10b If the organization provided a complete copy of this Form 990 to 30 ill members of its governing body before filling the form?  11a Has the organization provided a complete copy of this Form 990 to 30 ill members of its governing body before filling the form?  11b Describe in Schedule O the process, if any, used by the organization to fredew this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go 16 line 13  12b X  12c Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  12c Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Vere officers or checked the organization regularly and consistently mortifor and enforce compliance with the policy? If "Yes."  13 Did the organization have a written document reference compliance with the policy? If "Yes."  14 Did the organization have a written document reference 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?  15 Did the organization for ECD, Excellive Director, or top management official  15a X  15b V. Yes. The organization receives in Contribute assets to, or participate in a joint venture or similar arrangement  16a X  17 List the states with which a copy of this Form 990 is required to be filled participation in joint venture arrangements under applicable deteral tax law, and take sleps to safeguard the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate	10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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b Other officers or key employees of the organization	a		15a	Х	
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents; conflict of interest policy, and 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: ▶			16b	20023383	Χ
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<ul> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records:</li> </ul>					
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:	10	위로 통해 있었습니다. 이 전 가는 것이 없는데, 이 전 전 보고 있는데, 이 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	are V.26 CENTO A		19 (4) (1) 14 (8) (8)
20 State the name, address, and telephone number of the person who possesses the organization's books and records:					
	<b>2</b> 0				

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The Sexual Trauma and Abuse Care Center Inc

48-087056

Page 7

### 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.

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

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

(A) Name and Title	(6) Average hours per week (list any hour's for- related	officer and a director/trustee)						(D) Reportable supripensation from the		(E)  Reportable compensation from he(ated googantzations (M, 271099-MISC)	(F) - Estimated amount of solution of solu
	organizations below dolled line)	Bactor	Busin Program	icar	gentlesson (September 1988)	Rest compensated	me. Survey	Waltone V			organization and related organizations
(1) Amy Price President	1.00	Х	1837	X	al also	1647 A 1648 A		rajeta d		0.	0
(2) Kirsten Watkins	1,00			133				3 370			
Vice President	1.00	X		X		iga en el Maria en el		i kaj lij	10 35 <b>(</b> 10 2 3 3 3	0	. 0
(3) Misty Price	1200	X		X	3.5					0	0
(4) Cathe Decena	Val.00							0.00		7.70	
Secretary - (5) Deborah McMullen	1.00	X		X	7/3 (/ ) 27/4 ( )				(	0	<u>, , 0</u>
Director	1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X								0	- O
(6) Heather Hall Director	1.00	x								0	0
(7) Amanda Angell	1,00							a igg. M			
Director (8) Drew Harger Director	1.00	X	200						) 	0	0
(9) Marsha Cooper Director	1.00	Х			33. c.	18030 1813				0	Ó
(10)Katle Benton Director	1,00	X							7. Y	Ö	N 0
(11)Corey Young Director	1.00	Х				fige 15				0.	0
(12)Chrissy Heikkila	40.00				x			12	3,12	a a	O'
(13) 22 - 23 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25											
(14)								18 o 18 145 o 18	160 or		100

Form 990 (2										48-087	0562	Page 8
Part VII	Section A. Officers, Directors, Trustees,  (A)  Name and title	(B) Average hours per week (list any	(do no	(本日本) 特別でも	(C) Position more	on e than n is bo tor/trus	one th an stee)	nsa	(D) Reportable compensation from	(E)  Reportable compensation fron related	1 and 1 and 1 and 1	(F) stimated nount of other
		hours for related organizations below dotted line)	Individual trustee of director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensation rom the jantzation d related anizations
(15)												
(16)												
(17)												
(18)												
<u>(19)</u>							ı (					
<u>(20)</u>						ANGUAS III			**************************************			
(21)												
(22)												
<u>(23)</u>		- 18			*				V			
(24)					5,0							
(25)				<b>.</b>								
c Tota d Tota	o-total al from continuation sheets to Part VII, Section al (add lines 1b and 1c) al number of individuals (including but not limiter	7. Wo.								The second secon	0	0
建有 经汇兑 计图 5000 。 "说,	ar number of individuals (including bar not inflied or table compensation from the organization ★	6.49	ed abo	ve) w	no r	ecen	yea II	iore	trian \$100,000 or	· 医异生性 医多种性 医多种性 医多种性 医二甲基甲基	0	Yes No
受力がある ロイガル・エー・コウム	the organization list any former officer, director, bloyee on line 1a? \( !"Yes," complete Schedule J		我们的,我们们会是"	loyee		1.75%	100		ensated		3	X
4 For orga	any individual listed on line ta, is the sum of rep anization and related organizations greater than vidual	ortable comp	oensatio		l oll	ner co	ompe	nsa	tión from the		4	X
5 Did for s	any person listed on line 1a receive or accrue or services rendered to the organization? If "Yes," 3. Independent Contractors		医二氯化物 经收益		1.0	ちゃかんと	* 1 4 7 7				5	X
1 Con	nplete this table for your five highest compensate ipensation from the organization. Report compe	1. E. C.		the state of the state of								
	(A) Name and business address								(B) Description of	3. 股票公共各类证据的制		(C) pensation
9 TA	al number of independent contractors (including	but not limite	ad to the	oea Ki	lod	aho	(A) )**	bo.			46 (2)	

received more than \$100,000 of compensation from the organization

	Check if Schedule O contains a response or note to any lir	A CONTRACTOR OF THE CONTRACTOR SOURCES AND A CONTRACTOR OF THE CON	<u> </u>		الله دياية والماية
		(A) Total jevenije	(B) Related or exempt function	(C) Unitelated business feveride	(D) Revenue excluded from tax under sections
Contributions, Giffs, Grants and Other Similar Amounts	b Membership dues	816 319	revenue		512-514
ġ¥	h Total, Add lines ja-1f	.▶ 301,681			
Program Service Revenue	2a b c d a f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and office similar amounts)	> 100			108
	4 Income from investment of tax-exempt bond proceeds 5 Royalties	A P			
	6a Gross rents				
	assets other than inventory  b. Less, cost or other basis and sales expenses  c. Gain or (loss)  d. Net gain or (loss).  8a. Gross income from fundating				
Offber Revenu	events (not fittlebeg. \$ of contributions reported on line (c) See Part IV, life 18	9 <u>, 595</u>			
	c Net income or (loss) from fundatising events  9a Gross income from garring activities.  See Part IV: line 19 a  b Less: direct expenses b  c Net income or (loss) from garring activities	18,59			18,59
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaripous Revenue Business C	Pode Contract Contrac			
	11s Other income 900099	THE RESERVE OF THE PARTY OF THE	5 -1,595		
1000 1000 開始 1	d All other revenue  e Total. Add lines 11a-11d  12 Total revenue, See instructions	≯     1,59       ≯     321,97	to the common process of the consequence of the con		18,703

## Form 990 (2015) The Sexual Trauma and Abuse Care Center Inc 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 it Schedule O contains a response or note to any line in this Part IX.

	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations		, expenses	general expenses	o and a second
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				4,9
. 3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
	trustees, and key employees	43,125	38,812	4,313	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	a.			á.
	persons described in section 4958(c)(3)(B)		and the weathers		
7	Other salaries and wages	205,856	185,274	20,585	
8	Pension plan accruals and contributions (include		de. V		
	section 401(k) and 403(b) employer contributions)			V.	
9	Other employee benefits	31 057	200 940	2,305	
10 211	Payroll taxes Fees for services (non-employees):	23,053	20,748	2,305	
a	Management				18
þ	Legal	1			
c	Accounting	7,950	2,700	5,250	
d	Lobbying	4 V	Van Jan Va	<b>)</b>	
e	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees	N. A.		and the second	
g	Other. (If line 11g amount exceeds 10% of line 25, column)			\$ 1746 TO 11	$\Sigma_{0}$
	(A) amount list line 11g expenses on Schedule O.)	6,150	3,650	2,500	
12	Advertising and promotion	Na Willia	10,780 kg kg kg kg kg kg		
13	Office expenses	1,632	1,632		
14.	Information technology				
15; 16	Royallies	13,219	11,897	1,322	
17	Travel	13,213	+1,07,	4,722	
·18	Payments of travel of enterthinment expenses.				The state of the s
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,017	10,017		
20	Interest	1 3 3 3 M 1 1 3			
21	Payments to affiliates	4 V V V	10000		
22	Depreciation, depletion, and amortization	1,464	1,318	146	eget a state of the state of th
23.	Insurance	2,202	1,982	220	
24	Other expenses. Itemize expenses not covered		2 3 3 3		
	above (List miscellaneous expenses in line 24e. If				
t.o	line 24e amount exceeds 10% of line 25; column (A) amount, list line 24e expenses on Schedule O.)				
a	Supplies and communication	15,613	12,572	West Committee of the C	3,041
b	Bank fees	118	118		
è.	Miscellaneous	4,001	4,001	25.00	1500 may 15 10 10 10 10 10 10 10 10 10 10 10 10 10
d					
e	All other expenses		the state of the s	11. 11. 11. 12. 1	
25. 26	Total functional expenses. Add lines 1 through 24e  Joint costs, Complete this line only if the	334,400	294,718	36,641	3,041
LU	organization reported in column (B) joint costs			5. 6. 5.	
Special C	from a combined educational campaign and				
	fundraising solicitation: Check here ► ☐ if following SOP 98-2 (ASC 958-720)			ulis a series de la compa	20 No. 7

	100	Check if Schedule 0 contains a response or note to any line in this Part X		30.0	
			(A)		(B)
	3.4		Beginning of year		End of year
do reio.	1	Cash = non-interest-bearing	41,497	1	5,323
	2	Savings and temporary cash investments	75,692	2	58,798
a	3	Pledges and grants receivable, net	rate and a rest to a contract	3	and a company to a second
	4	Accounts receivable, net	28,251	4	75,161
	. 5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	and the second of the		
		Complete Part II of Schedule L		5	
	- 6.	Loans and other receivables from other disqualified persons (as defined under section			194
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	30.44	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	1900 - 1900 FF	1.17	
	A. San	organizations (see instructions). Complete Part II of Schedule L		6	
1.00	7	Notes and loans receivable; net		7	Section 1
Assets	. 8	Inventories for sale or use	100 May 100 100 100 100 100 100 100 100 100 10	-8	- 10000000
AS.	9	Prepaid expenses and deferred charges		9	719
	10a	Land, buildings, and equipment, cost or	7.00		
		other basis. Complete Part VI of Schedule D   10a   24,599			
	b	Less accumulated depreciation	1466	10c	5,489
4.04	11	Investments - publicly traded securities		/11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related   See Part IV, line 11		13	
	14	Intangible assets	A Value Value	14	
(a double	15.	Other assets. See Part IV, line 11	Configuration (GL)	15	1,645
	16	Total assets. Add lines:1 through 15 (must equal line 34)	146,906	16	147,135
	17	Accounts payable and accrued expenses	4,105	17	16,755
4	18	Grants payable .	<b>V</b>	18	
1900	19	Deferred revenue	Commence of the Commence of th	19	
	20	Tax-exempt bond liabilities	g Star Star Star Star Star	20	
F WE	21	Escrow or custodial account liability. Complete Part WorkSchedule D	And the second second	21	Anne State British Rose
Ŋ.	22	Loans and other payables to current and former officers, taractors,			
1		trustees, key employees, highest compensated employees, and	The state of the s		
Liabilities	(2) (1)	disqualified persons. Complete Part If of Schedule L	San Stage of the San San	22	1000
, <del>- 1</del> ), «	23	Secured mortgages and holes payable to arrelated Initial patries	Will be a second	23	
	24	Unsecured notes and to any payable to uninfeleted third parties		24	
100	25	Other liabilities (including tederal income tex payables to related third			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		parties, and other lieutities hat included drulines 17-24). Complete Part X			and the second
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 4,105	26	16,755
		Organizations that follow SEAS 117 (ASC 958), check here > X and			
S.		complete lines 27 through 29 and lines 33 and 34			100
₽	27	Unrestricted net assets	142,801	27	125,155
멸	28	Temporarily restricted net assets		28	5,225
0	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	据源数	Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and			
ō,	1000	complete lines:30 through 34.			
ets	30	Capital slock or trust principal or current funds	- F	30	UMA:
<b>L</b> SS	<b>31</b> °	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>€</b> , ∣	32	Retained earnings, endowment accumulated income, or other funds		32	Control of the Contro
•	33	Total net assets or fund balances	142,801	33	130,380
	34	Total liabilities and net assets/fund balances	146,906	34	147;135

Form 990 (2015)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility to oversight of the audit, review, or compilation of its financial statements and selection of an independent association?
If the organization changed either its oversight process of selection process during the lax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit of audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain way in Schottle Q and describe any steps taken to undergo such audits

Schedule O.

EEA

the Single Audit Act and OMB Circular A-133?

#### SCHEDULE A

(Form 990 or 990-EZ)

#### Public Charity Status and Public Support

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

OMB No. 1545-00

2015

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	1980	e organization Mal Trauma and Abuse, Care	Center I <b>M</b>	c N		ş.		Employer Identi	fication number 562 🏙	•
Part	1	Reason for Public Charity S	tatus (All or	ganizations n	2.00	11-54 1 2000 H Jan 12-5	7.00 to 2.000 To 1.000 To 1.00			
66.606	gar 	nization is not a private foundation becausi A church, convention of churches, or asso	na un Granda de Carlos de	SATISFACE ADDITIONS AND A STREET OF THE SAME OF THE SA	3 100 150 190	CONTRACTOR OF THE SAME OF	Control of the Control		Grandening Committee	11.00 Mg
2 [	3	A critical, convention of characters, or assu- A school described in <b>section 170(b)(1)</b> (			379	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				Grander Strikter
3 [		A hospital or a cooperative hospital service	CA STORY OF THE PARTY OF A		C 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Contract Con	ALCOHOL STREET	A CAS NO LONG A	1.00 m d = 180 m	ar a said a
a [	]	A medical research organization operated	l in conjunction	with a hospital d	escribec	In sectio	n 170(b)(1)	(A)(iii); Enter the		
. Г	1	hospital's name city, and state:					( 7 M & M	i viali dala habari		
5 L	1	An organization operated for the benefit of section 170(b)(1)(A)(iv), (Complete Part		iniversity owned (	or opera	ied by a g	overnmenta	i unii described jii	\$1 - 10 i	9.30
6 [	],	A federal, state, or local government or go		it described in se	ction 17	'Q(b)(1)(A)	)(ν):			
7 🛭	3	An organization that normally receives a	The state of the s	公司(100mm) 中央的 ATMA (100mm) ATMA (100mm)	m a gov	emmental	unit or from	the general public		e de la companya de La companya de la co
A T	7	described in section 170(b)(1)(A)(vi). (C		2240 M. B. Ch. 20 430 Dec. 10 10 10 10 10 10 10 10 10 10 10 10 10	11 X				The section than	0.000
8 L 9 [	<b>.</b>	A community Irust described in section 1  An organization that normally receives: (1)	5 - 1 - 3 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Of the control of the	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	contributio	ons membe	rship fees and gr	oss	2.00 a
		receipts from activities related to its exer	ACCUSED A SERVICE CONTRACTOR OF THE SERVICE OF THE	SCUL COMPANY AND ADDRESS AND A	Section of the control of	MANAGE VIEWS SINKS OF	2000	The state of the party of the p		
		support from gross investment income an	A	A Company of the Comp	100000000000000000000000000000000000000	COLUMN TO THE REST OF THE REST	Street Ave. 1988	n businesses		g i Tio
a. r	7	acquired by the organization after June 3	200 A CONTROL OF STREET AND A CONTROL OF STREET	CONTRACTOR OF THE PROPERTY OF	The State of the S		1000000			
10 L 11 T	T /	An organization organized and operated An organization organized and operated			22761222	12224	6.0	arry out the nume	ises of	14 Sec. 1
		one or more publicly supported organizat			233000	100 may 110 m	Charles Comments (SEE			e partie
	96	the box in lines 1 to through 11d that desc	A THE RESERVE OF STREET	10 mg/m	1 20 1	1989		THE RESERVE THE PARTY OF THE PA		
) i ( <b>38</b>	ı.	Type I. A supporting organization op	200	VIEW CO.	32 (31,055)	200000000000000000000000000000000000000	100	4 3 2 3 4 5 4 5 5		
(76 <b>1</b> 5 )		the supported organization(s) the povorganization. You must complete Pa	and the second second second second	A CONTRACTOR OF THE CONTRACTOR	a majori	ly or•me∷e	rectors or t	rusiees of the sup	porung ,	
ì	,	Type II: A supporting organization su			lien with	<b>H</b> s suppo	rted organiz	tation(s), by havin	ğ	
		control or management of the suppor			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40.37		Control of the Contro	And the second of the particular and the second of the sec	0.00
	1	organization(s). You must complete	Company 700							la Napa-Latina La Salana
,		Type III functionally integrated. A s its supported organization(s) (see up		100000000000000000000000000000000000000	1116		100		with,	
	1	Type III non-functionally integrated	THE REPORT OF THE PARTY OF THE	Line and the National Manager and Company of the Company	2.00	The second of th	Control of the Contro	The state of the s	ion(s)	
		that is not functionally integrates. The	Section 1 to 1	SERVICE AND ADDRESS OF THE PROPERTY OF	A CONTRACTOR OF THE STATE OF TH	CACAMP TO THE ACTION OF THE PARTY.	Committee Concept Assets	The state of the s	CARP AND SERVICE CONTRACT PROBLEMS FOR	
7945		requirement (aeceinstructions). You m	Personal Bridge	STORY OF STREET	3. 186 162 183	1. (a. 3) 1. (b. 20) 11 (a. 3) 10 (b. 3)	图 Video (1985年) 1985年	and the second		
•	4	Li Check this hoxilable grganization rec	545 F648	SPSE 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	24 (2)	the same of the sa	a Type I, T	ype II, Type III		
4		functionally relegrated, or Typic III, not Enter the number of supported organizati	7 70 00			ilizaliuik			al f	47
i .	16.0	Provide the following information about In	A. Series	marking states in the			10 (bet 1)	五人作物 编计位	South Colonia	
	j.	) Name of aupported organization	(ii) EIN	(iii) Type of organi described on line		(iv) is the or distection you		(v) Amount of monetary support (see	(VI) Amount other support	
A.				above (see instruct		- doenw		instructions)	+ instruction	
	N.	garage and the second				Yes	No	10,000	4.164	
					4					77
(A)				75, 49, 60	100				1 11	
(B)										
		100 mg	1000 1100 1100 1100 1100 1100 1100 110		- 5		9 6 6 6		1.63	
(C)			17		100		2.5			
(D)		7.00	18	and the			quar.	100	200	
		AND THE STATE OF T		- 15 Sept.		9,65			100	1104
(E)						100	Year.			
		America (18.04)		A Company			3/6/2			
28/2010				March Asia Control	<b>经验。没好</b>		Marie Control	TO THE STATE OF THE STATE OF	ASIA SEE PROPER VALUE	

Shedule A (Form 990 of 990-EZ) 2015

The Sexual Trauma and Abuse Care Center Inc. 48+0870562

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	:(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	294,955	273,145	218,956	.,278,451	320,277	1,385,784
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					20 10 10 10 10 10 10 10 10 10 10 10 10 10	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  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)	294,955	273,145	218,956	278,451	320,277	1,385,784
6	Public support, Subtract line 6 from line 4				100		1,385,784
W. 1989	tion B. Total Support		7-3-3-1			1	
	idar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> :2012	<u>(c)</u> 2013	<b>40)</b> 2014	⊚( <b>e)</b> 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	294,955	273,145	228, 956	278,451	320,277	1,385,784
	payments received on securities loans.			War Ha		1 B	
	rents, royalties and income from similar sources	130	7,503	411	559	108	9,111
9	Net income from unrelated business activities, whether or not the business is regularly carried on				*	14.5	
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Q.				1,595	1,595
11	Total support. Add lines 7 through 4.0				10 Mg (10 g)		1,396,490
12	Gross receipts from related activities atd. (s	eexinstructions)s is				12	4.35
13.	First five years, if the Form 990 (Stor India)	ganizavon's first, se	colod, third, fourth,	or fifth tax year as	a section 501(c)(3	<b>)</b>	
Sec	organization, check this box and step here. tion C. Computation of Public Su	wort <b>Serce</b> nt	ene .		5 A 30 T (8 1 A 4 A 4 T )	10 (Francisco)   1 (Francisco)	
14	Public support percentage for 2015 (line 6, è			))			99.23 %
15	Public support percentage from 2014 Sched	ue A. Pert II, line 1	4			APPEARING THE APPEARING THE PROPERTY OF THE PARISH	99.30 %
16a	33 1/3% support test - 2015. If the organiza	ation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	₹#.
h.	box and stop here. The organization qualific 33 1/3% support test - 2014. If the organization	A CONTROL OF THE PARTY OF THE P	Section 1988 Control Control Control	The second secon	s 33 1/3% or more		▶ [X]
	check this box and stop here. The organizal	note the constraint of the constraint		SECTION OF SEASONS ASSESSMENT	3 00 1/2 70 01 111910 1	医乳腺素 化氯化二甲甲基	
17a	10%-facts-and-circumstances test - 2015.					E STORE AND THE SECOND	
	10% or more, and if the organization meets	Harris Control of the Control		机基本流流 医常常 电电力系统 化基础			
	Part VI how the organization meets the "fact			AND THE STATE OF T		ed /	- E □/:
b	organization 10% facts-and-circumstances test - 2014				2011 CO. 100 C	)	····• 🖺 🖰
	15 is 10% or more, and if the organization m				14 The Company of the FA Total Co. 13		an fig. 19 an Albanda La Callanda an Albanda
	Explain in Part VI how the organization mee					ay day	$\simeq$
			The state of the s	10 A	A CONTRACTOR OF THE STATE OF TH		. , . , <b></b>
18.	Private foundation. If the organization did r			A 2 (1984)		10 de 10	<sup>i</sup> ng ⊾°⊓
	instructions	OBANTANA NASARANA NASARANA	ower is see the state of the contract of the c	ar esta se esta de la composición de l La composición de la	a si u emekir ya a di	reconstant and experiences.	ra • ile anno Francis III little i

# Schedule A Virtual Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support				8 (2) (3)		
Calendar year (or fiscal year beginning in). 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014 %	(e) 2015	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> </ol>						**************************************
2 Gross receipts from admissions, merchandise	400 mg (400 mg)		130	19	(F)	TANK TO AND THE
sold or services performed, or facilities furnished in any activity that is related to the				100	100	
organization's lax-exempt purpose	ger aller en			7 (0) 2 (0) 20 (2)		
3 Gress receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues legied for the	de transport de la		L. F	100		
drganization's benefit and either paid			Francisco de		34	14. 16.
to or expended on its behalf				1 50		
5 The value of services or facilities furnished by a governmental unit to the			12.3			
organization without charge				(A)	3.00	2 (1886 pt 18
Total Add lines 1 through 5     Amounts included on lines 1, 2, and 3	THE STATE OF THE S					
received from disqualified persons	30 S	tis.	4	No.	Section 20	Name of the second
b Amounts included on lines 2 and 3						
received from other than disqualified persons that exceed the greater of \$6,000	Linear Contract	4.0		100	70 P	
or 1% of the amount on line 13 for the year		ostiting		7		
c. Add lines 7e and 7b	in the second	6 (2)			M to the second	1000
8 Public support (Subtract line 7s from Ine 6.)	Marie Company					100
Section B. Total Support			r yn y Ygly		Approximation of the second	100000000000000000000000000000000000000
Calendar year (or fiscal year beginning in) ►	(a) 2011.	, (b) 2012	(4) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6				4		10.88.65
10a Gross income from interest, dividends, payments received an securities loans, rents,	2(%)					and the second s
royalties and income from similar sources	No.			1	7.0	
b Unrelated business taxable income (less			Sanga S	0.00	Special Control	1970
section 511 taxes) from businesses acquired after June 30, 1975		a de la companya de			35 <sub>46</sub>	
c Add lines 10a and 10b		2				
11 Net income from unrelated purpliness v activities not included in line 10b, whether					7. U.S. 187	
or not the business is regularly carried on					40.0	100
12 Other income. Do not include thin or.	<b>V</b>					
, = loss from the sale of capital assets (Explain in Part VI.)	guds Santa	and the	100 PM		(Mark	
13 Total support: (Add lines 9, 10c, 11,						
and 12 ) /	0.00					Macon Mile NG 1851 15 Aug
14 First five years, if the Form 990 is for the organization, check this box and stop here	jarizations tirst, se	THE STATE OF STATE OF THE STATE	or IIIIn tax year as	Balancia (Carantal Carantal Ca	L-spin	▶ 🗍
Section C. Computation of Public Su	CANADA SANTA AND AND THE SANTA	Contract of the Contract of th		10 mm	I a l	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
<ul> <li>15: Public support percentage for 2015 (line 8) co</li> <li>16: Rubic support percentage from 2014 Schedu</li> </ul>		265			15 16	% % %
Section D. Computation of Investmen	MITTER TAXABLE DA SENTRACISMO DA SETTEMA DE PRESENTA	ACCUSAGE AND ACCUSATION OF THE PROPERTY OF THE			1	0
17 : Investment income percentage for 2015 (line			umn (f)) 🥫 😘		17:	A 1944 %
18: Ilivestrien income percentage from 2014 Sci		THE STREET STREET		Walden.	18	- 15 1 1 % - 15 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19a 381/3% support fests - 2015. If the organiz						
b. 33.1/3% support tests • 2014. If the organiz	etion did not check	s a box on line 14 c	r line 19a, and line	16 is more than 3:	3 1/3%, and	
line 18 is not more than 33 1/3%, check this t	ox and stop here	. The organization o	qualifies as a publi	cly supported orga	nization	, , ▶ ∐ ,

Part W Supporting C

Supporting Organizations

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

Section A. All Supporting Organizations

- 4 Are all of the organization's supported organizations fisted by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes;" explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to triake grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported of anizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes;" explains Part V what controls the programization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in ear 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 decument authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the Substitution recessified an event beyond the organization's control?
- 6 Did the organization provide support (whether in the torm of grants of the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant Joan, compensation, or other similar payment to a substantial contributor (defined in section 4858(c)(3)(C)), a largity member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part 1 of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If:"Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in **Part V**I.
- 10a 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)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV Supporting Organizations (continued)	Yes	(800)
<ul> <li>Has the organization accepted a gift or contribution from any of the following persons?</li> <li>a A person who directly or indirectly controls: either alone or together with persons described in (b) and (c).</li> <li>below, the governing body of a supported organization?</li> <li>b A family member of a person described in (a) above?</li> <li>c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.</li> <li>Section B. Type I Supporting Organizations</li> </ul>	11a 11b 11c	
decum b. Type (Cuppeting Organizations	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part. VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations		
	Yes	No
4. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Pair VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Section D. All Type III Supporting Organizations	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	
Were any of the organization's officers, directors contrasters either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained electes and continuous working relationship with the supported organization(s).	2	
By reason of the relationship described in (2), old the magnization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If?'Yes," describe in Part VI the role the organization's		
supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations	3   1	
1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see i	nstrucțions)	Y <sup>l</sup>
a ☐ The organization satisfied the Activities Test: Complete line 2 below.  b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		die.
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity  2. Activities Test. Answer (a) and (b) below.	(see Instruct Yes	Application of the Control of the Co
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
how the organization was responsive to those supported organizations, and how the organization determined		
that these activities constituted substantially all of its activities.  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more.	2a	
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		
activities but for the organization's involvement.	2b	
<ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint of elect a majority of the officers, directors, or</li> </ul>		
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	rassayya Tir

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11	10 To	Topusinity.
2 Recoveries of prior-year distributions	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Other gross income (see instructions).	3		M 60 Sec. 3 36 3 4
4 Add lines 1 through 3	<b>4</b>		
Depreciation and depletion     Portion of operating expenses paid of incurred for production or		100	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	Control of the Contro	A Marine Marine
7 Other expenses (see instructions)	7		165 (1 G. 165) (1 G. 165)
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	7.0	V01/011V
Section B - Minimum Asset Amount	100	(A) Prior Year	(B) Current Year (optional)
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	- 1		S. Programme Design
b Average monthly cash balances	18 16	San Man	
c Fair market value of other non-exempt-use assets	ølte.		
d Total (add lines 1a, 1b, and 1c)	o Vide		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2	400	
Acquisition indebtedness applicable to non-exempt-use assets     Subtract line 2 from line 1d	1 2		- a 18 s
4 . Cash deemed held for exempt use. Enter 1-1/2% of line 3 Not greater amount	m. Ji		The second second
see instructions)	4		
5 Net Value of non-exempt-use assets (subtract line 4 from line 3)	5	Town 1 to 100	26.0
6 Multiply line 5 by 035	6		
<ul> <li>7 Recoveries of prior-year distributions</li> <li>8 Minimum Asset Amount (add line 7 to line 6)</li> </ul>	7 7 8	The state of the s	
	10		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Session A, line 8, Column A)	1	-	
2 Enter 85% of line 1	2		
3 Minimum asset amount for puor year (from Section B, line 8, Column A) 4 Enter greater of line 3 certifie 3.  4. Column A)	3 4		
5 Income tax Imposed In prior year	5		
6 Distributable Amount: Subtract line 5 from the 4, unless subject to			
	6		
emergency temporary reduction (see instructions)  7. Check here if the current year is the organization's first as a non-function.			STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE

Part V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	cations (continued)	
Section D - Distributions			Current Year
া Amounts paid to supported organizations to accomplish exem	ipt purposes		
2 Amounts paid to perform activity that directly furthers exempt			CONTRACT SEC.
organizations; in excess of Income from activity			
3 Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			The second second second
		W 5 4 3 4 3 1	Divine care and the second
6 Other distributions (describe in Part VI). See instructions.			Control of the Contro
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	organization is respons	ive	
(provide details in Part VI). See instructions		Same and the Same and the	
9 Distributable amount for 2015 from Section C, line 6	9-4-14-2 (30-64)	Mag Salaman and Aller	AFFE TOUGHT STORES
10 Line 8 amount divided by Line 9 amount			
	a m	(ii):	(iii)
Section E - Distribution Allocations (see instructions)	F	Underdistributions	Distributable 🖖
Constitution of the Consti	Excess Distributions	Pre-2015	Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.			
2. Underdistributions, if any, for years prior to 2015		A.	
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
		0.00	
a L			
D.		100	
C to the second of the second			
d From 2013			
e From 2014			
f Total of lines 3a through e	. V. 15		
g Applied to underdistributions of prior years		<b>1</b>	
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
F Remainder: Subtract lines 3g, 3h, and 3i from 3f.	No. of the second second		10 miles
4 Distributions for 2015 from Section		44.00	
Diffine 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount		The state of the s	110
c Remainder, Subtract lines 4a and 4b from 4.	120, 130, 130, 130, 130, 130, 130, 130, 13	4 D4 3	arcide a record
5 Remaining underdistributions for years prior to 2015, to			The state of the s
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero see instructions).			
6 Remaining underdistributions for 2015, Subtract lines 3h			
and 4b from line 1 (if amount greate) than zero, see	100		
Instructions).			en agent en
7 Excess distributions carryover to 2016. Add lines 3j	1		
and 4c.			
8 Breakdown of line 7:			
a a			
b		Approx.	
c Excess from 2013			
d Excess from 2014			
e Eycess from 2015			

PartVI.	III, line 12; Part I B, lines 1 and 2; 3a and 3b; Part	V, Section A, line Part IV, Section V, line 1\ Part V,	s 1, 2, 3b, 3c, 4 C. line 1; Part I\ Section B. line 1	b, 4c, 5a, 6, 9a, <sup>7</sup> , Section D, line e, Part V, Sectio	Part II, line 10, Part 9b, 9c, 11a, 11b, and s 2 and 3, Part IV, Son D, lines 5, 6, and 8 ation. (See Instruction	l 11c; Part IV, S ection E, lines 1 ; and Part V, Si	ection c, 2a, 2b,
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# Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

The state of the s

Employer identification number

48-0870562

The Sexual Trauma and	Abuse Care Center Inc	48-0870562
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	☑ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	er de la companya de La companya de la co
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
Maria de Propinsion (1995) Albana de Carlos (1995)	501(c)(3) laxable private foundation	
<u>. San ang ang ang ang ang ang ang ang ang a</u>		
	ered by the <b>General Rule</b> or a <b>Special Rule</b> . 8); or (10) organization can check boxes for both the General Rule and a Special	Rule (See
instructions:		
General Rule		
	g Form 990, 990-EZ, or 990-PE that received aturing the year, contributions totaling operly) from any one contributor. Complete Parts I and III. See instructions for deterbutions.	
Special Rules		A CONTRACTOR OF THE CONTRACTOR
regulations under section 13,16a, or 16b, and that	cribed in section 501(c)(3) filing Form 490 or 890-EZ that met the 33 1/3% supports 506(a)(1) and 170(c)(1)(A)(v), that specked Schedule A (Form 990 or 990-EZ received from aby one contributor, during the year, total contributions of the greate amount on (I) Form 590-EZ, line 1. Complete Pa	, Part II, line <sup>1</sup> er of (1)
contributor; during the ye	oribed in section 501 (c)(7), (8), or (10) filling Form 990 or 990-EZ that received from ear, total conflictions of more than \$1,000 exclusively for religious, charitable, scie urposes, or for the prevention of cruelty to children or animals. Complete Parts I, II	ntilio,
contributor, during the ye contributions totaled mo during the year for an ex	cribed in scallon 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from ear, contributions exclusively for religious, charitable, etc., purposes, but no such re-than \$1,000. If this box is checked, enter here the total contributions that were reclusively religious, charitable, etc., purpose. Do not complete any of the parts unlet this organization because it received nonexclusively religious, charitable, etc., conduring the year.	sceived 35
990-EZ, of 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schedule answer "No" on Part IV, line 2, of its Form 990; of check the box on line H of its Fo rtify that it does not meet the filing requirements of Schedule B (Form 990, 990/E:	rm 990-EZ or on its

Name of organization
The Sexual Trauma and Abuse Care Center Inc.

Employer Identification number:

Part (	:Contributors (see instructions). Use duplicate copies o	f Part l'if additional space is n	peded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	United Way of Douglas County.  2518 Ridge Court Room 200:::  Lawrence, KS 66048	\$ <u>1.47, 54.6</u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	State of Kansas  900 SW Jackson St  Topeka, KS 56612	\$ 270 816	Person  Payroll  Noncash  (Complete Part II for nencash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(d) Total contributions	(d) Type of contribution
		\$	Person [] Payroll [] Noncash [] (Complete Part II for poncash contributions.)
(a) No	(b) (Name, address, and ZIP + 4)	(c) Total contributions	(d) Type of contribution
(6)		\$	Person
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
		\$	Person Payroll Doncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- S	Person  Payroll  Noncash  Complete Part II for honcash contributions.)

#### SCHEDULE D (Form 990)

Denaitment of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1546-0047

2015

Open to Public

Inspection Internal Revenue Service Employer Identification number Name of the organization The Sexual Trauma and Abuse Care Center Inc 48-0870562 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. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified bistoric structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation confribition in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 🤝 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06 and not on historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕞 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to manitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring preparities and information of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) Yes and section 170(h)(4)(B)(t)? In Part XIII, describe how the arganization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Parl XIII, the text of the footnote to its financial statements that describes these Items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical freasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) telating to these items:

and the second

a Revenue included on Form 990; Part VIII, line 1

Assets included in Form 990, Part X

(i) unrelated organizations (ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds:

. 50		Yes	No
	ða(i)	200	10
	3a(fi)		2.0
42 8 63	37.27 February	21.5%	
	3Ь.		

#### 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	(b) Cost or other basis	(c) A∝umulated	(d) Book Value
	(investment)	(other)	depreciation	
ta Land		1.0		
b Buildings	100 g as 2 2 2	24,599	19,110	5,489
c Leasehold improvements	100	100000000000000000000000000000000000000		
d Equipment		1	3.77	
e Other				
Fotal, Add lines to through 1e. (Column (d) must equal Fo	rm 990, Part X, column (E	8), line 10c.)	inggala	5,489

Page 3

ran vu	Complete if the organization answer	ed "Yes" on Form 990. Pa	nt IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security):	(b) Book value 1	(c) Method of valuation: Cost or end-of-year market value
(1) Financial (	derivatives (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(2) Closely-ha (3) Other	old equity interesis	(S)	
(A)		3 7 3 3 6 6 7 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	3
(B) (C)			The second secon
(D)			
(E)			
(F) :		7,000 300 300 300	
(H)			
rotal. (Column (b) Part VIII	must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.	E Comment	
		Table 100 Comment of the State	nt IV, line 11c, See Form 990, Part X, line 13.
154	(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) (2)		10136904 1 1013693	
(3)	Section 1997 Agencies		Control State Co
(4)	The second of th		
(5) (6)		Acres (Acres)	
(7)			
(8) (9)			
Total. (Column (b)	must equal Form 990, Part X, col. (8) line 13.)"		
Part IX	Other Assets. Complete if the organization answer	ed". <b>"Yes"</b> on Form 990; Pa	urt IV, line 11d. See Form 990, Part X, line 15.
•		<b>Vestorption</b>	% (b) Book value
(1) (2)			
(3)			
(4) (5)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(6)			
<u>(7)</u>		A Company	The state of the s
(8) (9)		7 (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	n (b) must equal Farm 990, Part X, col. (B) line	15)	
Part X	Other Liabilities Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
	line 25	<u> </u>	The state of the s
l. 71) Federal i	(a) Description of liability  ncome taxes	// (b) Book value	
(2)	A STATE OF THE STA		
(3)			
(5)		The state of the s	
(6)	and the base of the state of th	region of the second	
(7) (8) == ,	177 (178) 178 (178)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(9)		Augustian a	
	must equal Form 990, Part X, col. (B) line 25.)  uncertain (ax positions: In Part XIII, provide the t		alion's financial statements that reports the
	liability for uncertain tax positions under FIN 48		

Schedule D (Form 190) 2016 The Sexual Trauma and Abuse Care C. Part XI Reconciliation of Revenue per Audited Financial		870562 Page-
Complete if the organization answered "Yes" on Forn		999 1998 - 1998 - 1998
Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990. Part VIII, line 12:  a. Net unrealized gains (losses) on investments  b. Donated services and use of facilities  c. Recoveries of prior year grants  d. Other (Describe in Part XIII.)	2a 2b 2c 3	321,379
<ul> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> </ul>	4a 26 3 3 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	321,979
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		321,979
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on For	al Statements With Expenses per F	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2b 2c	334,400
e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1.  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4a 3	334,400
c. Add lines 4a and 4b.  5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F.  2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	Part V, lines 1b and 2b; Part V, line 4; Part X,	334,400
01. Footnote for uncertain tax position i	under FIN 48 (Part X)	
The Organization has adopted the provisions of FIN 48, the provisions of FSP-FIN 48-3 as codified in FASE ASC		Bara da La Cara da Car Cara da Cara d
accounting for uncestainty in Eurome taxes recognized statements. This standard prescribes recognition and m	The second secon	
expected to be taken on a tax return that are not cert	A CONTRACTOR OF THE STATE OF TH	
implementation of this standard had no impact on the c	organizationis financial state	ments.

#### SCHEDULE G (Form 990 or 990-EZ

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 2015

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public

Internal Révenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number The Sexual Trauma and Abuse Care Center Inc 48-0870562 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply a 🔲 Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c . Phone solicitations g Special fundralsing events d In-person solicitations 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? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundralser have (vi) Amount paid to (i) Name and address of individual (Iv) Gross receipts (or retained by) (ii) Activity custody or control of (or relained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 8 9 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.

Schedule G (Form 990 or 990-EZ) 2015 The Sexual Trauma and Abuse Care Center Inc Fundraising Events. Complete if the organization answered "Yes" to 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. (b) Event #2 (c) Other events (a) Event#1 (d) Total events (add col. (a) through col. (a)) Shoppin for Others None (total number) (event type) (event type) 11,959 Gross receipts 6,636 18,595 Less: Contributions Gross income (line 1 minus 11,959 6,636 18,595 Cash prizes Noncash prizes RenVfacility costs Food and beverages 8 Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (8) Part III Gaming, Complete if the organization answered Yes" to Form 990 Pagety, line 49, or reported more than \$15,000 on Form 990-EZ, line 6a. (**b)** Puli tabsonstant bingalprografisive bingo (d) Total gaming (add col. (a) through col. (c)) (c) Other gaming Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct exper Volunteer labor 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?
· · · · · · · · · · · · · · · · · · ·	$V_{\mathrm{eff}}$
243	Were any of the organization's gaming licenses revoked; suspended or terminated during the tax year?

#### **SCHEDULE O**

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Freasury Internal Revenue Service Information about Schedule O (Form 990 or 990 EZ) and its instructions is at www.irs.gov/form990 Name of the organization

OMB No. 1545-0047 2015

Open to Public

Inspection Employer identification number

ine sexual iraima and Abuse Care Center inc	148-08/0562
01; Committee meeting documentation (Part VI, line 8b)	
The committees of the Organization are considered advisory commi	ttees and do not have the
authority to act on behalf of the board of directors.	
02. Form 990 governing body review (Part VI, line 11)	
The return was reviewed by the executive director and made avail.	able to the board members
prior to filing the return.	
03. Conflict of interest policy compliance (Part VI, line 120)	
Officers and directors are required to disclose conflicts of Jul	rent but ene not
required to sign a document. The board president will ask any o	irector with a conflict to
reguse themselves during voting.	
04. CEO, executive director, top management, comp (Part VI, line	15a)
The board of directors does an annual review of the executive di	
merit-based pay determinations based on the success of the organ	ngga di Salah di Sal Salah di Salah di Sa
goals, its financial position and a review of similar positions	
guals, res linaigual posicion, and g review of similar posicions	in the grad. San San San San San San San San San San
05. Governing doguments, etc. available to public (Part VI, line	
The Organization's governing documents, conflicts or interest po	
statements are available upon request at the Organization's loca	tion.

Form 4562

#### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 2015

Department of the Treasury internal Revenue Service. (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562 Seguence No. Identifying number Business or activity to which this form relates. Name(s) shown on return 48-0870562 The Sexual Trauma and Abuse Care FORM 990 - 1 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see Instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (c) Elected cost 6 (a) Description of property... (b) Cost (business use only) Listed property. Enter the amount from line 29 Total ejected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (point include listed property ) (See Instructions.) Special depreciation allowance for qualified property (other than its ed property) placed in servi during the tax year (see instructions) Property subject to section:168(f)(1) election ...... Part III ... MACRS Depreciation (Do not include listed property) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2015 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B + Assets Placers in Service During 2015 Tax Year Using the General Depreciation System (d) Recovery (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 5-year properly Statement #67 7-year property 10-year properly 15-year-property f 20-year properly 25 yrs S/L g 25-year property MM S/L Residential rental 27.5 yrs 27.5 yrs MM S/L property ΜМ S/L Nonresidential real: 39 yrs. ΜM S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-vear 12 yrs. c 40-vear 40 yrs. MM S/L

Listed property. Enter amount from line 28

Total: Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,464 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 🔩 👢

Form 4562 (2015

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Form 8868 (	Rev. 1-2014)						Page 2		
a Wildelick Blades (Caracis California)	filing for an Additional (Not Automatic) 3-Month E	Asset Services Control of the Contro	A DESCRIPTION DE COMENCIA DE LA PROPERTIE DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA CO			18.15	▶ 🏻		
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Type or print	Name of exempt organization or other filer, see in The Sexual Trauma and Abuse Car				nployer identification number (EIN) or 48 - 0870562 cial security number (SSN)				
File by the	Number, street, and room or suite no. If a P.O. bo	The College of the State of	CONTRACTOR CONTRACTOR SERVICES AND	A PROGRAMMENT AND A SECOND SECOND					
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filing your return. See	City, town or post office, state, and ZIP code. For	a foreign a	address; see instructions.	N 77 P. 18 19 18		\$ <b>1</b> . g.			
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#### Signature and Verification must be completed for Part II only.

Under penalties of perjury, I'declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am authorized to prepare this form.

(Electronic Federal Tax Payment System). See instructions.

Signature		國統領的問題	Company of the Compan		(2) (2) (2) (3)	Tjille 🏲	V. P. GROPESSON	Great State (Sec		Date 🚩	公共 医原基	
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Federal Supporting Statements 2015 PG01 Name(s) as shown on return The Sexual Trauma and Abuse Care Center Inc 48-0870562 Form 4562 - Line 19b Statement #67 Method Deduction ∦ RP Basis SL195 1,947 HY SĹ 944 HΥ 94 260 2,596 HY**54**9 Total

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