Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2018	
Open to Public Inspection	

Internal Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest information	tion.	Inspection
		endar year, or tax year beginning Oct 01, 2018 , and ending S		019
	f applicable:	C Name of organization SURVIVOR ADVOCACY OUTREACH PRO) Employer ide	entification number
Address	change	Doing business as		
Name ch	hango		2-3008382	
Name ci	nange	77 E STATE ST	E Telephone nu	mber
Initial ret	turn	City or town State ZIP code	40-590-36	633
Final retur	rn/terminated	ATHENS OH 45701	40-390-36	323
i illai letui	III/leIIIIIIIaleu	Foreign country name Foreign province/state/county Foreign postal code		
Amende	ed return		G Gross receipts	ts\$ 404848.
Annlicati	ion pending	F Name and address of principal officer: REBEKAH CRAWFORD	a group return for s	subordinates? Yes X No
	ion ponding	L L	• .	
		(2) / 3	all subordinates in	
I Tax-exen	npt status:	X 501(c)(3) 501(c) () ■ (insert no.) 4947(a)(1) or 527	o," attach a list. (see instructions)
J Website	e: 🕨	H(c) Grou	p exemption num	nber 📕
V Commode	organization:			
	_		on: ZUI7	M State of legal domicile: OH
Part I		mmary		
1	Briefly d	escribe the organization's mission or most significant activities: TO EDUCAT	E, EMPOWE	ER, ENACT -
	DEDICA	ATED TO THE HEALING FROM AND PREVENTION OF SEXUAL VIOL	LENCE IN	
	SOUTHE	EASTERN OHIO.		
2		his box if the organization discontinued its operations or disposed of more	o than 25% o	of its not assets
© 3		of voting members of the governing body (Part VI, line 1a)		8
4		of independent voting members of the governing body (Part VI, line 1b)		4 8
5		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5 11
€ 6	Total nu	mber of volunteers (estimate if necessary)	<u>_</u> 6	6
7a	Total un	related business revenue from Part VIII, column (C), line 12	<u> 7</u>	7a
b	Net unre	elated business taxable income from Form 990-T, line 38	7	'b
			Prior Year	Current Year
8	Contribu	utions and grants (Part VIII, line 1h)	39990	6. 403414.
9		n service revenue (Part VIII, line 2g)	162	
10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7. 66.
11		ent income (Fart VIII, column (A), lines 5, 4, and 7d)		
			10156	1337.
12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40156	6. 404817.
13		and similar amounts paid (Part IX, column (A), lines 1–3)		
14		paid to or for members (Part IX, column (A), line 4)		
g 15		other compensation, employee benefits (Part IX, column (A), lines 5–10).	21595	2. 273289.
2 16a		ional fundraising fees (Part IX, column (A), line 11e)		
b	Total fur	ndraising expenses (Part IX, column (D), line 25) ■ 600.		
17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17805	3. 133406.
18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	39400	
19		e less expenses. Subtract line 18 from line 12	756	
	11040114		ng of Current Ye	
20	Total co			
20		sets (Part X, line 16)	12165	
4 8		· · · · · · · · · · · · · · · · · · ·	3362	
22		ets or fund balances. Subtract line 21 from line 20	8803	1. 88833.
Part II		nature Block		
		y, I declare that I have examined this return, including accompanying schedules and statements, and to t		
and belief, it	t is true, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		· ·
Sign			07/23/	2020
Here		Signature of officer	Date	
пете		DENISE ODONNELL TREASURER		
		Type or print name and title		
	Print	t/Type preparer's name Preparer's signature Date		PTIN
Paid			Chec	ck if
Prepare	r Mar	ry Ann McClure Mary Ann McClur 07/21	1/2020 self-e	employed P00031252
•		's name ■MS Accounting and Taxes Inc	Firm's EIN 🔳 31	
Use Onl	ıy —			40-592-4625
	•			
May the I	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No

Total program service expenses 406695. 4e

including grants of \$

) (Revenue \$

Other program services. (Describe in Schedule O.)

(Expenses \$

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

Par	Checklist of Required Schedules (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	28c 29 30	Х	X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		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? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Х	
	gaming (gambling) winnings to prize winners?	1c		

If "Yes," complete Form 4720, Schedule O.

orm 9	90 (2018) SURVIVOR ADVOCACY OUTREACH PRO 82-300	8382	2 P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
	ı ı		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11	0.6	3.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file.</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ъа b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Λ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		v
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter:	30		Λ
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
a	The organization's CEO, Executive Director, or top management official.	15a		
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	, , , , , , , , , , , , , , , , , , , ,			
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	46:		
Coo.	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable) 900, and 900 T (Section 6104 or 1024 A if applicable)	n EO+	(0)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section (2)s apply available for public inspection, Indicate how you made those available. Check all that apply	11 30 1	(C)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		ممم	
13	financial statements available to the public during the tax year.	policy,	anu	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JENNIFER SEIFERT 740-590-362			
	77 E STATE ST ATHENS OH 45701			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	×,	(do not chee x, unles icer and				(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	related organizations below dotted line)	iiwidual trustee dinactor	stituiional trustee	iicer	w employee	mner hask comcensated holoyae	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) R CRAWFORD	2								
PRESIDENT		Χ		Χ			0	0	0
(2) CHRIS LINSCOTT	2								
VICE-PRESIDENT		Х		Χ			0	0	0
(3) D ODONNELL	2								
TREASURER		Х		Χ			0	0	0
(4) PATTY STOKES	2								
SECRETARY		Х		Х			0	0	0
(5) H AL-SHADADI	1								
DIRECTOR		Х					0	0	0
(6) E DENNIS	1								
DIRECTOR		Х					0	0	0
(7) REAGAN NEVISKA	1								
DIRECTOR		Χ					0	0	0
(8) ALLISON HUNTER	1								
DIRECTOR		Χ					0	0	0
(9) JEN SEIFERT	40								
EXEC/PROG DRCT					Χ		53565.	0	0
(10) CRYSTAL TROUT	40								
PROG DIRECTOR					Χ		41141.	0	0
(11)									
(12)									
(13)									
(14)									

P	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yees	s, a	nd I	ligh	est	Compensated	Employees (co	ntinue	ed)
	(C) Position											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bak,	not ch unles er and lingitudional fru	ock		than of the state	1	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other pensation om the anization d related anizations
							msated					
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total							_	94706.			
d	Total (add lines 1b and 1c)								94706.			
2	Total number of individuals (including but not I reportable compensation from the organization	imited to those I								00,000 of	1	
	reportable compensation from the organization	. =										Yes No
3	Did the organization list any former officer, dir employee on line 1a? <i>If "Yes," complete Sche</i>										3	X
4	For any individual listed on line 1a, is the sum											
	the organization and related organizations gre											
	individual										4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5	X
Sec	tion B. Independent Contractors											•
1	Complete this table for your five highest components compensation from the organization. Report c year.										n's tax	
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compen	
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited t	o th	ose	list	ed at	oove	e) who received			

82-3008382

Part VIII Statement of Revenue

Federated campaigns	a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	a				
Membership dues					
	b				
Fundraising events	С				
Related organizations	d				
Government grants (contributions) 16	e 336121.				
All other contributions, gifts, grants, and					
	f 67293.				
Noncash contributions included in lines 1a–1f: \$	52823.				
Total. Add lines 1a–1f		403414.			
	Business Code				
• • •		66	66		
		00.	00.		
(i) Real	(ii) Personal				
	(,				
•					
` '					
aross amount nom sales or	(ii) Other				
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
Net gain or (loss)	· · · · · ■				
<u> </u>					
	_				
•	•				
		1168.			1199.
•					
	🔳				
Gross sales of inventory, less					
returns and allowances a	١				
Net income or (loss) from sales of inventory .	🛮				
Miscellaneous Revenue	Business Code				
DDIOD VD TAV DERIND	624100	169.	169.		
LVIOK IK IWY KULUND			<u> </u>		
PRIOR YR TAX REFUND			100.		
			100		
			1000		
		169.			
	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a–1f: \$\fotal\$. Add lines 1a–1f	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a–1f: \$ 52823. Total. Add lines 1a–1f \$ 52823. Total. Add lines 1a–1f \$ 52823. Total. Add lines 2a–2f Business Code	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$ 52823. Total. Add lines 1a-1f	All other contributions, gifts, grants, and similar amounts not included above. Noncash contributions included in lines 1a–1f: \$.52823. Total. Add lines 1a–1f: \$.52823. Total. Add lines 1a–1f: \$.52823. Total. Add lines 1a–1f: \$.52823. All other program service revenue. Total. Add lines 2a–2f:	All other contributions, gifts, grants, and similar amounts not included above

SURVIVOR ADVOCACY OUTREACH PRO Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note	to any line in this	Part IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g p	
-	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	53545.	40159.	13386.	
6	Compensation not included above, to disqualified	33313.	10103.	10000.	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	155467.	150893.	4574.	
8	Pension plan accruals and contributions (include	133107.	130033.	15 / 1.	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52819.	50287.	2532.	
10	Payroll taxes	11458.	10473.	985.	
11	Fees for services (non-employees):	11130.	10173.	<i>303</i> :	
	Management				
b	Legal	548.	548.		
C	Accounting	6765.	310.	6765.	
d	Lobbying	0,00.		0,00.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	6270.	4287.	1983.	
12	Advertising and promotion	3682.	889.	2793.	
13	Office expenses	9044.	5747.	3297.	
14	Information technology	2044.	3/4/•	3231.	
15	Royalties				
16	Occupancy	26418.	24305.	2113.	
17	Travel	2217.	2217.	2110.	
18	Payments of travel or entertainment expenses	2217.	2217•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19176.	17532.	1044.	600.
20	Interest	13170.	17332.	1011.	000.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1157.	1157.		
23	Insurance	1277.	1107.	1277.	
24	Other expenses. Itemize expenses not covered	1217•		1277	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	IN-KIND LABOR	34673.	34673.		
b	IN-KIND RENT	18150.	18150.		
	PROGRAM SUPPLIES	976.	976.		
d	PUBLICATIONS, DUES, SUBSCRP	3053.	1892.	1161.	
	All other expenses	3333.	1002.	1101	
25	Total functional expenses. Add lines 1 through 24e .	406695.	364185.	41910.	600.
26	Joint costs. Complete this line only if the	100000	301103.	11710.	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	41640.	1	108502.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	72899.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	169.	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8100.	6042	10-	F.70.6
	l b	Less: accumulated depreciation	6943.	10c	5786.
	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 15	Intangible assets		14 15	
	16	Other assets. See Part IV, line 11	121651.	16	114200
	17	Total assets. Add lines 1 through 15 (must equal line 34)	33620.	17	114288. 25455.
	18	Grants payable	33020.	18	25455.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,		<u> </u>	
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	33620.	26	25455.
(D)		Organizations that follow SFAS 117 (ASC 958), check here ■ 🗓 and			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	61071.	27	88833.
	28	Temporarily restricted net assets	26960.	28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	88031.	33	88833.
	34	Total liabilities and net assets/fund balances	121651.	34	114288.

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		404	817.
2	Total expenses (must equal Part IX, column (A), line 25)	2		406	695.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		88	031.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		2	680.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		88	833.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u>.</u> .	3b		
			For	n 990	(2018)

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

■ Attach to Form 990 or Form 990-EZ.
■ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization SURVIVOR ADVOCACY OUTREACH PROGRAM 82-3008382 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 fai		, ,		0	, ,	
	ction A. Public Support	(-) 004.4	(h) 0045	(-) 0040	(4) 0047	(-) 0040	(f) T-+-1
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014	(b) 2015	(c) 2016	(d) 2017 401529.	(e) 2018 404782.	(f) Total 806311
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				401329.	404702.	000311
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3				401529.	404782.	806311
6	Public support. Subtract line 5 from line 4						806311
	ction B. Total Support		T	Ι	1		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4				401529.	404782.	806311
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						806414
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the corganization, check this box and stop here.	organization's first	, second, third, fou	rth, or fifth tax yea	r as a section 501(
Sec	ction C. Computation of Public Sup	port Percent	age				
	Public support percentage for 2018 (line 6, c	• ,			Î	14	0.00%
	Public support percentage from 2017 Schedu				-	15	0.00%
	33 1/3% support test—2018. If the organization qualifies as	a publicly suppor	ted organization .				
	33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified	es as a publicly su	pported organization	n			
	10%-facts-and-circumstances test—2018. 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-cir s-and-circumstand 	cumstances" test, ces" test. The organ	check this box and nization qualifies as	d stop here. Explas a publicly supported to the control of the c	in in ed 	
b	10%-facts-and-circumstances test—2017. 15 is 10% or more, and if the organization in Explain in Part VI how the organization meet supported organization.	neets the "facts-a s the "facts-and-c	nd-circumstances" ircumstances" test	test, check this bo The organization of	ox and stop here. qualifies as a public	sly	🔳
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 82-3008382 SURVIVOR ADVOCACY OUTREACH PROGRAM 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that 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 Nο 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds?......... Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization 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. 1a 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 Part XIII, the text of the footnote to its financial statements that describes these items. b 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X.

Part	Ⅲ Org	anizations Maintaining (Collec	ctions of A	rt, Histor	ical Trea	asures, or Otl	ner Similar Assets	(continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply):								
а	Publ	c exhibition			d	Loan or	exchange prog	rams	
b	Scho	larly research			е	Other			
С	Pres	ervation for future generatior	าร						
4	Provide a	description of the organizat	ion's c	collections ar	nd explain	how they	further the orga	anization's exempt pu	rpose in Part
5		e year, did the organization s be sold to raise funds rather							Yes No
Part					<u>'</u>				
T GIT	t IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a		anization an agent, trustee,	custoc	lian or other	intermedia	ary for cor	ntributions or ot	ner assets not	
	included	on Form 990, Part X?							Yes No
b	If "Yes," e	explain the arrangement in Pa	art XII	I and comple	te the foll	owing tab	le:		
								A	mount
С		g balance						1c	
d		during the year						1d	
e		ons during the year						1e	
f	_	alance						1f	
2a		rganization include an amou						•	Yes X No
b		explain the arrangement in Pa	art XII	I. Check here	e if the exp	olanation	has been provid	ded on Part XIII	🔲
Part		owment Funds.		1 115 / 11					
	Con	plete if the organization a							1
4.	Dii		(a)	Current year	(b) Pri	or year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	-	g of year balance							
b		ions							
С		tment earnings, gains,							
d		es							
e		penditures for facilities							
·		rams							
f		ative expenses							
g		ear balance							
2	•	he estimated percentage of t	he cui	rrent year en	d balance	(line 1g,	column (a)) hel	d as:	•
а		signated or quasi-endowmer				, 0,	(//		
b				00%					
С	Tempora	rily restricted endowment	■	0.00%					
		entages on lines 2a, 2b, and							
3a		endowment funds not in the	poss	ession of the	organizat	tion that a	re held and adr	ninistered for the	TT
	organizat	-							Yes No
	. ,	lated organizations							3a(i)
L		ed organizations							3a(ii)
b 1		n line 3a(ii), are the related o	•						3b
4 Part		in Part XIII the intended use d, Buildings, and Equipr			nis endol	willent lun	ius.		
Part		nplete if the organization a			n Form 0	00 Part	IV line 11a S	ae Form 990 Part)	(line 10
	0011	Description of property	113440	(a) Cost or o			or other basis	(c) Accumulated	(d) Book value
		Description of property		(investr			other)	depreciation	(a) Book value
1a	Land								
b	Buildings								
С	Leasehol	d improvements							
d		nt		8,	100.			2,314.	5,786.
e				<u> </u>		<u> </u>	(5) (6)		E 806
Total	 Add lines 	s 1a through 1e. (Column (d)) must	equal Form	990, Part	X, columi	n (B), line 10c.)		5 , 786.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SURVIVOR ADVOCACY OUTREACH PROGRAM

Employer identification number 82-3008382

Par	Questions Regarding Compensation				
				Yes	No
1a		vided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the org	vanization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses of				
	explain	•	1b		
2	Did the organization require substantiation prior to rein				
	directors, trustees, and officers, including the CEO/Ex 1a?	ecutive Director, regarding the items checked on line	2		
	ia:				
3	Indicate which, if any, of the following the filing organization				
		apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the				
	∑ Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, P	art VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
a		ayment?	4a		X
b		tal nonqualified retirement plan?	4b 4c		Х
	If "Yes" to any of lines 4a–c, list the persons and provi		-10		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) or For persons listed on Form 990, Part VII, Section A, li				
3	compensation contingent on the revenues of:	ine ra, did the diganization pay of accide any			
а			5a		Χ
b			5b		Χ
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, li	ne 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:				
a	•		6a		X
b	If "Yes" on line 6a or 6b, describe in Part III.		6b		Λ
	in res of time of or ob, describe in rait in.				
7	For persons listed on Form 990, Part VII, Section A, li				
	payments not described on lines 5 and 6? If "Yes," de		7		Х
8	Were any amounts reported on Form 990, Part VII, part to the initial contract exception described in Regulation				
			8		Χ
9	If "Yes" on line 8, did the organization also follow the re	·			
	Regulations section 53.4958-6(c)?		9		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ■ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number 82-3008382

SURVIVOR ADVOCACY OUTREACH PROGRAM

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art—Historical treasures . . . 3 Art—Fractional interests . . . 4 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes Intellectual property 8 9 Securities—Publicly traded . . . Securities—Closely held stock 10 Securities—Partnership, LLC. 11 or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other Real estate—Residential . . . 15 16 Real estate—Commercial . . 17 Real estate—Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 18,150. FAIR MRKT VALUE 25 Other ■ (RENT 12 Other ■ (PERSONNEL T)IME X 12 34,673. HOURLY RATE 26 27 Other (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ 30a If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell Χ 32a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II.

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I	LINE 25
RENT	
FAIR M	ARKET VALUE OF DONATED SPACE
PART I	LINE 26
PERSONI	NEL
DONATE	D TIME BASE ON HOURLY RATES FOR PROFESSIONAL SERVICES

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Employer identification number

SURVIVOR ADVOCACY OUIREACH PROGRAM	82-3008382
PART VI SECTION B LINE 11a	
A COPY OF THIS 990 HAS BEEN REVIEWED BY THE TRE	ASURER AND
OFFERED TO ALL OTHER BOARD MEMBERS FOR REVIEW B	EFORE
SUBMISSION.	
PART VI SECTION C	
A COPY OF THIS 990 WILL BE POSTED TO THE WEBSIT	E OF THIS
ORGANIZATION AND OTHER DOCUMENTS WILL BE MADE A	VAILABLE UPON
REQUEST. ALL RECORDS ARE MAINTAINED AT THE CORP	ORATE OFFICE
IN THE CORPORATE RECORDS BOOK.	
PART VI SECTION B 12c	
ALL BOARD MEMBERS SIGN A NEW CONFLICT OF INTERE	ST POLICY
FORM AT EACH ANNUAL MEETING AND A REVIEW IS COM	PLETED TO
MONITOR CONFLICTS OF INTEREST THAT MAY ARISE.	
PART VI SECTION B 15b	
STATE-WIDE DATA IS USED BASED ON THE POSITION T	O DETERMINE
COMPENSATION AND RAISES. THE PROPOSALS ARE DISC	USSED AT
BOARD MEETINGS USING THIS DATA.	

Name: SURVIVOR ADVOCACY OUTREACH PROGRAM

ID: 82-3008382

Description: OCCUPANCY

Besonption: 0 0 0 0 1 111 0 1	
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Туре	Amount
EQUIPMENT	735.
PROPERTY INSURANCE	342. 25,209. 132.
RENT, PARKING, UTILITIES	25,209.
REPAIR & MAINTENANCE	132.
LESS ADMIN	(2,113.)
-	
·	
·	
Total	24,305.
	LICWIDETES

Name: SURVIVOR ADVOCACY OUTREACH PROGRAM ID: 82-3008382

Description: PRIOR YEAR ADJUSTMENT	T
Tyne	Amount
Type ADJUSTMENT TO PRIOR YEAR ACCOUNTS PAYABLE	2 690
ADJUSIMENT TO PRIOR TEAR ACCOUNTS PATABLE	Amount 2,680.
	1
	-
	+
	+
	1
	
	†
	1
	1
Total	2.680.