Form **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)

2020

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.

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

Open to Public Inspection

A	For	the	2020 calendar y	ear, or tax year begin	ning		, 2020, a	nd endi	ing		, 2	:0	
В	Chec	ck if a	pplicable:	C Name of organizationWI	LLIAMSON COUNT	Y CRISIS CENT	ΓER			D Empl	loyer identific	ation num	ber
	Addr	ress c	hange	Doing business as HO	PE ALLIANCE						74-22	77114	
	Nam	ne cha	nge	Number and street (or P.0	O. box if mail is not delivered	d to street address)		Room/su	ite	E Telep	hone number		
	Initia	ıl retur	rn	1011 GATTIS SC	HOOL ROAD				110		(512)	255-12	12
	Final	l retur	n/terminated	City or town, state or prov	rince, country, and ZIP or for	reign postal code				G Gros	s receipts		
	Ame	nded	return	Round Rock, TX	78664					\$		2,326	,092
	Appli	ication	n pending	F Name and address of prir	ncipal officer:				H(a) Is this a g	roup return	for subordinates	? Yes	X No
									H(b) Are all s	subordinat	es included?	Yes	☐ No
I	Tax-	exem	pt status: X 501	(c)(3) 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or 52	27		If "No," a	attach a li	st. See instruc	tions	
J	Web	site:		LLIANCETX.ORG					H(c) Group e	exemption	number	-	
		_	ganization: X Corp	poration Trust Asso	ociation Other ►	L	Year of formati	on: 198	34 M S	State of leg	gal domicile:	TX	
Pa	ırt l		Summary										
			•	the organization's missi	· ·		ALLIANC						
ø			BEEN AFFECT	TED BY FAMILY A	ND SEXUAL VIO	LENCE BY PROV	IDING SA	FETY,	SERVIC	E, AN	D DEVEI	LOPING	
Governance			PARTNERSHIE	S THAT LEAD TO	HOPE, HEALING	AND PREVENT	ION.						
r ng													
Š				if the organization	•	•				1	I		
				g members of the gove									17
Activities &		4		endent voting members						_			16
Ĭŧ				individuals employed in	-								64
Acti		6		volunteers (estimate if r	• /								93
				ousiness revenue from l								34,	270
		b	Net unrelated bu	usiness taxable income	from Form 990-1, Pa	rt I, line 11		· · · ·		7b	_		0
		•	O and the little and a second	d and at a (Deat VIIII Pers	41.3				Prior Year		Cu	rrent Year	
Revenue				d grants (Part VIII, line	•				1,756	,577		2,280	,690
		9	-	revenue (Part VIII, line									
				me (Part VIII, column (A					200	64			406
ď		11 12	,	Part VIII, column (A), lin		•				,693			270
	_	12 13		add lines 8 through 11 (i ar amounts paid (Part I	•				1,977	,334		2,315	0,366
		13 14		or for members (Part IX	, ,	,							
		15		ompensation, employee					1,583	680		1,704	110
es				draising fees (Part IX, o	•	, ,			1,303	,000		1,701	0
Expenses				expenses (Part IX, col			157,324						
ă			-	(Part IX, column (A), lin	-				409	,533		455	5,116
				Add lines 13-17 (must					1,993			2,159	
		19		penses. Subtract line						,879)			,140
									nning of Curre		En	d of Year	,
ts o	ance 1	20	Total assets (Pa	rt X, line 16)		. .		_	1,242			1,330	366
Net Assets or	2 2	21	•	Part X, line 26)						,510			5,170
Net	Ĭ 2	22	Net assets or fur	nd balances. Subtract	line 21 from line 20 .				1,029			1,185	
Pa	ırt l	II	Signature	Block									
				that I have examined this retur ion of preparer (other than offi				of my know	wledge and beli	ief, it is			
	, 0011	1001, 0	ina complete. Beclarat	ion of property (other than one	oor) is based on all illionnat	ion of which propared ride to	arry knowledge.						
O: -			B —	M BROWN									
Sig			Signature of o	officer						Da	ite		
He	re		-	M BROWN, CEO									
			<u>,</u>	name and title	.	I	D .				DELL		
D - 1			Print/Type prepare	rs name	Preparer's signature		Date		Check	if	PTIN		
Pai									self-emp	oloyed			
	•	rer							Firm's EIN				
US	e U	nly	Firm's address					F	Phone no.				
Mar	, tha	ı ID C	discuss this retu	ım with the preparer sh	own above? (see isst	ructions)						Yes	No
ivia	III C	, in c	, aiscuss II iis i U lu	iiii wiiii iile piepaiel Sil	OM11 900AG; (255 11121	140001010					\cdots	163	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2		Х
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	v	
b		1 Ia	Х	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				Α.
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 IX	11d		x
е		11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	.0		Α.
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV

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Checklist of Required Schedules (continued)

Yes No

organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		
20	If "Yes," complete Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	วอม		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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		x
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	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	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			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	1		_
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI G

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name address, and telephone number of the person who possesses the organization's books and records			

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

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

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

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

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

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

<u> </u>			_							
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or o	ns	Officer	Ke	em Hig	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	<u> </u>	cer	/ em	hest	Former	(related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	e com				
	below	ıstee	trust		ee	pen				
	dotted line)		ee			Highest compensated employee				
(1) RICHARD M BROWN	_									
CEO						X		104,749	0	10,231
(2) JANET_VITO	_									
BOARD MEMBER		Х						0	0	0
(3) ANDREW NORRIS	-									
BOARD MEMBER		Х						0	0	0_
(4) VALERIE FRANCOIS	-									
BOARD MEMBER		Х						0	0	0_
(5) DONNA MILLER	_									
BOARD MEMBER		X						0	0	0
(6) JASON_WILLIAMS	-									
BOARD MEMBER		X						0	0	0
(7) SHAWN DICK	-									
BOARD MEMBER		Х						0	0	0
(8) ESTELLA COLMENERO	_									
BOARD MEMBER		Х						0	0	0
(9) JOANNA DAVIS	_									
BOARD MEMBER		Х						0	0	0
(10)RENEE PETSCHE	_									
HISTORIAN		х						0	0	0
(11)SANDY_SARGENT	_									
BOARD MEMBER		Х						0	0	0
(12)DIANE_BENNETT	_									
BOARD MEMBER		х						0	0	0
(13)SEAN_BARBER	_									
VICE PRESIDENT		х		х				0	0	0
(14)CHARLES PITTMAN	_									
PRESIDENT		Х		Х				0	0	0
EE A										Form 000 (2020)

Form **990** (2020)

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, aı		ligh (C)	est Co	mp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	, unle	Po: ieck m ss pei	sition nore t rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated ar of othe	er
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	from the anization ed organ	e n and
	NCY BOWMAN												
	PRESIDENT		Х		Х				0	(0		0
	LLY VOLLING								_				_
TREAS			Х		Х				0		0		0
SECRE	RGINIA GEN		x		x				0		0		0
/4 O\					_ ^				U				
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							٠ •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							. •	104,749	I	0	10,	231
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wl	ho r	eceive	d mo	ore than \$100,000	of			1
	reportable compensation non-the organization											Yes	
3	Did the organization list any former officer, direc	tor, trustee,	key en	nplo	yee,	or h	nighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedul	le J for such	individ	dual							. 3		х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th					nple	te Sch	edul	le J for such		_		
_	individual							• •			. 4		X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•		-			_				. 5		х
Section	on B. Independent Contractors	s, complete	Ochice	iaic (0 101	340	ni pers	OH		<u> </u>	. 3		
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp										ar.		
	(A)								(B)		(C)	
	Name and business addres	s							Description of service	es	Comper	sation	
2	Total number of independent contractors (includin	g but not lim	ited to	thos	se lis	ted	above)	wh	0				
	received more than \$100,000 of compensation fro	-					- /						

Form 990 (2020) WILLIAMSON
Part VIII Statement of Revenue

		Check if Schedule O contains a response	OTT		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	10	Endorated compaigns	1a					sections 512–514
	1a	Federated campaigns	1b					
nts its	b	Membership dues	1c	121 604				
Gra	d	Related organizations	1d	131,604				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	1,181,075				
ig gi	f	All other contributions, gifts, grants,	16	1,181,075				
ons Sir	'	and similar amounts not included above	1f	968,011				
buti	q			300,011				
ğ	9		1g	\$ 31,115				
နှင့်	h				2,280,690			
		7.00 m		Business Code	2,200,030			
	2a							
<u>8</u>	b							
er Te	С							
m S	d							
Program Service Revenue	е							
Pro	f	All other program service revenue	<u> </u>					
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inter	est, a	and				
		other similar amounts)		-	406	406		
	4	Income from investment of tax-exempt bond						
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	1	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	S	(ii) Other				
		sales of assets other than inventory 7a						
	, h	other than inventory Less: cost or other basis						
ø.		and sales expenses 7b						
enne	_	Gain or (loss) 7c						
>	1	Net gain or (loss)						
Ē	1	Gross income from fundraising						
Other Re		events (not including \$ 131,604						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	44,996				
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising events			34,270		34,270	
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	1	Less: cost of goods sold	10b	L				
	С	Net income or (loss) from sales of inventory						
				Business Code				
ous e	11a							
llan enu	b	-						
scel Revi	C	All other revenue						
Miscellanous Revenue		Total. Add lines 11a-11d						
		Total revenue See instructions	• •		2 315 366	406	34 270	0

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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, trustees, and key employees 8<u>,</u>093 104,749 78,549 18,107 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,342,142 1,006,445 232,005 103,692 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26,753 20,061 4,625 2,067 9 92,841 69,620 16,049 7,172 10 137,625 103,202 23,790 10,633 11 Fees for services (nonemployees): b 10,789 8,090 1,865 834 d 25,941 4,484 19,453 2,004 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 8,866 6,648 1,533 685 13 15,818 11,862 2,734 1,222 14 19,841 14,878 3,430 1,533 15 16 18,293 8,176 105,825 79,356 17 3,015 2,261 521 233 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 4,449 3,336 769 344 21 22 Depreciation, depletion, and amortization 6,727 1,223 61,154 53,204 23 26,018 19,510 4,498 2,010 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CLIENT SERVICES 77,560 77,560 REPAIRS & MAINT 22,736 17,049 3,930 1,757 DUES & SUBSCRIPTIONS 22,052 16,536 3,812 1,704 С d TELEPHONE 14,263 10,696 2,465 1,102 e All other expenses 36,789 27,590 6,359 2,840 Total functional expenses. Add lines 1 through 24e. . 25 2,159,226 1,645,906 355,996 157,324 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

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	, ,	1	169,101
	2	Savings and temporary cash investments		2	150,085
	3	Pledges and grants receivable, net		3	277,770
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	6,986	9	27,780
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,319,379			
	b	Less: accumulated depreciation 10b 613,749	718,820	10c	705,630
	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		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,242,566	16	1,330,366
	17	Accounts payable and accrued expenses	44,219	17	102,309
	18	Grants payable		18	
	19	Deferred revenue		19	28,823
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	20,366	23	14,038
	24	Unsecured notes and loans payable to unrelated third parties	89,777	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	59,148	25	
	26	Total liabilities. Add lines 17 through 25	213,510	26	145,170
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	747,706	27	935,386
ala	28	Net assets with donor restrictions	281,350	28	249,810
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let,	32	Total net assets or fund balances	1,029,056	32	1,185,196
	33	Total liabilities and net assets/fund balances	1,242,566	33	1,330,366

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	315,	366
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	159,	226
3	Revenue less expenses. Subtract line 2 from line 1	3			156,	140
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	029,	056
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				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,	185,	196
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			_		Yes	No
1	Accounting method used to prepare the Form 990: 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		х
	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 Consolidated basis Both 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:					
	X 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					ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · · [2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					ĺ
	Single Audit Act and OMB Circular A-133?		· · _:	3a	Х	
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 on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	х	
EEA			F	orm	990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

MTT	LLA	MSON COUNTY CRISIS CENTE	K				/4-22//11	4
Pa	rt I	Reason for Public Charity	Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.
The	orga	nization is not a private foundation bec				-	,	
1	ň	A church, convention of churches, or	,	<u> </u>	•	•		
2	Ħ	A school described in section 170(b						
3	П	A hospital or a cooperative hospital s						
	H	·	•				(1)(A)(iii) Enter the	
4	Ш	A medical research organization ope	rated in conjunctio	ii wiiii a nospital describ	eu III Seci	1011 170(D)	(I)(A)(III). LIILEI LIIE	
_		hospital's name, city, and state:	-f:t -fII				talit alaa asiba alia	
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6	Ц	A federal, state, or local government	· ·			. , . ,		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in sect i	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ge
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses	
		acquired by the organization after Ju		•		,		
11	П	An organization organized and opera			•			
12	Ħ	An organization organized and operation	•			. , , ,	carry out the numoses	3
	ш	of one or more publicly supported org	•	·				
		Check the box in lines 12a through 12		` , , ,		. , , ,		•
	_	_				•		•
	а	Type I. A supporting organization		•		-		ig
		the supported organization(s) the			ity of the c	alrectors or	trustees of the	
		supporting organization. You mu	•					
	b	Type II. A supporting organization	•			•		
		control or management of the sup		•	rsons that o	control or r	nanage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С		 A supporting orga 	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	ith,
		its supported organization(s) (see	e instructions). You	u must complete Part I'	V, Section	ıs A, D, ar	nd E.	
	d	Type III non-functionally integr	rated. A supporting	g organization operated i	n connect	ion with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution i	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			, ,	(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Part II

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,585,747	1,543,411	2,080,970	1,756,577	2,280,690	9,247,395
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3	1,585,747	1,543,411	2,080,970	1,756,577	2,280,690	9,247,395
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						9,247,395
	ction B. Total Support	() 00:0	// / / / / / / / / / / / / / / / / / /	() 00:10	(1) 02:12	() 0555	(O. T
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,585,747	1,543,411	2,080,970	1,756,577	2,280,690	9,247,395
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	270	249	135	64	406	1,124
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.)						
	Total support. Add lines 7 through 10	:4				40	9,248,519
	Gross receipts from related activities, etc. (s					12	\(\alpha\)
13	First five years. If the Form 990 is for the or	-			-	•	
<u></u>	organization, check this box and stop here						
	ction C. Computation of Public Support Public Support percentage for 2020 (line 6, c			column (f))		14	99.99 %
	Public support percentage from 2019 Sched					15	99.99 %
	33 1/3% support test - 2020. If the organization					-	
IVa	box and stop here. The organization qualified						
ŀ	33 1/3% support test - 2019. If the organization						
•	this box and stop here. The organization qu						
172	10%-facts-and-circumstances test - 2020.	•		•			
174	10% or more, and if the organization meets						
	Part VI how the organization meets the facts				-	•	
	organization			•	•		
L	o 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
				-	-		
1Ω	organization						
10	instructions						▶ □

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	T				1	
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
46	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			farmel con	4	4:- 5011	\(\)
14	First 5 years. If the Form 990 is for the orga				-	-	
<u></u>	organization, check this box and stop here						▶ □
	ction C. Computation of Public Suppo			(1)		45	0/
	Public support percentage for 2020 (line 8, c		-			15	%
	Public support percentage from 2019 Sched			<u> </u>		16	%
	ction D. Computation of Investment In			ino 10 selem	\ (f)\	47	01
	Investment income percentage for 2020 (line					17	%
	Investment income percentage from 2019 S					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organization 18 is not more than 23 1/3%, should this						
20	line 18 is not more than 33 1/3%, check this	=	_	-	-		
∠U	Private foundation. If the organization did r	IUL CHECK a DO	x on line 14, 19	a, or 190, cne	CK ITHS DOX AND	i see mstruct	IUIS ►

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - 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 the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 VI.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
40		
4c		
40		
5a		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9с		
10a		
ıva		
10b		

Par	Supporting Organizations (continued)	\neg	V	Nia
44	Lies the executivation accorded a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	1a		
h	_	lb		
	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	D		
C	·	1c		
Sec	tion B. Type I Supporting Organizations			
	2	\Box	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
000	non B. All Type in capporting organizations	\neg	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	,		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	•		
	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr		ional	
1 a	The organization satisfied the Activities Test. Complete line 2 below.	uci	10113)	•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	in.	struct	ions)
2	Activities Test. Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	а		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	<u> </u>	b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	11 0	а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

(see instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete Sections	s A through E.	
Sac	etion A - Adjusted Net Income		(A) Prior Year	(B) Current Year	
	· · · · · · · · · · · · · · · · · · ·		(71) Thoi Teal	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sac	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
360	CION D - MINIMUM ASSEL AMOUNT		(A) I noi Teai	(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally i	inteai	rated Type III supporting	organization	

EEA Schedule A (Form 990 or 990-EZ) 2020

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

Sec	ction D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity		2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	4 Amounts paid to acquire exempt-use assets			
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	9 Distributable amount for 2020 from Section C, line 6			
10	10 Line 8 amount divided by line 9 amount			
		<i>(</i> i)	(ii)	(iii)

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; P III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
-				
_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2020

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

WIL	LIAMSON COUNTY CRISIS CENTER		74-2277114
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	d
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included in (c) acquired at		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year •		
4	Number of states where property subject to conservation ease	·	
5	Does the organization have a written policy regarding the period		П. П.
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	► \$		(A)(D)()
8	Does each conservation easement reported on line 2(d) above	, ,	
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organizations infancial statements t	trial describes trie
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or (Other Similar Assets
ı a	Complete if the organization answered "Yes" of		Other Ollillar Assets.
1a	If the organization elected, as permitted under FASB ASC 958		halance sheet works
ıa	of art, historical treasures, or other similar assets held for publi	•	
	service, provide, in Part XIII the text of the footnote to its finan-		rance of public
b	If the organization elected, as permitted under FASB ASC 958		ance sheet works of
b	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	exhibition, education, or research in futiliera	rice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		·
_	following amounts required to be reported under FASB ASC 9	_	ani, provide trie
•	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
a h	Assets included in Form 990, Part X		
U	radola indiuded iii i viiii dav. i all A		

Pa	rt III Organizations Maintaining Coll	ections of Art, Hi	storical Treasure	es, or Ot	her Similar A	ssets (co	ntinı	ıed)
3	Using the organization's acquisition, accession, and	other records, check ar	ny of the following that	make sign	ificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exchange	ge progran	ns			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4								
•	XIII.							
5	During the year, did the organization solicit or receiv	e donations of art histo	rical treasures or othe	ar similar				
5						. Tyes	. \sqcap	No
Pai	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	· · · · · · · · · · · · · · · · · · ·							
	990, Part X, line 21.	handatana a Pana fanasa	(2)	-11				
1a	Is the organization an agent, trustee, custodian or of	·				□ v		
						∐ Yes	· 🗆	No
b	If "Yes," explain the arrangement in Part XIII and co	implete the following tab	ile:					
						nount		
С	Beginning balance							
d	Additions during the year				d			
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Form 99			•		_	_	No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation	has been provided on	Part XIII			<u>. Ц</u>	
Pa	rt V Endowment Funds.							
	Complete if the organization answ	<u>rered "Yes" on Fori</u>	m 990, Part IV, lin	ne 10.				
	(a)	Current year (b) F	Prior year (c) Two y	ears back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	r end balance (line 1g,	column (a)) held as:			•		
а	Board designated or quasi-endowment	, ,,,	<i>、</i>					
b	Permanent endowment ► %							
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c should equ	al 100%.						
3a	Are there endowment funds not in the possession of		re held and administer	red for the				
-	organization by:	o.gaa		04.10. 11.0		[Yes	No
	· ·					. 3a(i)		
							-	
b	If "Yes" on line 3a(ii), are the related organizations					— ` ' 		
4	Describe in Part XIII the intended uses of the organ	•				. 30		
_	rt VI Land, Buildings, and Equipmen		ius.					
ra	Complete if the organization answ		m 990 Part IV/ lin	11a S	See Form 000	Part Y III	ne 10	1
	•							<i>,</i> .
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		Accumulated lepreciation	(d) Book	value	
<u>.</u>	Land	(mivesurient)			icprodation		22	
1a	Land		32,000				32,0	
b	Buildings		889,934		322,337	5	67,5	
C	Leasehold improvements		87,702		74,826		12,8	
d	Equipment		309,743	3	216,586		93,1	157
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colu	mn (B), line 10c.)			7	705,6	530

	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
• • •	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(I)		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	arma 000 Dort IV line (Idd Coa Farm 000 Dart V line 45
	Complete if the organization answered "Yes" on Fo	orni 990, Part IV, line	
(4)	(a) Description		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Boo	k value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		
	uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's financi	al statements that reports the
-	liability for uncertain tax positions under FASB ASC 740. Check he	-	

Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,336,366	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	10,274			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	10,726			
е	Add lines 2a through 2d			2e	21,000	
3	Subtract line 2e from line 1		,	3	2,315,366	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,315,366	
Par	rt XII Reconciliation of Expenses per Audited Financial State	emer	nts With Expenses	per l		
	Complete if the organization answered "Yes" on Form 990	Par	t IV, line 12a.	-		
1	Total expenses and losses per audited financial statements			1	2,180,226	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	10,274			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	10,726			
е	Add lines 2a through 2d			2e	21,000	
3	Subtract line 2e from line 1			3	2,159,226	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,159,226	
Par	rt XIII Supplemental Information.					
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	nes 1	b and 2b; Part V, line 4; F	Part X,	line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y addi	itional information.			
01.	Other revenues not included on Form 990 (Part XI, line	2d)				
DIR	ECT FUNDRAISING EXPENSES OF \$10,726 ARE INCLUDED AS A RE	DUCI	ON OF REVENUE	N FO	ORM 990, PART	
VII	I, LINE 8a. ACCORDINGLY, TOTAL REVENUE AND TOTAL EXPENSE	S AF	RE REDUCED BY THE	S AN	MOUNT ON FORM 990.	
					-	

EEA Schedule D (Form 990) 2020

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

WILLIAMSON COUNTY CRISIS CEN						74-2277114	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a ☐ Mail solicitations • ☐ Solicitation of non-government grants							
b Internet and email solicitations							
c Phone solicitations		g ∐	Special fund	raising events			
d In-person solicitations2a Did the organization have a written or	oral agreement w	ith any indivi	idual (includir	na officers directors	trustaes		
or key employees listed in Form 990,	-	-		-		☐ Yes ☐ No	
b If "Yes," list the 10 highest paid individ						r is to be	
compensated at least \$5,000 by the c	rganization.						
		(III) 5: 1 ((v) Amount pa	aid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		(iv) Gross receipts from activity	(or retained fundraiser list	by) (or retaine	d by)
			butions?		col. (i)	organizat	organization
4		Yes	No				
1							
2							
3							
4							
5							
6		1					
•							
7							
8							
9							
10							
-							
Total							
3 List all states in which the organization	is registered or lie	censed to so	licit contributi	ions or has been not	tified it is exempt	from	
registration or licensing.							

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events (add col. (a) through Amplify Aust Allies Hope col. (c)) (total number) (event type) (event type) Revenue Gross receipts 176,600 107,940 30,721 37,939 Less: Contributions 107,940 23,664 131,604 Gross income (line 1 minus 30,721 line 2) 14,275 44,996 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 6,731 1,470 2,525 10,726 10,726 34,270 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service \blacktriangleright 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.

Inspection

Name of the organization Employer identification number WILLIAMSON COUNTY CRISIS CENTER 74-2277114 Part I Types of Property (c) (a) (b) (d) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES 31,115 FAIR VALUE Х 26 Other ► (Other ► (27 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 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 to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. 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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization Employer identification number WILLIAMSON COUNTY CRISIS CENTER 74-2277114 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS SELF-PREPARED BY A CPA AND REVIEWED BY THE BOARD BEFORE FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) AT THE BEGINNING OF EACH YEAR, EACH BOARD MEMBER COMPLETES A DISCLOSURE AND CONFLICTS OF INTEREST FORM. IF THERE ARE ANY PERCEIVED CONFLICTS, THOSE ISSUES ARE INVESTIGATED BY THE CHEIF EXECUTIVE OFFICER AND THE GOVERNANCE COMMITTEE. 03. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION IS REVIEWED ANNUALLY BY THE CEO AND/OR BOARD. THE TEXAS COUNCIL ON FAMILY VIOLENCE PROVIDES ANNUAL SALARY COMPARISONS THAT ARE USED TO ASSIST WITH THE REVIEW. 04. Other officer or key employee compensation (Part VI, line 15b COMPENSATION IS REVIEWED ANNUALLY BY THE CHEIF EXECUTIVE OFFICER AND THE BOARD. THE TEXAS COUNCIL ON FAMILY VIOLENCE PROVIDES ANNUAL SALARY COMPARISONS THAT ARE USED TO ASSIST WITH THE REVIEW. 05. Governing documents, etc, available to public (Part VI, line 19) THE MOST RECENT AUDIT REPORT AND THE TAX RETURN IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALL OTHER DOCUMENTS ARE KEPT ON FILE AT THE HOPE ALLIANCE OFFICE AND ARE AVAILABLE UPON REQUEST.

IRS e-file Signature Authorization for an Exempt Organization

	_	_	
or calendar year 2020, or fiscal year beginning			and ending

Department of the Treasury	► Do not sen	d to the IRS. Keep for you	r records.		20	020
Internal Revenue Service	► Go to www.irs.gov	/Form8879EO for the lates	st information.			
Name of exempt organization or pe	rson subject to tax			Taxpayer	r identification number	
WILLIAMSON COUNTY	CRISIS CENTER			74-22	277114	
Name and title of officer or person s	subject to tax					
RICHARD M BROWN,	CEO					
Part I Type of Ro	eturn and Return Information	(Whole Dollars Only)	ł			
	n for which you are using this Form 887				•	
	2a, 3a, 4a, 5a, 6a, or 7a, below, and the		-			
	2b, 3b, 4b, 5b, 6b, or 7b, whichever is e applicable line below. Do not comple	• •	•	ı enterea	-u- on the	
	· <u>·</u>					
1a Form 990 check here						2,315,366
2a Form 990-EZ check he		(Form 990-EZ, line 9)			· · · · · · · · · · · · · · · · · · ·	
3a Form 1120-POL check		120-POL, line 22)			-	
4a Form 990-PF check he		ment income (Form 990-P	•		-	
5a Form 8868 check here	=	868, line 3c)				
6a Form 990-T check her7a Form 4720 check here	= `	, Part III, line 4)				
	on and Signature Authorization	Part III, line 1)			/b	
Under penalties of perjury,	<u> </u>	he above organization or			tax with respect to	
(name of organization)				-		
·	n and accompanying schedules and sta	, (EIN) tements, and, to the best of				
	. I further declare that the amount in Par				•	
·	mediate service provider, transmitter, or		• •			
to receive from the IRS (a)	an acknowledgement of receipt or rea	son for rejection of the tran	smission, (b) the r	eason for	r any delay in	
processing the return or re	fund, and (c) the date of any refund. If	applicable, I authorize the	U.S. Treasury and	its desig	nated Financial	
Agent to initiate an electror	nic funds withdrawal (direct debit) entry	to the financial institution ac	count indicated in	the tax pr	eparation	
software for payment of the	federal taxes owed on this return, and t	he financial institution to del	oit the entry to this	account.	To revoke	
a payment, I must contact the	he U.S. Treasury Financial Agent at 1-8	88-353-4537 no later than 2	2 business days pr	rior to the	payment	
(settlement) date. I also aut	thorize the financial institutions involved	in the processing of the ele	ectronic payment of	f taxes to	receive	
	essary to answer inquiries and resolve	• •		•		
identification number (PIN)	as my signature for the electronic return	n and, if applicable, the cons	sent to electronic fu	unds with	drawal.	
PIN: check one box only						
y Louthorizo de 11.	W Walling CD3	to ontor my DIN	70.600	00 mu	, cian oturo	
X I authorize Sall	y M. Volling, CPA ERO firm name	to enter my PIN	78628 Enter five numbers, bu	_ ′	signature	
			do not enter all zeros			
-	20 electronically filed return. If I have inc				-	
	regulating charities as part of the IRS F disclosure consent screen.	ed/State program, i also au	inorize the atoreme	entioned E	ERO to enter my	
As an officer or per	rson subject to tax with respect to the or	ganization, I will enter my P	'IN as my signatur	e on the ta	ax year 2020	
	retum. If I have indicated within this return the return that the return the					
regulating charities	s as part of the IRS Fed/State program,	I will enter my PIN on the re	etum's disclosure o	consent s	creen.	
Signature of officer or person subject			Date ▶	<u> 11-</u>	10-2021	
Part III Certificat	ion and Authentication					
•	ur six-digit electronic filing identification	ı				
number (EFIN) followed by	your five-digit self-selected PIN.		742	2169	10251 Do not enter all zeros	
					DO HOL GINGE All 26105	
I certify that the above num	eric entry is my PIN, which is my signat	ure on the 2020 electronical	lly filed return indic	ated abo	ve. I confirm	
that I am submitting this re	turn in accordance with the requiremen	nts of Pub. 4163 , Modernize	ed e-File (MeF) Inf	formation	for Authorized	
IRS e-file Providers for Bus	siness Returns.					

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So OMB No. 1545-0047

Tax Exempt Diagnostic Summary Name Employer Identification # 74-2277114

Demographics

Mailing Address: Phone: (512)255-1212

1011 GATTIS SCHOOL ROAD #110

Round Rock, TX 78664

Resident State: TX

Diagnostics

Preparer: Invoice: Date: 11-03-2021

Return Information

Name of Battern	2020	2019 Federal
Item on Return	Federal	(If available)
Total Revenue	2,315,366	1,977,334
Total Expenses	2,159,226	1,993,213
Net Excess (Deficit)	156,140	(15,879)
Net Assets or Fund		
Balances	1,185,196	1,029,056

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		<u>Tax</u>	(Balance Due)

Acknowledgement and General Information for 2020 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number **-***71<u>14</u> WILLIAMSON COUNTY CRISIS CENTER Entity address 1011 GATTIS SCHOOL ROAD Round Rock, TX 78664 Thank you for participating in IRS e-file. 1. X 2020 990 income tax return for Federal was filed electronically. The electronic filing services were provided by Sally M. Volling, CPA 2. X income tax return was accepted on 11-10-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 74216920213144ppzg0f PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE

IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.