990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A	For t	he 2	2019 calendar y	ear, or tax year begin	ning		, 2019 , a	nd endi	ng		, 20		
В	Check	if app	plicable:	C Name of organizationWI	LLIAMSON COUNTY CRISI	S CENT	TER .			D Employe	er identification number		
	Addre	ss cha	ange	Doing business as HO	PE ALLIANCE					•	74-2277114		
	Name	chan	ge	Number and street (or P.0	D. box if mail is not delivered to street addre	ess)		Room/sui	ite	E Telephor	ne number		
	Initial	return	ı .	L011 GATTIS SCH	IOOL ROAD				110		(512)255-1212		
	Final r	eturn	/terminated	City or town, state or prov	ince, country, and ZIP or foreign postal coo	de	•		G Gross receipts				
	Amen	ded re	eturn :	Round Rock, TX	78664					\$	2,016,887		
	Applic	ation	pending	F Name and address of prir	cipal officer:				H(a) Isthisag	roup return for s	subordinates? Yes X No		
				·					H(b) Are all s	ubordinates i	included? Yes No		
ı	Tax-ex	xempt	t status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	<u> </u>	27		If "No," a	attach a list. ((see instructions)		
J	Webs	ite:		LLIANCETX.ORG					H(c) Group	exemption no	umber ►		
K	Form	of org	anization: X Corp	poration Trust Asso	ociation Other ►	L	Year of formation	on: 198	84 M S	state of legal	domicile: TX		
Pa	art I		Summary						'				
	1			the organization's missi	on or most significant activities:	HOPE	ALLIANC	E ASS	ISTS TH	OSE WHO	D LIVES HAVE		
		Ε	BEEN AFFECT	TED BY FAMILY A	ND SEXUAL VIOLENCE BY								
Activities & Governance		_			HOPE, HEALING AND PR					-			
rna		-											
) Ve	2	2 (Check this box	S.									
ŏ	3	8 1	Number of voting	g members of the gove	rning body (Part VI, line 1a) .					3	16		
ς. Θ	4	4 1	Number of indep	endent voting members	s of the governing body (Part VI,	line 1b)				4	16		
itie				-	calendar year 2019 (Part V, line						47		
듅	- 6			volunteers (estimate if r	•	•				6			
⋖	7	7a 🛚	Total unrelated b	ousiness revenue from I	Part VIII, column (C), line 12 .					7a	0		
		d d	Net unrelated bu	usiness taxable income	from Form 990-T, line 39					7b	0		
									Prior Year		Current Year		
	8	3 (Contributions and	d grants (Part VIII, line	1h)				2,080	,970	1,756,577		
ne	9			• ,	2g)						0		
Revenue	10		-), lines 3, 4, and 7d)					135	64		
Re	1.				es 5, 6d, 8c, 9c, 10c, and 11e)				251	,695	220,693		
	1:				must equal Part VIII, column (A),				2,332		1,977,334		
	1:				X, column (A), lines 1-3)						0		
	14	4 E	Benefits paid to	or for members (Part IX	(, column (A), line 4)						0		
	1				benefits (Part IX, column (A), lin				1,474	,191	1,583,680		
Expenses	10				olumn (A), line 11e)				•		0		
Sen.				expenses (Part IX, col			217,564						
Ä	17		-		es 11a-11d, 11f-24e)				432	,292	409,533		
	18				equal Part IX, column (A), line 25				1,906	,483	1,993,213		
	19	9 F	Revenue less ex	penses. Subtract line	8 from line 12					,317	(15,879)		
5	Ses							Begir	nning of Curre	ent Year	End of Year		
sets	ğ 20	0 7	Total assets (Pa	rt X, line 16)					1,136	,591	1,242,566		
Net Assets or	2	1]	Total liabilities (F	Part X, line 26)					91	,656	213,510		
Ž	22	2 1	Net assets or fur	nd balances. Subtract	ine 21 from line 20				1,044	,935	1,029,056		
Pa	art II		Signature	Block									
					n, including accompanying schedules and scer) is based on all information of which pre			of my knov	vledge and beli	ef, it is			
	, сопе	Ct, an	id complete. Declarat	. O	bery is based on all illionnation of which pre	sparer rias e	iny knowledge.						
٠.			(Sielve)	M. Brows						10/	/30/2020		
Sig	gn	Į	Signature of o	officer						Date			
He	re		RICHARD	M BROWN, Ed.D	., CHIEF EXECUTIVE OF	FICER							
			Type or print	name and title									
			Print/Type prepare	r's name	Preparer's signature		Date		Check	if P	TIN		
Pa								-	self-emp	oloyed			
	epar		Firm's name ►					F	irm's EIN 🕨				
Us	e Oı	nly	Firm's address ▶					P	hone no.				
May	/ the	IRS	discuss this retu	ım with the preparer sh	own above? (see instructions)						🗌 Yes 🗌 No		

Part IV

74-2277114

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 Schedule B, Schedule of Contributors (see instructions).?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	_		
40	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	40		
44	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	complete Schedule D, Part VI	11a	х	
b		ı ıa		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С		110		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2019) WILLIAMSON COUNTY CRISIS CENTER Page 4 74-2277114 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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? 25b х 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% х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV............. X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

191	Note: All Form 990 filers are required to complete Schedule O.
Part V	Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			10	v	

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

38 Х Part V

Yes No 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 47 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............ 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h 3b 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 х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a х b 5b Х С 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a х b 7b Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c х d 7d е х 7f Х f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O.

20

EEA

Form **990** (2019)

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management	1		
4.	Enter the number of veting members of the governing heady at the and of the toy year		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			
h	committee, explain on Schedule O. Enter the number of veting members included in line 1e, above, who are independent.			
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		37
•	.,			X
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7 -	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	7.		
	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,	7.		
	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:	0.		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	v	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	Х	
b 122	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	v	
12a		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	-
С	describe in Schedule O how this was done	12c		
12		- · · ·	X	<u> </u>
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
14		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?	150	77	
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b		15b	Х	
160	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	40-		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	400		
800	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled			
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.			
40	W 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.			

State the name, address, and telephone number of the person who possesses the organization's books and records

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

				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount		
ivalite and the	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week					,		from the	from related	compensation
	(list any	우 등	n	Q	<u>~</u>	en H	Fc	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	stitut	Officer	y en	ghes ploy	Former	(W-2/1099-WI3C)	(** 2, 100000)	related organizations
	organizations	of a	ona		Key employee	èe t cor	,			
	below	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				
	dotted line)	Ф	tee			nsate				
						ă				
(1) NANCY BOWMAN										
PAST PRESIDENT		x		x				0	0	0
(2) CHARLES PITTMAN										
PRESIDENT		x		x				0	0	0
(3) SANDY SARGENT										
BOARD MEMBER		x						0	0	0
(4) RENEE PETSCHE										
HISTORIAN		x						0	0	0_
(5) SEAN_BARBER										
VICE PRESIDENT		x		х				0	0	0
(6) DIANE BENNETT										
BOARD MEMBER		x						0	0	0
(7) JOANNA DAVIS										
BOARD MEMBER		х						0	0	0
(8) VALERIE FRANCOIS										
BOARD MEMBER		х						0	0	0_
(9) VIRGINIA GEN										
SECRETARY		х		х				0	0	00
(10)ANDREW NORRIS										
BOARD MEMBER		х						0	0	00
(11)JANET_VITO										
BOARD MEMBER		х						0	0	00
(12)SALLY_VOLLING										
TREASURER		х		х				0	0	0_
(13)DONNA_MILLER										
BOARD MEMBER		х						0	0	0
(14)ESTELLA_COLMENERO_										
BOARD MEMBER		х						0	0	0
EEA										Form 990 (2019)

Form 990 (2019) EEA

74-2277114

WILLIAMSON COUNTY CRISIS CENTER

Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	loyee	s, an			est Co	mpe	ensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	box	unles er and	Pos eck me s pers	son is	nan one s both an /trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) nated am of other mpensat from the	r tion
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2 1099-1013C)	(vv-2/1099-IVIISC)	_	d organiz	
(15)SHAWN DICK BOARD MEMBER		х						0	0			0
(16)JASON WILLIAMS								<u> </u>	· ·			
BOARD MEMBER		x						0	0			0
(17)RICHARD M BROWN												
<u>CEO</u> (18)						х		105,192	0		6,0	653
(10)												
<u>(19)</u>												
(20)											-	
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal												
c Total from continuation sheets to Part VII,	Section A .						•					
d Total (add lines 1b and 1c)								105,192	0		6,	653
2 Total number of individuals (including but no reportable compensation from the organization)		isted a	bove	e) wh	o re	eceived	d mo	ore than \$100,000	of			2
reportable compensation nom the organizati	011										Yes	No
3 Did the organization list any former officer,	director, trustee,	key en	nploy	ee,	or h	ighest	con	npensated				
employee on line 1a? If "Yes," complete So										3		х
4 For any individual listed on line 1a, is the sur												
organization and related organizations grea					ipiei	e scrie	aui	e J for sucri		4		х
5 Did any person listed on line 1a receive or ac					 elate	ed orga	 aniza	ation or individual		•		
for services rendered to the organization? I	f "Yes," complete	Schea	lule J	l for	suc	h pers	on			5		х
Section B. Independent Contractors												
 Complete this table for your five highest components of the organization. Report 												
(A)	compensation to	ii le cai	enua	пус	ai e	riuling '	WILII	(B)	iizations tax year.	(C)		
Name and business	address							Description of service	es	Compens		
2 Total number of independent contractors (in	=				ted a	above)	who	0				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					000000000000000000000000000000000000000
(0	b						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
อ์ อี	d						
ar A	е	Government grants (contributions) 1e	1,132,292				
s, e	f	All other contributions, gifts, grants,					
r Si		and similar amounts not included above	624,285				
ibri	q						
o de C			\$ 28,459				
ğδ	h	Total. Add lines 1a-1f		1,756,577			
			Business Code				
_	2a						
Program Service Revenue	b						
Ser Jue	С						
E S	d						
Rega	е						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
		other similar amounts)		64	64		
	4	Income from investment of tax-exempt bond prod	ceeds▶				
	5	Royalties	▶ │				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis 7a					
ne		and sales expenses 7b					
Revenue	С	Gain or (loss)					
å	1	Net gain or (loss)	▶				
Other	8a	Gross income from fundraising					
δ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
		Less: direct expenses 81	39,553				
	1	` '		216,895			216,895
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
		Less: direct expenses 91	0				
		` , , , ,					
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory	Business Code				
S	112	Miscellaneous Income	541900	3,798	3,798		
Miscellanous Revenue	b		241700	3,130	3,136		
ella ven	C						
isce Re	_	All other revenue					
Σ		Total. Add lines 11a-11d		3,798			
		Total revenue. See instructions		1.977.334	3.862	0	216.895

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, 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 1,333,240 1,026,595 159,989 146,656 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,532 11,800 1,946 1,786 9 120,629 91,647 15,111 13,871 10 114,279 86,632 17,222 10,425 11 Fees for services (nonemployees): b Legal...... 3,180 27,658 21,013 3,465 d 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.) 45,127 34,285 5,653 5,189 12 2,131 1,619 267 245 13 35,940 27,305 4,502 4,133 14 15 16 81,584 107,384 13,452 12,348 17 13,806 10,488 1,730 1,588 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 2,320 1,439 881 21 22 Depreciation, depletion, and amortization 41,164 54,885 7,684 6,037 23 Insurance 21,799 16,561 2,731 2,507 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 5,074 44,126 33,524 5,528 REPAIRS & MAINTENANCE 17,147 13,027 2,148 1,972 C TELEPHONE 13,275 15,010 1,735 d BOARD & VOLUNTEER 22,200 16,866 2,781 2,553 All other expenses Total functional expenses. Add lines 1 through 24e. . 25 1,993,213 1,528,824 246,825 217,564 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	156,731	1	84,797
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	303,231	3	431,963
	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	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,269	9	6,986
	10a	Land, buildings, and equipment: cost or other			-
		basis. Complete Part VI of Schedule D 10a 1,271,415			
	b	Less: accumulated depreciation 10b 552,595	672,360	10c	718,820
	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)	1,136,591	16	1,242,566
	17	Accounts payable and accrued expenses	14,527	17	44,219
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	26,446	23	20,366
	24	Unsecured notes and loans payable to unrelated third parties		24	89,777
	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	50,683	25	59,148
	26	Total liabilities. Add lines 17 through 25	91,656	26	213,510
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
ce	27	Net assets without donor restrictions	976,359	27	747,706
alar	28	Net assets with donor restrictions	68,576	28	281,350
βB		Organizations that do not follow FASB ASC 958, check here ▶ □	,		
'n.		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,044,935	32	1,029,056
ž	33	Total liabilities and net assets/fund balances	1,136,591	33	1,242,566
		The maximum district deposits from the design of the first state of th	1,130,331	- 55	1,242,300

EEA

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	977,	334
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	993,	213
3	Revenue less expenses. Subtract line 2 from line 1	3			(15,	879
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	044,	935
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,	029,	056
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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:					
	🗵 Separate basis 🗌 Consolidated basis 🗎 Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	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				,	
	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			3b	х	
				_		~~.

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

WILLIAMSON COUNTY CRISIS CENTER 74-2277114 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

74-2277114 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		·	·			
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,398,570	1,585,747	1,543,411	2,080,970	1,756,577	8,365,275
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	1,398,570	1,585,747	1,543,411	2,080,970	1,756,577	8,365,275
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						8,365,275
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,398,570	1,585,747	1,543,411	2,080,970	1,756,577	8,365,275
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	203	270	249	135	64	921
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						8,366,196
	Gross receipts from related activities, etc. (s				l l	12	\
13	First five years. If the Form 990 is for the or	-			-	-	· · · ·
	organization, check this box and stop here						▶ <u>L</u>
	ction C. Computation of Public Suppor			-1 (f))		44	
	Public support percentage for 2019 (line 6, c				1	14	99.99 %
	Public support percentage from 2018 Sched					15	99.99 %
16a	33 1/3% support test - 2019. If the organization and itself to a second standard The agree institution and itself.						
1.	box and stop here. The organization qualified 33 1/3% support test - 2018. If the organization						
I.							·
17~	this box and stop here. The organization qu	•		•			
ı ı d	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets				_	•	
	Part VI how the organization meets the "fact			-	-		_
1.	organization						
C	0 10%-facts-and-circumstances test - 2018.						III I C
	15 is 10% or more, and if the organization m					-	liah.
	Explain in Part VI how the organization meet				-	-	
40	supported organization						
ıø	Private foundation. If the organization did r						_
	instructions						▶

74-2277114

(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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						
Sec	ction B. Total Support			T			,
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	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						
С	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1.6.41.69) (0)
14	First five years. If the Form 990 is for the or	•			•	,	, · · ·
<u></u>	organization, check this box and stop here			· · · · · · · ·		<u></u>	▶ ⊔
	Ction C. Computation of Public Support			column (f))		45	0/
	Public support percentage for 2019 (line 8, c		-			15	%
	Public support percentage from 2018 Sched			· · · · · · · ·		16	<u>%</u>
	ction D. Computation of Investment In			ina 12. aalumn	(f)\	17	0/
	Investment income percentage for 2019 (line		• •			17	%
	Investment income percentage from 2018 Se					18 than 22 1/29/	%
ı əa	33 1/3% support tests - 2019. If the organiz						_
h	17 is not more than 33 1/3%, check this box	=	-				
Ŋ	33 1/3% support tests - 2018. If the organize line 18 is not more than 33 1/3%, check this						
20		-	_	-	-		_
<u> </u>	Private foundation. If the organization did r	ior check a box	A UIT III IC 14, 18	a, or 190, the	טוום מטג פווט	see mstructio	лю Р <u></u>

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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.**
- 7 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part 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
		. 03	
	1		
	•		
	2		
	3a		
	3b		
	20		
	3с		
	4a		
	44		
	4b		
	1.5		
	4c		
	5a		
	5b		
	5с		
	6		
	-		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	iva		
	10b		
A (Fo		or 990-E	EZ) 2019

Par	Supporting Organizations (continued)		1 1	
			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 (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (b) or (b) above? If "Yes" to a box a provide detail in Part V	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	110		
Jec	non B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	X		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	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 (2), did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruc	tions)).
а				
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see ir	nstruct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization base the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			1	

Sched	ule A (Form 990 or 990-EZ) 2019 WILLIAMSON COUNTY CRISIS CENTER		74-227	7114	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz		,	. age
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI).	. See
	instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Section	s A through	E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Curr	ent Year ional)
1	Net short-term capital gain	1			-
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance 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			
Section B - Minimum Asset Amount			(A) Prior Year	` '	ent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions 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				
fa	ctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .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			Currer	nt Year

instructions).

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

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

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

3

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Part V	Type III Non-Functionally	v Integrated 509(a)(3) Supporting	Organizations (continued)
raitv	I VDE III INOII-I UIICUOIIAII	v iiilearalea sosiansi subborliila	Oluanizations (continued)

Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, 2b, 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 E, 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

WIL	LIAMSON COUNTY CRISIS CENTER		74-2277114
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	unts.
	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	=	
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the dono		
	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 organizatio		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat	·	f 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 co	onservation
_	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		
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired at		20
ű			2d
3	Number of conservation easements modified, transferred, rele		
3	tax year	asea, extinguished, or terminated by the org	anization during the
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ū	•	iding of violations, and emorning conservati	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlir	a of violations, and enforcing conservation e	easements during the year
•	► \$	g or violations, and emorning conservation of	accomonia daling the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(/	1\(B\(i\
Ū			
9	In Part XIII, describe how the organization reports conservation		
J	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.	to the organizations interior distribute	iat dosonibes the
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" of		7.110. O.I.III. 7.1000.01
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finan-		and of public
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	Aribition, cadation, or research in fatheran	de di public del vice,
	,		▶ \$
	(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		iii, provide die
9	·		▶ \$
a h			
_ b	Assets included in Form 990, Part X		φ

Pa	t III Organizations Maintaining	Collections of	Art, Hist	orical Tre	easures, o	or Oth	er Similar A	ssets (d	ontir	nued)
3	Using the organization's acquisition, accessio	n, and other records	s, check any	of the follow	ng that mak	e signific	ant use of its			
	collection items (check all that apply):									
а	Public exhibition		d [Loan or	exchange pr	ograms				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they fu	urther the org	anization's e	exempt p	urpose in Part			
	XIII.	·	,				•			
5	During the year, did the organization solicit or	receive donations o	f art. historic	al treasures.	or other sim	nilar				
•	assets to be sold to raise funds rather than to							. Ye	s [No
Pai	rt IV Escrow and Custodial Arra		<u></u>	9411124110110				·		
	Complete if the organization a 990, Part X, line 21.	•	on Form	990, Part	IV, line 9	, or rep	orted an am	ount on	Forn	n
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ary for contril	butions or ot	her assets n	ot				
	included on Form 990, Part X?		. .					🗌 Ye	s [No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	:						
	. ,	·	Ü				An	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For					· —			,	No
b	If "Yes," explain the arrangement in Part XIII.					•			_	 _
	rt V Endowment Funds.	Officer field if the CA	(planation ne	as been prov	idea oirr ait	XIII .	<u> </u>	<u></u>	<u>· </u>	
ı a	Complete if the organization	anewordd "Voe"	on Form	000 Part	I\/ line 1	Λ				
	Complete if the organization a						n =:			
4.	Device in a few and below	(a) Current year	(b) Prio	or year	(c) Two years b	ack (d) Three years back	(e) For	ır years	в раск
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 curre	nt year end balance	(line 1g, col	lumn (a)) hel	d as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment >	/ ₆								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	•	ation that are	held and ad	ministered fo	or the				
	organization by:								Yes	No
								. 3a(i)	1	- 110
b	If "Yes" on line 3a(ii), are the related organizations							. 3a(ii)	+	+
	(/:	•						. 30		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equip		winent iuna	٥.						
rd			on Farm	000 004	I\/ line 4	10 00	o Form 000	Dort V	ina 1	10
	Complete if the organization a						ĺ	•		
	Description of property	(a) Cost or ot		(b) Cost or ot			cumulated	(d) Bo	ok value	е
		(investn	nent)	(othe		depi	reciation			
1a	Land	• •		3	2,000				32,	,000
b	Buildings	• •		87	5,856		300,134		575,	,722
С	Leasehold improvements	• •		8	6,673		62,250		24	,423
d	Equipment			27	6,886		190,211		86,	,675
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	art X, columi	n (B), line 10	lc.,)		▶		718	,820

Part VII	90) 2019 WILLIAMSON COUNT Investments - Other Securities.	II CKISIS CEN	TUK		/4	-2277114	Page 3
rait vii	Complete if the organization answere	ed "Yes" on Forn	n 990, Part	IV, line	I1b. See Forr	n 990, Part X.	line 12.
	(a) Description of security or category (including name of security)		(b) Book value			(c) Method of valuatio	n:
(1) Financial de						· · · · · · · · · · · · · · · · · · ·	
(2) Closely-hel	d equity interests	[
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E) (F)							
(G)							
(H)							
_ ` '	(b) must equal Form 990, Part X, col. (B) line 1	2.) ▶					
Part VIII	Investments - Program Related.			<u>'</u>			
	Complete if the organization answere	ed "Yes" on Forn	n 990, Part	IV, line 1	I1c. See Forr	n 990, Part X,	line 13.
	(a) Description of investment		(b) Book value	ue		(c) Method of valuatio	
(1)						·	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8) (9)							
	(b) must equal Form 990, Part X, col. (B) line 1	(3.)					
Part IX	Other Assets.	5.7.					
	Complete if the organization answere	ed "Yes" on Forn	n 990, Part	IV, line	I1d. See Forr	m 990, Part X,	line 15.
	(a) [Description				(b) Bo	ook value
(1)							
(2)							
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 1	5.)					
Part X	Other Liabilities.						
	Complete if the organization answere line 25.	ed "Yes" on Forn	n 990, Part	IV, line	11e or 11f. Se	ee Form 990,	Part X,
1.	(a) Description of liability	(b) Book va	lue				
(1) Federal in	come taxes						
(2)ACCRUED	PAYROLL		40,014				
	COMPENSATION ABSENSES		19,134				
(4)							
(5)							
(6)							
(7)		1					

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

59,148

(8) (9)

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

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ment	s With Revenue pe	r Retu	rn.
	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	2,016,887
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			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	39,553		
е	Add lines 2a through 2d			2e	39,553
3	Subtract line 2e from line 1			3	1,977,334
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	1,977,334
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta			per R	eturn.
	Complete if the organization answered "Yes" on Form 99	0, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,032,766
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	39,553		
е	Add lines 2a through 2d			2e	39,553
3	Subtract line 2e from line 1		<i> </i>	3	1,993,213
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			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	1,993,213
	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	, lines 1	b and 2b; Part V, line 4; F	Part X, li	ne
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		itional information.		
01.	Other revenues not included on Form 990 (Part XI, line	2d)			
DIR	ECT FUNDRAISING EXPENSES OF \$39,553 ARE INCLUDED AS A R	EDUC	TION OF REVENUE	IN FOR	RM 990, PART
VII	I, LINE 8a. ACCORDINGLY, TOTAL REVENUE AND TOTAL EXPEN	SES A	ARE REDUCED BY TH	HIS AN	MOUNT ON FORM
990	•				

EEA Schedule D (Form 990) 2019

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.

2019

Open to Public

OMB No. 1545-0047

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

ILLIAMSON COUNTY CRISIS CE					74-22	
Part I Fundraising Activities	•	•		wered "Yes" on I	Form 990, Part IV,	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rai	sed funds through		-			
a Mail solicitations				f non-government gra	ants	
b Internet and email solicitations				f government grants		
c Phone solicitations		g ∐	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written of	-	-		-		
or key employees listed in Form 990			•	•		es 🗌 No
b If "Yes," list the 10 highest paid indivi		undraisers) p	ursuant to ag	reements under which	the fundraiser is to b	е
compensated at least \$5,000 by the	organization.					
	T				(a) Amount poid to	
(i) Name and address of individual	400 A 41 11	` '	ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
		Yes	No		col. (i)	
1						
2						
-						
3						
4						
5						
6						
7						
8						
9						
0						
otal						
3 List all states in which the organizatio	n is registered or li	censed to so	licit contributi	ons or has been notif	fied it is exempt from	
registration or licensing.						

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AMPLIFY AUST	GOLF EVENT	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	112,808	74,749	68,891	256,448
~	_	Lana Cantellariana				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	112,808	74,749	68,891	256,448
		1116 2)	112,000	74,749	00,091	230,446
	4	Cash prizes				
		·				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	_					
ñ	7	Food and beverages				
irec	8	Entertainment				
	Ū	Enortaliment				
	9	Other direct expenses	7,411	12,911	19,231	39,553
		·	-	-		
	10	Direct expense summary. Add lines	• , ,			39,553
_	11	Net income summary. Subtract line				216,895
Pa	rt II		•	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				341 13 111 31		(4)
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ž	3	Noncash prizes				
었		Dont/facility acets				
	4	Rent/facility costs				
	5	Other direct expenses				
		Cirio: airest expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
				(D		
	8	Net gaming income summary. Sub	tract line / from line 1, colu	mn (d)	<u> </u>	
9	Fn	ter the state(s) in which the organiza	tion conducts gaming activi	tios:		
a		the organization licensed to conduct				Yes No
b		N. 11				
	_	· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming	licenses revoked, suspende	ed, or terminated during the	e tax year?	🗌 Yes 🗌 No
b	If "	Yes," explain:				

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Noncash Contributions

► 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.

OMB No. 1545-0047

2019

Open to Public Inspection

WILLIAMSON COUNTY CRISIS CENTER

Employer identification number 74-2277114

Par	t I Types of Property	1						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (VARIOUS SUPPLIE)	х		28.459	FAIR VALU	TE.		
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for				
	which the organization completed Form	_			29			
		,	,		_		Yes	No
30a	During the year, did the organization rece	eive by contr	ibution any property reported in	Part I. lines 1 through				
	28, that it must hold for at least three yea	-						
	to be used for exempt purposes for the					30a		х
b	If "Yes," describe the arrangement in Pa	-	,,					
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
						31	х	
32a								
								x
b	If "Yes," describe in Part II.					32a		41
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for whi	ch column (a) is checked				
55	describe in Part II	K III GOIGIIIII	(a) is a type of property for will	on committee (a) to officerou,				

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 PREPARED BY A CPA AND REVIEWED BY THE BOARD AT THE NEXT AVAILABLE MEETING 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 CHIEF 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 CHIEF EXECUTIVE OFFICER AND THE BOARD. 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 TAX RETURN IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALL OTHER DOCUMENTS ARE KEPT ON FILE AT THE HOPE ALLIANCE OFFICE AND IS AVAILABLE UPON REQUEST.

IRS e-file Signature Authorization for an Exempt Organization

		•	_	
or calendar vear 2019	or fiscal year beginning			and ending

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

OMB No. 1545-1878

Internal Revenue Service Name of exempt organization WILLIAMSON COUNTY CRISIS CENTER

Name and title of officer

Department of the Treasury

Employer identification number 74-2277114

RICHARD M BROWN, Ed.D., CHIEF EXECUTIVE OFFICER

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below **Do not** complete more than one line in Part I.

	applicable line below. Be not complete more than one line in arc.	
1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1,977,33
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here ► D b Total tax (Form 1120-POL, line 22)	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize		to enter my PIN	as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros	

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date ► 10-20-2020

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

742169 10251 Do not enter all zeros

Date ▶

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

ERO's signature